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Summer 2001 in Western Kenya

Last summer, I spent 6 weeks in Kisumu, the 3rd largest city in Kenya, and the home of the Luo tribe, just one out of 52 distinct tribes that make up this East African country. This was my first trip to the continent, and it was an experience I know I will never forget. My pre-conceived notions about medical care in the 3rd world were many, some completely unfounded, and unfortunately some all too accurate.

Some of my most memorable experiences of Kenya revolve around the New Nyanza Provincial Government Hospital, the largest public hospital in Kisumu. As a medical student, I was allowed to see patients in the Outpatient center, the Sexually Transmitted Diseases clinic, and the Casualty Ward (Emergency Department). I soon realized that medicine and personal health care in Kenya is quite different from what I had been previously accustomed to. Specifically, the complete lack of insurance or government assistance has made quality health care extremely difficult to afford. As you walk into the Maternity center, there is a sign, or "menu" of what services they offer. A regular delivery costs about 70 Kenyan Shillings (roughly 1 dollar), but a Cesarean section runs 100 Shillings. You must pay the fees prior to receiving medical services, so this means that even if you need a Cesarean section but cannot afford it, you will not receive the operation. Similarly, a boy in need of an X-ray, or a simple malaria blood smear, must go without it if his parents cannot afford the fees.

Every day presented a unique challenge, and an equally difficult frustration. I feel lucky to have been given the opportunity to learn about tropical medicine in such a setting because these are issues glanced over all too quickly in our medical education. And yet, one specific case still sticks out most in my mind because it was such a tragic circumstance. A middle-aged woman was brought into the Casualty Ward by her family on a stretcher 3 weeks after she was bitten by a dog in her village. She got progressively sicker, but the family could not afford transportation to the hospital. Unfortunately, by the time she arrived, she was in the final throes of an acute rabies infection, and she was beyond available medical treatment. At that moment, all I could remember feeling was a combination of sadness and frustration; sadness for her family at having to see her in this terminal condition, and frustration over the lack of basic resources that plague such a great majority of Kenyan

citizens.

While tropical medicine was the major purpose of my trip last summer, I feel that I have learned so much about culture, religions, traditional practices, economic issues, and values from the people that I met while in Western Kenya. International Health is such an important issue in medicine today, and we as future doctors must grasp hold every chance we get to learn about the medical practices of other peoples because having this knowledge will ultimately benefit our patients. I would like to sincerely thank the Family and Friends Association of Robert Wood Johnson Medical School because I would not have been given this once in a lifetime opportunity without their generosity.