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**Dr. Don Kilby**

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## GETTING PERSONAL WITH

# Dr. Don Kilby

Founder and President of the  
Canada-Africa Community Health Alliance

BY GEORGE SABBAGH

BORN: SAULT STE. MARIE, ONTARIO, 7 APRIL 1952  
RAISED: ESPANOLA, ONTARIO 1955 TO 1970

#### EDUCATION:

UNIVERSITY OF OTTAWA  
PRE-UNIVERSITY YEAR 1970-71  
SCIENCE 1ST AND 2ND YEAR 1971-73  
MEDICINE 1973-77  
FAMILY MEDICINE 1977-79

#### WORK EXPERIENCE:

- FAMILY PHYSICIAN
- HIV PRIMARY CARE
- DIRECTOR OF HEALTH SERVICES,  
UNIVERSITY OF OTTAWA

#### WHEN DID YOU FIRST THINK OF GOING TO AFRICA?

At the age of seven or eight, I read a book about Albert Schweitzer, a missionary who built a hospital and leper colony in Africa.

#### WHY THAT BOOK? My mother bought the book.

At the time, Albert Schweitzer was well known for his work in Africa, his writings, his music, and his diplomacy. Albert Schweitzer believed that every creation of God served a purpose and needed to be protected. He won a Nobel Peace Prize as a result of his writings and influence on world leaders of the day.

**FEELINGS AFTER READING THE BOOK?** I knew then I wanted to help others, and to hopefully someday work in Africa.

**WHAT DID YOU WANT TO BE?** From a very young age I knew I wanted to serve others. As the oldest son of a Catholic family, I was encouraged to



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be a priest. By age 12, I felt that the priesthood was the best way to serve others. It was in the teachings of the leaders of all religions of the day that we were called to love our neighbor and to treat others with the kindness and respect we ourselves hoped to be treated with. I had aunts who were nuns, an uncle who was a priest, and parents and grandparents who were devout Catholics.



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**WHAT INSPIRED YOU?** My parents owned an IGA grocery store. Dad was an inspiring man. What he lacked in formal education was more than compensated for by his keen business sense. He grew up poor and never forgot where he came from. He often went out to the highway at night to bring in hitchhikers so they would have a warm comfortable place to sleep, or bring street people to safe shelters. He believed we should perform at least one good deed each day.

He taught us to be humble, and to respect others no matter whom they were, where they were from, their religion, or the color of their skin. He taught us that we were never too good to perform any chore and that the best leaders were those who lead by example.

I grew up during the times of John F. Kennedy and Martin Luther King, when history unfolded before our eyes. These men, as well as Albert Schweitzer, became my teenage heroes. They taught us to struggle for what is right, to seek justice and equality, to protect all things living, and to care for and love each other.

My mother and father taught me about unconditional love. They showed by example that love was by far the most important thing in life, that we should never fear love and that through the power of love we could overcome all obstacles. My parents loved each other as much the day my dad died as they did the day they married. They were inseparable. The love they had for each other and for their family was an example for many.

My mother played tough cop to Dad's good cop. But there was never any doubt that they were a team and that they agreed on all things.

I was fortunate to have spent many holidays with my grandmother. She was our neighbor until I was five and we formed a bond that held until her death at 99.

She was the woman who loved us all, who loved those we loved, who cheered us on in all we attempted, and who cradled us and comforted us. The Vatican once named her mother of the year. She was caring and loving, supportive, simple, unassuming, and always a pleasure to be with.

I miss my father and my grandmother — fortunately my mother is still alive. They have been examples to emulate — leaders in their communities, respected and well aware of their responsibility as human beings to love, to give, to serve, and to remain positive in the face of adversity. They taught me the importance of family, the value of friendship, the need for loyalty, and the power of forgiveness. They also taught me my work ethic — nothing is free, success is earned, and if a job is worth doing it is worth doing well.

## EDUCATION

I completed Medicine at the University of Ottawa in 1977 and my Family Practice Residency at the Ottawa General Hospital

in 1979. I was not sure what I wanted to do. I split my time between RCMP sick parade, CHEO Emergency room, private practice in Hull, student Health Services at the University of Ottawa, and Telemedic - a home visit service working from 7:00am to 12:00 midnight 5 days a week and 8-12 hours on weekends.

Now I devote all of my time to general practice at the University of Ottawa Health Services where I have been the director since 1988.

## UNIVERSITY OF OTTAWA HEALTH SERVICES

The first patient with HIV in Ottawa was a patient of mine, at a time when nothing was known about this disease that was killing gay men. Today we realize it was killing people in Africa decades before its discovery as Gay Related Immune Deficiency or GRID now known as AIDS-Acquired Immune Deficiency Syndrome. I presently care for more than 600 patients with HIV. Our clinic housed OASIS, a prevention and support program for street-

involved people and those at risk or infected by HIV. We pioneered harm reduction and pain management and have had a methadone clinic. We have also been instrumental in the legalization of medicinal marijuana. We moved in 1989 from a two-story walk-up to a 28,000 square foot facility at the corner of King Edward and Marie Curie Private.

In the years since, we have participated in several clinical trials. I co-chaired the Federal ministerial council on HIV and AIDS, and still co-chair the Ontario Advisory Committee on HIV and AIDS and sit on the board of the Ontario HIV Treatment Network. We piloted an Ontario Ministry of Health Project in electronic charting to become a paperless office. We recently won a bid to become a Family Health Team—adding ancillary health care providers to our team in order to better serve our patients.

In 2001, during the Francophone games, we hosted several teams from Africa and I knew then that it was time for me to do what I knew I had to do since I was a child. It was time to share what we had learnt, what we had gained, with people in Africa—to bring a concept of determinants of health and partnerships to a continent battered by AIDS.

The 2001 'Jeux de la Francophonie' provided me with the opportunity as a physician hosting African physicians and athletes through our Health Services to not only meet people who inspired me to go to Africa, but also to meet a young man from Benin. I decided to support his bid to go to the Olympics and get a University education. I met the first of our now many partners from Africa through these international games.

These games brought me closer to realizing my childhood dream of treating patients in Africa. I met a young doctor from Gabon who invited me to work with his organization in remote villages in Gabon, which turned out to be the area where Albert Schweitzer had established a hospital 60 years earlier.

In February 2002, with a \$75,000 CIDA grant in hand, 18 doctors, medical residents, and nurses left for the first CACHA (Canada Africa Community Health Alliance) mission. We joined 20 professionals and support personnel from Gabon and went deep into the equatorial forest. Patients received free medical



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consultation, minor surgical procedures, and medication. A forty-foot container was sent, filled with medical supplies.

Our partners were charged with providing transportation, lodging, and food while we were in Gabon. This proved a formidable task for them, and when we arrived they still had no idea how we would leave the capital, Libreville.

After four days, the President of the Gabon Senate, the now deceased Georges Rawiri, graciously agreed to provide not only the funding for food and transportation, but to allow us to use his personal retreat, deep in the lakes district of Gabon.

None of us had ever done such a mission and Canadians and Gabonese worked in partnership to successfully complete a 13-day mission seeing more than 3,000 patients, distributing \$75,000 worth of medication, and launching a series of annual medical caravans in different provinces of the country. Today we typically see 5,000-7,000 patients per mission in Africa, while distributing close to 25,000 prescriptions.

In 2007 we entered into an agreement to rehabilitate an old mission dispensary in Ngomo and to construct a floating “clinic” that will allow nurses and midwives to reach isolated islands to provide immunizations, general medical care, prenatal care, and hypertension and diabetes control to thousands of island inhabitants who are otherwise rarely able to access health care. Today we are seeking Canadian partners and contributors to finance this floating clinic. Through our partners in Gabon we have secured funding from the Ministry of Health of Gabon to rebuild the original mission dispensary in Ngomo that would serve as the home base for the floating dispensary.

We wanted CACHA to be a bilingual organization and therefore needed to find other partners in Anglophone countries. Initially we planned to continue only with Gabon and Tanzania.

Marcel Hamelin, then rector of the University of Ottawa, was interested in supporting our incorporation as a Canadian charity and became co-founder. He brought his own passion and interest for Benin, to make this the second country where we established a partnership, supporting two remote villages. Today we are working with local partners and Canadian

partners to build a hospital near Aklampa and develop a farming project so the community can sustain a secure food supply. In the north of the country we built a dispensary in the remote village of Anoum, and we pay the salary for a nurse-midwife. The community is able to cover all other costs for the dispensary through consultation fees and the sale of medications.

In November 2007, we formed a strategic alliance with a congregation of Catholic nuns in Montréal to build and support a hospital in Benin, where Canadian surgeons and other care providers will work and teach. We also formed an alliance with the College Lionel Groulx in Montréal to help with the agricultural program in Aklampa.



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I always wanted to work in a country where HIV was more endemic and where we could build an HIV centre in a rural setting. A dear friend of mine, Esther Thaoro, originally from Kenya, introduced me to CSRAI (Canadians in support of Rural African Initiatives). They in turn set us up with an NGO called MKUKI working in a highly endemic region of Tanzania, at the base of Kilimanjaro. They became our first partners of many.

We have now completed a 5,000 square foot HIV center providing the full spectrum of HIV services. It includes a community-based AIDS support organization, and a PLHA (people living with HIV/AIDS) organization. It houses a clinic for HIV prevention, testing, care, treatment, and support. It also includes an HIV orphans and vulnerable children’s project, which supports more than 700 orphans in the rural district of Kilema hospital at the base of Kilimanjaro.

We had a friend from Toronto who had long been supporting an orphanage in Kasese, Uganda. The number of children kept growing, and its supporters in Canada needed a partner to help with distribution of funds, accountability, and governance.

House of Hope Kasese became CACHA's fourth project. Fifty children live at the orphanage while another 50 live in extended families supported by House of Hope. The friends of House of Hope are mostly from Toronto.

Since including these four core projects, several other projects have been added as CACHA forms strategic partnerships with organizations like KWIECO, a woman rights

funded through ICAD, to work with our partners in Gabon and Tanzania.

CACHA activities in Africa cost between \$800,000 and \$900,000 per year. The cost includes medical supplies, medication, travel, and medical equipment. Each participant is only allowed his or her 10Kg carry-on to allow us to transport as much as possible with each trip, and each mission participant is expected to raise \$3,000-\$5,000 as well as work long hours in difficult conditions.

CACHA has contributed more than \$3,000,000 in supplies, equipment, and medication, and has treated more than 90,000 people in our first six years. We have constructed an HIV



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organization in Tanzania and "Prevention Through Empowerment" together established by a pair of dynamic women from Kingston, Ontario who opened the first women's shelter.

Our other partners include St. Francis School for blind and deaf children in Arusha, Tanzania, and Imani vocational school in Moshi, Tanzania.

CACHA activities are primarily funded by its members and their many friends, both personal and corporate, and through fundraising initiatives and special events. An important Canadian partner is the Toronto Rotary Club that provides sweat equity, financial support for the HIV Center, orphan projects, and school supplies. CIDA provides funding for CIDA Interns, dynamic young men and women who spend six months,

centre, and participants on medical caravans, participants in sweat equity programs, and other volunteers contribute approximately \$500,000 of the \$800,000 needed annually.

It takes the contributions of many additional friends and supporters of CACHA to reach our goals. All donations go directly to our work in Africa. No funds donated to CACHA go to cover administration of this totally volunteer organization.

## IMPACT HIV PATIENTS HAVE ON MY LIFE

Some say it must be hard to go to Africa and see so much suffering. You cannot deny that there is suffering, poverty, lack of education, lack of women's rights, parentless households, and

grandmothers caring for their grandchildren after the premature loss of parents to AIDS.

But what's most striking are the smiles, the genuine pleasure that comes from living life, free of expectation, thankful for every moment lived; the genuine appreciation people have for our mere presence, a sign of our caring, as we come to share with them. The kindness, and the gentleness, the hope, and the appreciation, the beauty, and the solidarity—that's what keeps us coming back to these villages.

It is not unusual to find children, AIDS orphans, abandoned usually as young teenagers to the streets of major centers of those countries hardest hit. CACHA's orphan programs hope to



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keep the children close to the villages, provide them with hope through education and with healing through our various programs.

**VOLUNTEERS FOR CACHA:** From September 2007 to August 2008, eight Canadian adults and five children will live at Kilema Hospital. These adults are volunteering for one year, leaving jobs and homes to help establish Kilema's HIV program for a rural area at the base of Kilimanjaro. The next year will see a major ramp up of this program, one that is operated by Tanzanians and supported by Canadians.

Together we can make a difference. Working in partnership, we leverage our individual strengths to achieve what would otherwise be impossible if we acted alone. Partnerships are about building on each other's strengths, about sharing ideas, sharing the work, sharing the responsibility, and sharing the success. They are tremendous tools for empowering people and organizations that are otherwise limited in resources and abilities.

We are fortunate in Canada to live among that 10% of humanity that enjoys 90% of the goods and products of the planet.

With privilege comes responsibility. Each and everyone of us in our own way can do something to ensure that there is a more equitable distribution of opportunity, of education, of food, of clean water, of health and of wealth.

We are all familiar with the images seen on television, so much so that we hardly notice them anymore. The hopes of nations rest in the hands of ordinary people trying to accomplish extraordinary things. Whether we are national leaders or children, we all have a roll to ensure that 100% of humanity can share in what we here take for granted. We are beyond tears, beyond blame, beyond believing things will change without us.



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I feel very privileged to share in the CACHA experience. These Canadian and African volunteers have become my friends and my extended family. Join us now!

The contributions you make to giving hope a chance, either through your words or through your actions, will have a lasting impact on those you touch; helping even one person at a time.

Give generously of yourself. Help others. 🇨🇦