KENYA MEDICAL CAMP 2007

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In June 2007 I took my fourth trip to Kenya and enjoyed another opportunity to assist with a rural medical clinic there. The directors of Brackenhurst International Conference Centre (BICC) in Tigoni, Kenya, are my long-time friends, and I have been able to help with teaching there in the past. Among the many Kenyan friends I have made is Stephen, a Kenyan Enrolled Community Health Nurse (KECHN). Stephen serves as the employee health nurse for Brackenhurst, which employs approximately 120 people (Figure 1). He sees an average of 200 patients (employees and BBIC guests) per month. He has served with several mobile medical clinics throughout Kenya as well. Stephen and I have taught together, and I am honored when he asks me to see patients with him in his clinic. His vast knowledge of both his people and common sub-Saharan diseases and treatment always amazes me!

BICC is located 20 km northwest of Nairobi, in the tea highlands near the towns of Tigoni and Limuru at 2300 m elevation; it is an absolutely beautiful setting, with blooming flowers abundant year round. It is a wonderful retreat centre and serves East Africa with its conference facilities. Many organizations make use of Brackenhurst for training and organizational development courses. The campus also houses a center for environmental stewardship. Kenya Baptist Theological Seminary is just steps away. Brackenhurst is the perfect place to use as a base camp for a rural medical clinic—at the end of hard work days, wonderful furnished rooms, comfortable beds, warm showers, and delicious family style meals await. A gift shop and Internet café are on hand for those who have energy left!

The majority of the people located in this area are Kikuyu. English is commonly spoken, but in our clinic setting, many of the people have not had the opportunity to attend school, so the primary languages were both Kikuyu and Swahili. Translators are arranged for English-only speaking volunteers from the United States.

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First Baptist Church (FBC) of Hattiesburg, Mississippi, sponsored a team for the third time to conduct a rural medical clinic in the nearby slum area of Karanje. The Mississippi folks numbered 27 and included a variety of health care professionals: 4 nurses, 3 oncologists, an internal medicine physician, a veterinarian, and a pharmacist. One of the nurses works in the emergency department at Forest General in Hattiesburg. Persons of a wide variety of professions and backgrounds rounded out the rest of the team, and everyone had a special task. FBC provided funds for purchasing medications and for hiring Kenyan health care professionals to work beside us. Nurses from Tigoni Hospital provided invaluable assistance with their knowledge and language skills. A Western Kenya pediatrician who had a delightful combination of expertise, knowledge, and an easy manner also joined us.

I worked closely with a team member who is the Medical Education and AHA Training Center Coordinator for Providence Medical Center (Figure 2). It was her first trip to Kenya, and she graciously assumed many new tasks during her adventure.

Brackenhurst staff worked in advance of the U.S. team's arrival to create a space for the medical clinic. A small local church near the Karanje slum, Imani Baptist, was emptied of its pews, and a center hallway with examination rooms on either side was built inside. The pastor and his wife were so gracious and had an obvious love for their people. Shelves were constructed for the pharmacy and eyeglass areas. Next, the local people were notified of the clinic dates. Announcements were made in local churches and posters were placed in community gathering places.

Each clinic day began at 8 AM, and we arrived early to ensure setup. The majority of setup occurred several days prior to clinic. A guard was posted each night to protect the equipment and supplies. Each morning we found masses of patients waiting for us (Figure 3). Local church leadership did an excellent job of managing the crowds; we could not have done it without them. Local Kenyan volunteers were joined by FBC volunteers and worked in teams, including a team playing with children and a team that served the spiritual needs of the crowd. Men and women from both Kenya and Mississippi could be seen praying with patients.

Patients were seen on a first-come, first-served basis, with a few exceptions determined by the local church and community leaders. Most often, school children, elderly persons, and sick infants were brought to the head of the line. Common complaints were gastrointestinal related:

FIGURE 1
Author Stephen Juma Bota, KECHN, at his desk in Brackenhurst.

FIGURE 3
The "Waiting Room" in Karanje.

FIGURE 2
Author Katrina Otto (left) and Marin Goodier on clinic day in Karanje.

FIGURE 4
Author Katrina Otto with day 1 Karanje clinic charts.

abdominal pain, worms, and both constipation and diarrhea. In addition, cough, eye dryness and pain, and joint and back pains were described (Figure 4).

A few patients needed care beyond what our clinic could offer. Some examples included a toddler with a need for a colostomy revision; a patient with a goiter who was highly suspected to have cancer; an adult female with debilitating dysmenorrhea who was suspected to have fibroids; an adult male with a severe corneal ulcer; and a child with impacted cerumen surrounding an otic foreign body. We made arrangements for consultations at a mission hospital about 1 hour's drive away.

We saw several sets of preschool-aged and primary school–aged twins and triplets, all of whom were healthy and displayed normal development. In the course of