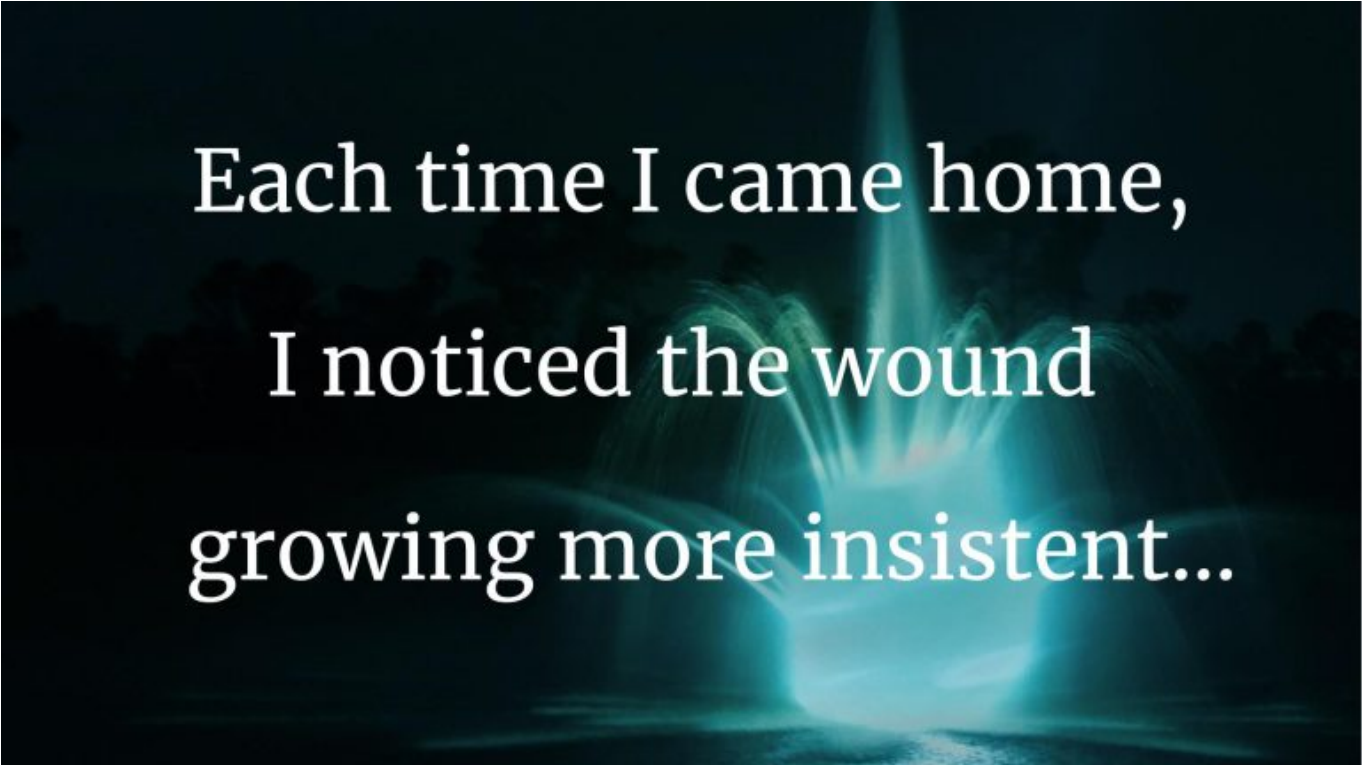


# The Distance Between

Category: New Voices

written by Valerie Ohanu | January 28, 2025



Each time I came home,  
I noticed the wound  
growing more insistent...

I was in secondary school in Nigeria when I first noticed the lesion on Uncle Eze's lip. Like many men of his age in Lagos, he'd picked up smoking in the 1980s, when foreign cigarette companies flooded our markets with glossy advertisements and promises of sophistication. The habit stuck, even as the glamour faded. The streets of Lagos were dotted with tobacco vendors then, selling single sticks to businessmen who'd made cigarettes part of their daily routine.

"It's nothing," he said, when I pointed to the growing sore. In those days, seeing a dermatologist meant traveling to one of the few teaching hospitals in the country. Uncle Eze, my mother's eldest brother and the owner of a thriving electronics shop, had his business to run, customers to meet. The lesion could wait.

Each time I came home from school, I noticed the wound growing more insistent—angry red and swollen, with occasional bleeding that he'd dismiss with a wave of his hand. But health care in Nigeria operated on a different timeline than disease, and even in urban centers like Lagos, cancer care remained a luxury that few could navigate.

By the time I left for Canada and the University of Calgary's premedical track, the wound had grown defiant, refusing to heal. My aunt sent updates via our family WhatsApp group: first about the local clinic visits, then about the three-month delays between referrals and, finally, after an agonizing eight-month wait for a specialist appointment, the devastating diagnosis: Squamous-cell carcinoma, metastasized.

Through pixelated video calls over eighteen months, I watched cancer redraw the map of Uncle Eze's face. With each call, the stark contrast between my new world of preventive health care and the reality back home grew even sharper.

Distance became a unit of measurement for grief. Each morning in my Calgary apartment, I'd calculate the time difference before calling my aunt. Eight hours between my premed textbooks and her caregiving reality. Thousands of miles between the advanced treatment options offered in North America and those available in Lagos. Two years between the lesion's first appearance and the moment when a specialist finally saw it.

"The doctor says if we'd caught it earlier..." my aunt's voice would trail off.

Through spotty internet connections, we'd discuss treatment plans with the oncology team, navigate complex medical terms, weigh options that were already too late. In my cancer biology class, I learned about early detection and prevention; in our family WhatsApp group, I witnessed how global tobacco companies had targeted developing nations even as those nations' access to cancer care lagged decades behind.

Over the next two years, the updates grew shorter as my uncle's disease progressed. In between final exams, I caught fragments of his journey: two unsuccessful surgeries, the prohibitive cost of radiation therapy, the ways in which pain medications were rationed to last longer. Each piece of news was a lesson in how geography shapes survival rates, how postal codes can become proxies for prognosis.

Uncle Eze passed away during my final undergraduate year. His medical files arrived months later—a chronicle of the ways that healthcare inequality writes itself on the body. Between the doctors' clinical notes about tumor progression, I read a deeper story about access, about distance, about how, in health care, geography can become destiny. His story was not just about tobacco's toll; it also reflected the vast gaps in global health equity that turn treatable cancers lethal.

My uncle's story reminded me that in medicine, distance isn't just measured in miles. It's also measured in access to specialists, in early screening programs, in the space between knowing that something is wrong and being able to do something about it.

As I progress through medical school, I think about Uncle Eze's last message to me: "Study well. Perhaps you can help others avoid this long wait."

His words have guided me to focus on community health, on closing the gaps in care that cost precious time. Like a compass, they point me toward the work that needs to be done—not just in treating disease, but in building bridges across the life-or-death chasm in global health care.

My uncle's legacy lives on in my determination to combat the disparities that can transform distance into destiny.