

Into Africa: An Ottawa doctor's quest to help

Five years ago, a local doctor with no experience in foreign aid hopped on a plane to Gabon with some volunteers and a lot of good will. Since then, Don Kilby's group has treated thousands of patients in Africa and sent millions of dollars worth of medical equipment

David Sachs, The Ottawa Citizen

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KILEMA, Tanzania - The Tanzanian foothills below Mount Kilimanjaro are alive, green with banana and avocado trees, flowing with streams and waterfalls. Even the wet red clay seems as flesh. It's a vision of life juxtaposed with the stench of death, the sickly sweet tropical smell of rotting leaves and fruit. Hidden in this jungle Eden is a dense maze of shacks connected by footpaths and a population plagued with a 20-per-cent HIV infection rate -- on top of malaria, malnutrition, tuberculosis and dysentery.

These hills are a front line in the battle against AIDS in Africa, and an Ottawa group is an active combatant, providing funds, equipment, volunteers and a lifeline to the outside world.

CACHA, the Canada Africa Community Health Alliance, has been supporting this community through Kilema Hospital, the health centre for this rural district. With CACHA's help, food and clothing are reaching orphans in the surrounding villages and an Internet connection provides hospital staff, many of whom have never used a computer before, with a link to the West.

This summer, a Canadian shipping container arrived with used hospital beds, operating tables, an ultrasound, a portable X-ray, anesthesia machines, books, clothing -- village children can be seen in NHL jerseys -- and much more. A modern HIV centre is being built at the hospital, just below the livestock pens and the nun's residence with the satellite dish on the roof.

In its five years of existence, CACHA has sent well over \$2 million in medical equipment to African hospitals and organizations. Their medical caravans, which partner Canadian volunteers with doctors in Gabon, Benin, and Tanzania, have seen tens of thousands of patients.

CACHA was the brainchild of Ottawa doctor Don Kilby, a general practitioner, HIV specialist, and the director of Ottawa University Health Services. When Ottawa-Hull hosted the Jeux de la Francophonie in 2001, Dr. Kilby's unit hosted the international medical staffs. Although he had no experience in international health and development, Dr. Kilby approached West African physicians looking for partners to bring medical care to isolated rural communities. Less than seven months later, on St. Valentine's Day, 2002, Dr. Kilby and his team of volunteer

medical students, nurses and doctors were off for Gabon, helped by a \$75,000 grant from the Canadian International Development Agency (CIDA).

"We went as green as can be," Dr. Kilby says. "I had an idea what we wanted to do, and communicated with our partners over there, and we just got on a plane and went."

While the team was prepared for the work and health issues they faced, the culture and environment stumped them at first.

"I didn't appreciate how slow things can be, how disorganized things seem to be and how unaffected by all that our partners seem to be," Dr. Kilby recalls. "Literally, to be left on the side of the road waiting for your transportation and it doesn't show up, and it's getting dark, and you're sticking your thumb out in the middle of the jungle trying to get a ride back to the city."

Here at Kilema, the hospital faces conditions like an African M*A*S*H unit. A nun/surgeon/soldier named Dr. Sister Clarissa guides her staff through power outages, poor hygiene, antiquated equipment, overcrowded wards, and crowing roosters.

The doctors work under these conditions for little pay (around \$2,500/year). To imagine the senior staff, think of the Beatles. Dr. Mbando is Ringo, the charismatic clown. Dr. Massawe is George, playfully serious. Dr. Mgase is Paul, the baby-faced shy one. and Dr. Mushi is John, the philosopher: "When we make decisions, then we become masters of our own destiny. And it is good."

Sister Clarissa is the kind of leader Sub-Saharan Africa needs more of -- an internationally trained professional who has returned home. Soft-spoken yet forceful, Kilema's doctor-in-charge was born and raised in the region. She joined the sisterhood as a teenager and enrolled in medical school along with three other sisters. After school came a year of national service in the army: "We got to play with guns and have fun," she says.

On several occasions, western colleagues have helped Sister Clarissa further her skills abroad, doing surgery training in Germany and further specialization in reproductive health in Britain.

Poverty is the overwhelming fact of life in this homeland for the Chagga tribe. According to village leaders, the average family income here is between \$50 to \$100 per year, mainly from growing coffee. Diet is very basic -- banana, maize, beans and yams. Families may have a goat or a few chickens, but meat is reserved for special occasions. Perhaps a third of the homes have electricity and few have clean water.

Poverty walks hand-in-hand with disease, and it has been CACHA's guiding philosophy to improve, as Dr. Kilby says, the "determinants of health," ranging from hygiene to education to employment.

The way CACHA helps Joseph -- a young boy admitted to Kilema Hospital with severe burns to the face and hands -- demonstrates the group's approach. Joseph's father died of AIDS, his mother and two siblings are HIV-positive, but Joseph has so far been negative. While he was in the hospital, his family's mud and wood hut collapsed. Joseph is part of a CACHA program to care for the community's hundreds of AIDS orphans and vulnerable children, which ensures the most needy get school fees and medical expenses covered while providing essentials like flour, rice, cooking oil, soap and clothing. In Joseph's case, CACHA funds are also being used to rebuild the family's home.

The slow pace of progress in Africa can be a frustration for westerners, but things are getting better: AIDS patients at Kilema are living longer and returning to work and transmission to babies is down, thanks to critical ARV (anti-retroviral) drugs the government now supplies free. Education in fighting malaria is better. But the HIV infection rate is not going down. For one thing, condoms are too expensive for anyone living off \$50 a year. The hospital itself is run by the church, and doesn't promote condom use. This is one of the cultural obstacles CACHA must accept.

"The condoms are a challenge," Dr. Kilby admits. "But in the scale of all the things you have to do to keep people healthy, condoms are a very small piece. And now you've got a structure there that's organized, well oiled, trustful, accountable, that can give you good pre-natal care, good infant care, can give you ARV treatment, can hospitalize you and treat you for your opportunistic infection, give home based care, take care of the orphans ... We'll find other ways to distribute the condoms."

As Dr. Kilby explains, many people don't get involved in development work simply because the scope of the problems of African health and poverty seem so imposing. To Dr. Kilby, this only means there are a multitude of opportunities to do good.

Indeed, the successes are beginning to multiply, Dr. Kilby says.

"After working in Gabon five years now, word of mouth goes around: the Canadians are back again, they're doing consultations, they're pulling teeth, they're doing minor surgical procedures, they're giving out medication. We went into villages where people had seen Albert Schweitzer in the '60s and hadn't seen a doctor since. ... Now we have influential people in that country founding their own foundation to do the same kind of work on an ongoing basis."

For Dr. Kilby and CACHA, there is a growing sense of satisfaction that they are making a difference. He recalls that the president of Gabon sent a letter to Canada's prime minister to say that "of all the interventions that Canada has had in our country, this one has been the most significant, it's the one that has touched the hearts and minds of our people the most."

Freelance journalist David Sachs volunteered with CACHA at Kilema Hospital.

For more information on CACHA: www.cacha.ca, 613-234-9992

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For An African Emigre, a Way to Help

In many ways, the work CACHA does fits the strategies proposed by last February's Senate report on foreign aid, which criticized the historic approach of the Canadian International Development Agency in Africa.

CACHA concentrates on HIV and malaria, it has pilot projects in micro-finance and vocational schools and it bypasses most government entanglements to work directly with local groups. CACHA works without major government assistance, other than employing CIDA interns.

The CIDA internship program was recently renewed, but just for a year, and Canadian NGOs are fearful of losing the help the interns provide. Dr. Don Kilby, CACHA's founder, is infuriated with the prospect of losing the program, which he sees as the most efficient entry point for introducing the next generation of development workers, thus multiplying the initial CIDA investment.

Uganda native Jimmy Sebulime, 30, is one of those beginning such a career. Mr. Sebulime's mother came to Canada in 1985, during Uganda's civil war. Five years later, she was able to bring Jimmy over as a landed immigrant.

Through CACHA and the CIDA internship program Mr. Sebulime had a chance to serve his home country, volunteering at a Ugandan orphanage.

"I was there for five and a half months," Mr. Sebulime explains. "Without CIDA there's no way I could have done that, because they financed the whole thing. That experience meant the world to me, to go back home to make a difference and to learn about world development. Once you get in, you want to keep going."

After his internship, Mr. Sebulime volunteered on a CACHA medical mission to Tanzania, and he's been back to Uganda several times, even starting a CACHA supported project in his old village.

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Aid: Who gives what

Net official development assistance as a percentage of Gross National Income in 2005. The United Nations has set a goal of targeting 0.7 per cent of a country's GNI towards foreign development aid:

Sweden 0.94
Norway 0.94
Netherlands 0.82
Luxembourg 0.82
Denmark 0.81
Belgium 0.53
Austria 0.52
France 0.47
United Kingdom 0.47
Finland 0.46
Switzerland 0.44
Ireland 0.42
Germany 0.36
Canada 0.34
Italy 0.29
Japan 0.28
Spain 0.27
New Zealand 0.27
Australia 0.25
U.S. 0.22
Portugal 0.21
Greece 0.17

Source: OECD