In the southwestern corner of Uganda lies a jungle whose very name conjures images of our primordial past: Bwindi Impenetrable Forest. Deep there among the trees, around 400 mountain gorillas still dwell, half the world’s remaining population. Tourists from all over the world flock to Bwindi to track the animal made famous by zoologist Dian Fossey in her book *Gorillas in the Mist*. Despite this, their dwindling numbers cast doubt on the species’ long-term survival and contrast sharply with the escalating human populations in the villages bordering the forest.

I walk, with a half dozen or so others, along a narrow path skirtsing the forest’s edge, sensing rather than seeing the ancient trees off to our left. Morning clouds—the namesake mist of Fossey’s book—cover the land and obscure much except the ochre scar of our footpath. We follow Sam, a tall man who moves with an ease that belies his 50 or so years. No one knows his true age as his birth occurred at home, unrecorded and unattended, like so many births here. He leads us to a small pasture to visit his village’s savings and loans account—a herd of some 30 communally owned cows. Here, where most live on less than $2 US a day, the cows represent a tangible source of income.

The herd was initially donated by Conservation Through Public Health (CTPH), a Ugandan non-governmental organization dedicated to protecting Bwindi’s inhabitants by caring for the neglected people living on the forest’s borders. Dr. Gladys Kalema-Zikusoka, a veterinarian, founded the organization after tracing a fatal case of scabies among a family of gorillas back to the nearby villages. Poor hygiene and a lack of medical care converge to create a breeding ground for diseases potentially transmissible to the gorillas. CTPH has invited me—a family physician—here to explore a partnership that would provide medical care to the villagers while serving as an international rotation site for the family medicine residency where I work. CTPH also employs Sam. As a community health worker, he teaches his neighbors about contraception and family planning to spare them his experience of providing for 10 children on a schoolteacher’s meager salary.

Population control is no abstraction here in one of the most densely populated areas in the world. When Bwindi was commissioned as a national park in 1993, all those living within the forest were forcibly evicted to the already overcrowded villages nearby. Human congestion breeds struggle, and indeed we stand just 15 kilometers from the Democratic Republic of Congo, a land grappling with an epidemic of mass killing and rape, remnants of an ongoing conflict creating the greatest loss of life since the Second World War. It is a conflict fueled in part by the West’s seemingly insatiable desire for natural resources, a conflict about which many Americans know nothing. Thirty kilometers to the south lies Rwanda. More know its genocide.

“Dr. Jeff.”

I turn, Sam’s voice shattering my reverie of the region’s past violence. He reaches out and takes my hand. He speaks again, an earnest note to his voice. “Thank you for coming. Please remember us when you return to America. And come back soon, with more doctors to care for our people.”

I can only nod a response. His request reminds me why I am here and sparks an upsurge of conflicting emotions. The first is pride. Pride that as a family physician and faculty member, I can care for those living on the fringes of society, whether at home or halfway across the world, while teaching others to do the same. Humility is also present, in recognition that the world and its challenges are vast. But, beneath it all, lies fear. What if I return alone, unable to inspire others to join me? Or, worse still, what if I become lost in...
the routine back home—and simply never return?

Sam, as if reading my thoughts, smiles. Still holding my hand, he gives it a squeeze, an acknowledgment between teachers, a unity between developing world and developed.

At the time, words failed me. What I now wish I had said to Sam was this: yes, we will return—students, residents, faculty—to care for your people. But we plan to learn from you as well. Here, where most diseases are diseases of poverty, we will learn that our experience of exhausting “unlimited” resources in the quest for patient care diverges from the harsh reality of scarcity experienced by billions across the globe. We will be reminded that this poverty is inextricably linked to the way of life many choose and that those of us who truly live “in the mist” are we who consider commonplace our privileged lives. We will learn what we can accomplish, and what we lose, when forced to set aside our technologized approach to medical care. And we will remember, here where life and death often share uneasy space in their raw, unadulterated states, why we chose the path of medicine in the first place.

Foreign environments can strip the artifice from patient care. Displaced from the norm of everyday, constructs like quality metrics and cost-worship fall away and allow space for truths to arise. Truths about rarely used words like equity, justice, and compassion and how other words like “developing” exist only by contrast and presume money to be the sole determinant of wealth. Truths to burn through the fog of routine wherever we care for patients and in whatever circumstances.

Looking back, my lasting memory from the trip is of Sam and me standing together, somewhat apart from the rest of the group. The clouds have begun to lift, revealing a flourishing green landscape of tea fields alternating with banana and mango trees.

We stand, surrounded by a history of atrocity and bordering a forest where the involution of a species may preclude escape from genetic bottleneck. Our hands are still clasped: a pledge to return, a commitment to free ourselves from mystifications.

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The medication in Primatene Mist, inhaled epinephrine, has side effects such as increased heart rate and blood pressure, and is not listed as a recommended treatment in the National Institute of Health’s Guidelines for the Diagnosis and Management of Asthma. For these reasons, speak to your allergist before using Primatene Mist. Patients with a chronic cough who do not yet have a diagnosis of asthma should not take this medication. They may require a full work-up by their physician, as there are many other causes of cough that need to be taken seriously or treated differently. The Mist is an American science fiction-horror thriller television series developed by Christian Torpe. It is based on the 1980 horror novella of the same name by author Stephen King. The series aired for one 10-episode season on Spike from June 22 to August 24, 2017. On September 27, 2017, Spike cancelled the series. An unexplained mist slowly envelops the town of Bridgeville, Maine, creating an almost impenetrable barrier to visibility. The residents of the town soon learn the situation is even more