

Transcript Details

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www.reachmd.com
info@reachmd.com
(866) 423-7849

A Dream Come True: Delivering Healthcare to Lwala

A DREAM COME TRUE: DELIVERING HEALTHCARE TO LWALA

Change in challenge is in the wind as 2008 comes to an end. The same is true in examining this month's ReachMD XM 160 special series Focus on Global Medicine. We take a look at both the changes and the challenges impacting Global Medicine.

Two brothers from Lwala, Kenya traveled to United States to go to college and then medical school and now are building a clinic in their own village. You are listening to ReachMD, The Channel for Medical Professionals. Welcome to a special segment Focus on Global Health. I am your host Dr. Maurice Pickard and joining me today are two brothers Dr. Milton Ochieng and Frederick Ochieng. One is a resident in internal medicine at Washington University at Barnes Jewish Hospital in St. Louis and Frederick, the younger one is a third year student at Vanderbilt Medical School in Nashville, Tennessee.

DR. MAURICE PICKARD:

Thank you both for joining us today.

DR. MILTON OCHIENG AND FREDERICK OCHIENG:

Thank you.

DR. MAURICE PICKARD:

I know you both grew up in Lwala, a small town in Kenya and now have completed building a clinic in this town. Could you tell me where did you get the concept in the motivation to make this happen?

DR. MILTON OCHIENG:

This is Dr. Milton Ochieng. Thank you Dr. Pickard. The concept of building the clinic in Lwala village was an idea that my younger brother Fred and I and our late father kept thinking of us. We were exposed to the devastation of living in a place with no electricity and no running water and with very poor access to healthcare and so, you know, we had people who would fall ill in the village and it would take over 2 hours to get them to the nearest hospital 30 km away.

DR. MAURICE PICKARD:

Is it by ambulance that you took that long?

DR. MILTON OCHIENG:

No. Actually it would be a matter of getting people putting them on the wheelbarrow or putting them on the back of a bicycle and you know, you could have two people propping them up on the buckle of bicycles. There was kind of enough to balance on the bicycle and then have another person at the handle bars kind of pushing the bicycle and so it would take over 45 minutes to an 1 hour to get to the nearest paved road and then after getting to the paved road then you would have to wait and flag down the next available taxi or means of probable transportation to get to the nearest hospital. So, you can imagine people would have medical emergencies malaria, or convulsions or any type of complications in childbirth. We had women, who just bleed to death being pushed on the wheelbarrow in an attempt to get them to the hospital, and so we grew up seeing this first hand in our relatives, family members and other members of the community and always kind of longed for the opportunity to make a difference in the community and that opportunity presented itself many many years later when we attended college at Dartmouth and I was able to attend other part of our community health system, where we went to build a women and children's clinic in Nicaragua and while I was there, I saw first hand the difference that we were able to make just as college student and in Nicaragua they had no electricity and no running water. I was able to draw parallel to what was going on in our own village, and so that moment I thought well there is another <____>and in college I thought while we could transfer that similar idea back to Kenya, and so that is kind of where the idea was born of actually building the clinic and so then I just told to Fred that he was going to be in charge of fund raising and then we kind of started from there, got in touch with our mentors at Dartmouth College and then later on when I went to medical school at Vanderbilt I also got in touch with my mentor at Vanderbilt Medical School and a potential action was the fact that right about at that time our mother died of AIDS and then a year and half later our dad also passed away with AIDS and so it was, you know, really devastating, but we also knew that we needed to act fast in order to help the other people in the community get better access to healthcare.

DR. MAURICE PICKARD:

How big is the village itself and who comes to your village now for medical care? I mean what are the numbers?

FREDERICK OCHIENG:

This is Fred Ochieng. So, the village in itself if you have to look at an area of about 3 km square, about 1500 people, but then really have to define the limit of a village because, you know, people who live on that across the river from you, you could still consider them as being part of the village. So, it really is hard to define how big the village is, but that being said when we were starting the construction of the clinic, we thought of ourselves as, you know, we live about 6 miles away from the paved road, so we thought ourselves as being in an isolated community so that is why you know one of the needs was to bring healthcare closer to the people who are far away from, you know the paved road from the bigger hospitals. So, what we did now was that, you know, as soon as the clinic would start functioning that we would have people who live in other isolated communities, who would come to the clinic to seek help, so we basically have people coming in from 15 km away. They just get on bicycles, taxis, and they are brought to the clinic. So, you have people who live far away from Lwala and they have their relatives in Lwala and they just organize with their relatives to come and stay with them for a few days, get treated, and then go back to, you know, wherever they came from. So, I think the catchment area just grew so quickly, you know, and so many people are coming to my clinic many more than we ever expected would be coming to the clinic.

DR. MAURICE PICKARD:

What number you think are coming or look upon your clinic as the focal point for their healthcare?

FREDERICK OCHIENG:

So, this is Fred Ochieng speaking again. So, we in a day we see about 80 to 110, a 120 people. So, in a month on average we see about 1300 to 1500 patients. In just of 18 months of operation, we had seen of 25,000 patients. So, you know that just tells you it is not just serving this small community where we thought about initially when we began.

DR. MILTON OCHIENG:

This is Milton Ochieng speaking. Just like Fred said we had over 25,000 patients who have been seen since the opening of the clinic of 18 months ago and you know the diseases range from malaria, which is the toughest disease for us to treat at this point. They are most expensive for that matter and going down the list to upper respiratory infections, diarrheal diseases, HIV, TB, things like getting woman the maternal child healthcare, prenatal care, immunization, public health, interventions with regards to drilling wells, protecting community with water springs, and you know, doing other things like deworming kids.

DR. MAURICE PICKARD:

The community often in your part of the village organizing plans and in kinships, and I wonder the fact that the two of you are part of this community, allow the community to buy in and accept the idea building a clinic, where somebody else might have had conflict?

DR. MILTON OCHIENG:

This is Milton. <____> Dr. Pickard, yo know, we grew up in a community where kinship ties and clans still run very strong and so you could definitely see it all the way from the fact that whenever somebody was sick in the village, you know, you would call on the other members of the clan where you would get a sort of a small army of young man, 10 or so people to push the person to the nearest hospital, you know, getting on the back of a bicycle or a wheelbarrow, you know, they would be kind of switching off and on and rotating, so that is the one way of doing it. The other example that I can give is after I got admitted to Dartmouth College and needed the airfare to travel, my parents approached people in my clan to help raise that money the \$900 that was needed and so they sold their small things they had chicken, cows, goat, sheep, and you know, corn whatever else to get that money and the idea was that, you know, we as a children did not grew on just to our parents, we belong to the whole community and they felt that it was their responsibility as well to invest in us and that same responsibility was passed on to us because they said while you are going to America just do make sure that you remember where you are from, remember the challenges that you have faced and that you see not facing so that you can help us overcome those.

DR. MAURICE PICKARD:

Is there an opportunity for our listeners or some of the organizations that also follow this program to become involved on a visiting clinicians program or another wise?

DR. MILTON OCHIENG:

Again, this is Milton Ochieng. Yes, and ways to get involved range from things that are easy as just going on to our website www.lwalacommunityalliance.org on that website you can donate money towards whatever cause that you want support if that be education, if you want to help kids go to secondary school and expand their minds, so to speak that is one way of helping. Other way is therefore we had kids, elementary school children and college students, who helped us protect community water springs, so if you are interested in public health intervention in terms of improving sanitation, digging latrines, develop intervention that you can help us support \$3000 to protect a community water springs that is going to help save the lives of you know 1000 of kids dying of diarrheal diseases or if you want to support other public health interventions like buying meds you know for kids who are under age 5 or pregnant woman or helping us get immunization, so those are the ways you can get involved. The other thing that we are going right now is also we are partnering with Primed as an organization that access with the community or other continuing medical education to have medical school and they are sponsoring us in terms of giving us money that we need to build visiting clinicians housing in the village and so in the next year or two we are going to have a rotating program, where clinicians can visit clinics, the Lwala Community Health Center and volunteer there at that time if that be in a 3 weeks or 4 weeks at a time and we will have it rotating in such a manner that if an obstetrician wants to volunteer, you know, the week of January, then we will try to tailor all of our obstetric needs towards that month or internist or family practice physician or something like that. So, we really adds our listeners to check out our website and help in terms of donations monetarily and also in terms of manpower.

DR. MAURICE PICKARD:

I want to thank Milton and Fred Ochieng who have been our guest today and makes us all think that so much more can be done by people who are motivated and do not forget where they came from. I want to thank you both again for being with us and I think you are an inspiration for all our listeners no matter how long they have been in practice.

DR. MILTON OCHIENG AND FREDERICK OCHIENG:

Thank you.

DR. MAURICE PICKARD:

I am your host Dr. Maurice Pickard and you have been listening to ReachMD, The Channel for Medical Professionals with our Focus on Global Health. Please visit our website at reachmd.com, which features our entire library through on-demand podcast or call us toll-free with your comments and suggestions at 888-639-6157. Thank you for listening.

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