

WORLD WIDE MED

GLOBAL PERSPECTIVES ON MEDICAL PRACTICE

Google Search Directs Doctor to Kenyan Clinic

Dr. Ken Gerdes was introduced to Sister Freda's medical center in Kitale, Kenya, via the Village Volunteer Program in Seattle. "I had never practiced medicine overseas before," Dr. Gerdes said. "I was looking for opportunities on the Internet, and this turned up on Google and seemed like the best fit for me."

Dr. Gerdes earned his medical degree at the University of Arkansas in 1984, and he is currently a practicing nephrologist in St. Louis. He spent 3 weeks working at the medical center in Kitale, and he intends to make it a regular part of his medical practice in the future.

"After the satisfaction I found from this trip and the good friends that I made, I plan to return to this area on an annual basis," Dr. Gerdes said.

Village Volunteers (www.villagevolunteers.org) is a nonprofit organization that works in conjunction with local leaders to support sustainable self-sufficiency in rural areas of Kenya, Ghana, India, and Nepal.

Dr. Gerdes worked with Sister Freda, a nurse who was instrumental in establishing the medical center for the poor in Kitale. The facility is free, and it provides an alternative to private hospitals that do not accept charity cases and government-run district hospitals that are overcrowded and understaffed, Dr. Gerdes said.

What was the nature of your work at the Kitale medical center?

I saw new patients who came to the hospital, and rounded on previously admitted patients. We also held free clinics for patients in surrounding areas who could not make it to a doctor's clinic or hospital.

One of my most satisfying experiences involved treating members of the Pokot tribe, which is located in an area northwest of Kitale near the border with Uganda. We traveled in a four-wheel drive vehicle for 2 hours north on the main road to Sudan, then turned onto a small dirt road that flooded during heavy rains. Then we drove an-

What medical conditions were common in this area?

Jiggers (not to be confused with chiggers) were common. Jiggers are larvae that travel up the feet and feed on dead skin cells. The disease is common among people who go barefoot in a moist environment. Jiggers cause intense itching that frequently leads to secondary infection. I also saw many cases of leishmaniasis, which is a parasitic disease carried by a sand fly.

Many women undergo female circumcision, and as a result they have difficulty with labor and delivery. Tears in the cervix, vagina, and surrounding tissue during delivery are common as a result of the cervical scarring, and fistulas from the vagina to the bladder and rectum occur on a regular basis.

I also noticed that glue sniffing was common among teenagers and young adults in the city of Kitale. Most people in this area use shoe glue to repair shoes. Young people use it to get high, but the damaging effects on the brain may lead to dementia and death. The average life span in Africa is less than 50 years, due mainly to infectious disease and poor living conditions in many areas of the country. Obesity and adult-onset diabetes are much less common in this area compared with the United States.

What struck you as distinctly different about medical care at the hospital in Kitale, compared with the United States?

Sister Freda has a busy obstetrics practice and an operating room where cesarean sections are performed. All licensed RNs in Kenya have a year of training as a midwife, and routine deliveries are performed by the nursing staff. Any labor lasting longer than 24 hours goes to a C-section delivery, and there is an obstetrician on call at all times to manage complications and perform C-sections.

I thought it was ironic how nurses in Kenya could perform most of the obstetric care without the technology that we have in the U.S. and have no fear of liability or malpractice. In the U.S., our ob.gyn. doctors are sued on a frequent basis in spite of their outstanding clinical skills and the latest technology.

What medical resources were available?

We had a well-stocked pharmacy and I never felt that there was a complete lack of something, even if it wasn't the medicine I'm used to using in the U.S. We never ran out of malaria medication because it is supplied by the World Health Organization. There were fewer choices of antibiotics, but the choices we had were adequate for the illnesses we treated. The medical staff at Sister Freda's are well-

trained to deal with the patients they see in the Kitale area. The hospital has two physician assistants, four RNs, four RN assistants, two pharmacists, and one medical technologist. They perform their own blood smears for malaria, blood sugar tests, urinalysis, and blood pressure readings in adults, and a pediatrician makes rounds every afternoon. All the cultures, biopsies, and electrolytes are sent to a private lab in Kitale.

Did you do any specific medical training to prepare for the trip?

I read up on malaria and other infectious diseases. I read about leishmaniasis, and I saw a picture of a typical case, so I recognized it when I saw it in Kitale. I studied a lot



PHOTOS COURTESY DR. KEN GERDES

Many patients receive burns from fires caused by cooking in houses made from old clothes (above), Dr. Ken Gerdes said.

about AIDS before I went to Kitale, but most of the AIDS patients are treated in AIDS clinics. I'm going to try to work in the AIDS clinic in Kitale during my trip next year.

What was your most unusual case?

There was a young woman who was brought to the hospital in a coma after she fell and most likely hit her head on the kitchen floor. She was paralyzed on her right side. There was no CT scan machine in the Kitale area, so no one could do a scan of her head. There was very little hope of survival, even with the best of medical care, and she died the following day. Her organs could have been used for transplantation had she been in the U.S.

What were the greatest rewards from your experience?

The visits to the surrounding villages where they have no medical care were the highlights of the trip. Some of these patients probably would have died without proper treatment of their malaria or other infectious diseases. The total cost of the free medical clinic was about \$500, and this was mainly the cost of the medication. Working with Sister Freda was a great thrill—her strong Christian faith and devotion to the sick and neglected people in the Kitale area had a major influence on me.

Would you recommend this experience to other physicians looking for opportunities to practice medicine overseas, but who aren't able to make a lengthy time commitment?

I would recommend it. You make your own plane arrangements and get your own vaccinations, visa, and passport, but Village Volunteers takes care of your local transportation and ensures that someone is with you to help with language and logistics. The organization charges a fee that varies with the length of stay and includes food, housing, transportation, assistance with language and logistics, and a donation to the organization.

—Interview by Heidi Splete



Sister Freda's free medical center is an alternative to private hospitals and overcrowded government-run hospitals.

other 4 miles over open terrain to the church where the clinic was located. We saw more than 200 patients who had walked miles to seek medical care for a range of problems including wounds, leishmaniasis, malaria, rashes, typhoid, urinary tract infections, and pneumonia.

Our other free clinic was in Kipsongo, Kenya, in the slums of the city of Kitale. Many residents there live in houses made from old clothes. House fires are common when people cook inside, which leads to serious burns on the hands and face.

In Kipsongo, we successfully treated a young woman with a severe leg infection. She was not diabetic and likely had good circulation in the leg, but she would have been at risk of losing the leg without proper care.

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Correction

In the WORLD WIDE MED column "Friendship Fosters Medical Project in Uganda" (May 1, 2009, p. 41), it was incorrect to state that Dr. Kevin E. Hunt was taking premed classes at Loyola University when he met Father Samuel Okori. It was Father Okori who was in the premed program there at the time.