

WORLD WIDE MED

GLOBAL PERSPECTIVES ON MEDICAL PRACTICE

Friendship Fosters Medical Project in Uganda

Dr. Kevin E. Hunt was taking premed classes at Loyola University in Chicago when he met Father Samuel Okori, who was serving as a priest in Dr. Hunt's parish. The two men struck up a friendship, and Father Okori invited Dr. Hunt to travel with him to the Lira Diocese in Uganda, to assess medical facilities and treat medically underserved people.

"I never saw myself going to Africa," Dr. Hunt said. "Helping people? I already was." But as he considered Father Okori's invitation, he reflected on how he felt called to pursue a medical career, and felt the same call to go to Uganda.

Dr. Hunt earned his medical degree in 1980 from Loyola University Stritch School of Medicine, Maywood, Ill., and completed his internal medicine residency at Michael Reese Hospital, Chicago. He now practices internal medicine in Chicago and is a member of the general internal medicine faculty at Northwestern Feinberg School of Medicine.

The 2007 Uganda trip was his first experience practicing medicine abroad, but it won't be his last. The friendship forged with Father Okori, who is pursuing his own medical degree, led to the formation of a charitable foundation, Medical Aid to Northern Uganda. MANU raises funds to improve health care in the Lira Diocese, where Father Okori plans to practice.

How has the political turmoil in Uganda affected health care?

I was a bit scared to go because of the war going on in northern Uganda, and there has been a lot of devastation. The government neglects security and medical care in the north. To close the gap, the Catholic church network is trying to help by establishing satellite health clinics, and through the Aber Hospital in Lira Diocese, which was where we saw patients.

What were the satellite clinics like?

We saw over 400 patients in 5 days at various clinics in the Lira Diocese, including Ngetta, Aduko, Alanyi, Iceme, and Agwata. There were lines of people

waiting to be seen. On the first day, we saw over 50 patients in 4-5 hours. Father Okori interpreted and documented histories as I conducted examinations. Sister Jacinta Abalo, one of the Catholic sisters working in the area, dispensed medications. We bought medications at



a pharmacy outlet when we arrived in Lira, and had about a month's worth for each patient.

I was amazed by how patients had such poor medical records, bringing only crumpled document books or pieces of papers from previous medical visits.

What medical conditions did you see?

Patients had medical conditions such as diabetes, hypertension, asthma, chest pains, abdominal pains, old war injuries, HIV, and malaria. Many patients had suffered pains for many years before seeing a doctor, and patients with chronic conditions, like hypertension and diabetes, had run out of medication months or years ago. The patients simply could not afford the medications, or they could not get to a doctor. There was more diabetes than I expected. And many cases of chest pain may have been due to the stress of being in a war-torn area, rather than actual cardiac disease, but I had no way to be sure.

Many patients were very sick and in need of services, including testing to check blood sugar, [hemoglobin] A_{1c} testing, blood counts, EKGs, chest x-rays, or ultrasound. Such tests were not readily available in the clinics, although some clinics were able to do urine testing, finger-stick tests for blood sugar, and malaria blood smears.

The equipment was inferior at most clinics, but the excellent staff was doing what they could to give good care. The doctors are all local, and three or four doctors work full time at Aber Hospital, the only mission hospital in the diocese. They basically live there.

What were some of the challenges you faced in caring for patients in this setting?

People in the region lack money for health care, and many people of all ages die trying to

reach a place where they can get medical care. There was one ambulance; I'm not sure whether it worked. There was no plan for referring and transporting patients to a hospital to get further testing and evaluation, and the roads are in poor repair. I am concerned with the follow-up of the patients we saw. Will they continue to get medication? Will they get the testing I ordered? Many people have contacted Father Okori asking when we are coming back.

Did you do any public education during your visits to the satellite clinics?

When the people were all gathered, we would talk about health issues, specifically about oral hygiene, for example. Some of the Catholic sisters who run the system were with us at these talks, and they try to help with ongoing health education.

What types of improvements do you hope to make with funds raised by MANU?

We want to get funding for power lines to bring better power to the area. The grid goes down frequently, and right now the doctors use diesel generators at the hospital when they do surgery. We also hope to get an estimate on replacing the x-ray machine and upgrading the surgical suite.

In addition, we would like to get vehicles to transport patients between health centers and hospital and home, and improve road conditions. We plan to upgrade labs and equipment at all health centers, provide adequate beds and staff to care for patients, and provide for adequate medication and pharmacy supplies to keep patients properly treated and replenished with medications until their next visits. Also, we hope to implement a system to refer patients for further testing, acute care triage, and surgical procedures.

What were some of your most memorable experiences from the trip?

One night while visiting the Agwata clinic, the village was in blackout. The power in northern Uganda is out 80% of the time. Father Okori and I walked from room to room in the clinic, peering into each small patient room with our flashlights. I was awed by what I saw. Many patients had malaria, and they were lying on the cement floors with an IV bag of medication hanging from the window hinge. This clinic had only one bed to ration among the six to eight patients there. One patient with malaria was pregnant and about to deliver.

The following day, I thought, why don't we do something simple and go out and find beds for these people? Father Okori and I actually went out and bought six beds and mattresses from a town carpenter, and we bought six mosquito nets. We then hired a truck and drove these beds out to the Agwata clinic. The reception that we got was heartfelt and emotional for me as we drove the beds down the road entering Agwata.

The pregnant woman had delivered her baby that morning, and she was so happy to get into a bed with her child to recover from her malaria. This lady and her husband asked me my daughter's name. I told them it was Alexandra, and they promptly named their daughter Alexandra in my honor. This act was truly a priceless gift.

How did this experience change your perspective on medicine?

I cried almost every day, but I felt like I was really able to do something. I saw hope and happiness in the people for the future of health care just from our brief visit. We instilled excitement in the community because people saw that somebody cared.

Many of the people knew Father Okori, and they knew he was going to return once he finished his medical training. But I felt like I needed to do more, and Fa-



The friendship between Dr. Hunt and Father Samuel Okori (left) led to the formation of a charitable foundation.

ther Okori and I set up the foundation with help from others, including a lawyer and a Web site designer, who donated their services.

I'm glad that I took this chance when it was so serendipitously presented to me at this point in my life. I now feel I can do a lot to help change the lives of many people so many thousands of miles away in Uganda. I believe I found a part of myself in Uganda, a part that can be more giving and not be afraid to take chances. I feel more confident as a human being and doctor serving in this world.

For more information about the charitable work of the MANU Foundation, visit www.manugiving.org. Physicians who are interested in volunteering at the satellite clinics can contact Father Okori at samokori@yahoo.com.

—Interview by Heidi Splete

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Dr. Kevin E. Hunt (right) and one of his colleagues talk with patients at a satellite clinic in the Lira Diocese in Uganda.