

sounding board

NOT Flat Stanley's Big Vacation Dr. Ed Thornton on Foreign Medical Work

Martin E. Thornton, DO

OK, Flat Stanley was just to get your attention for the real story. Six months ago I was working my usual day in/day out life and a phone call changed my plans for a while. The Tanzanian government had worked to start a clinic in Kigombe, Tanzania. If you Google Earth Kigombe, you will see that it is conveniently in the northern part of Tanzania next to the city of Tanga and close to the border of Kenya. If that doesn't work, you can put one leg on Mombasa, Kenya, and play twister to get the other leg on Dar es Salaam, Tanzania. Then, put your hand right in between your legs, and there in the middle is Tanga.

It is a coastal area where many islands (the most famous of which is Zanzibar) are located and the people basically fish for a living. They encounter many difficult diseases that love the eastern coast of Africa, such as malaria, typhoid, dengue, Loa Loa, Wucheria Bancroft, HIV/AIDS, and so on. There are more than half a million people in the Kigombe region alone, and they are affectionately referred to as the "Fisherfolks." After five years trying and failing to establish a hospital in this area, the government of Tanzania decided to ask for international help.

As some of you know, I travel from time to time, and I usually have my little black doctor's bag in tow. The phone call came from the International Hospital Association rather by surprise, asking if I might be interested in working with the fishing community of Kigombe. Since I love seafood, I volunteered right away and, after some discussion my wife, who is a nurse, also agreed that this was a real opportunity to make a difference someplace and eat some nice seafood. When I started making plans, it was clear that every hospital needed an administrator so I enquired about who such person would be. Oddly, my two dear friends from Mwanza, Tanzania, near Lake Victoria had decided to go there and work with a team of employees to start this project and actually see patients.



Dr. Thornton

There was, in the background, a lovely British woman who had lived on the shores of the Indian Ocean with her husband in Kigombe. It was in their plan to retire there, and so they needed a home. There was no electricity in Kigombe so this was a bit of a problem. But, you know those British and how clever they are. Soon after the house was built, they installed a solar panel. Just one solar panel did they install. There were no solar batteries in Kigombe so they improvised and used a simple 12 volt car battery. Only one such battery was used for the entire compound. So they made a solar oven, which boiled water for consumption, and cooked food that was excellent, such as a mush called Oogali (its name obviously from the first bite (which causes one to say, "Ooh, gawli, that is nasty.") and seafood.

However, as fate sometimes intervenes, her husband died, and she was left alone with the solar oven and a car battery. Her husband's illness would have been innocuous in nearly any other place with a clinic, but since none was nearby, he passed on. This caring British lady approached the Tanzanian authorities about donating her compound to be used as a hospital, and so it was that a simple daily occurrence like death created an opportunity.

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Solar Oven

Enter the family who lived there and were missionaries for 25 years in Mwanza, Tanzania. The husband is an accountant by education. His wife is a nurse by training. What a couple! Every hospital **must** start with administration. Since the Tanzanians had failed, and other NGOs could not come up with personnel and equipment, the project floundered (Fisherfolks know flounder!). It floundered without ever opening or seeing a patient until my friends, the accountant and the nurse came into the picture. The only thing they needed was doctors, some nurses, and, of course, they needed medication and equipment to make this once-British home into a hospital. That should be easy enough.

My wife and I have known the family from Mwanza, and we have worked with them in many places in East Africa. We decided that opening this hospital/clinic was a serious undertaking worth whatever we could also provide in manpower, encouragement, and supplies. I wrote a few grants, bought a few medications, convinced my dear doctor friend in Pocatello, Idaho, that this would be a rewarding and rich experience, and so, off we went to help do a good deed.

We arrived in Dar es Salaam after 30 hours of travel via Amsterdam. When we arrived, it was clear that the medication and people would overwhelm the Land cruiser, so my wife and I with no hesitation jettisoned the luggage and rented a small Cessna (**with** the pilot since I can't fly), and we were off. The plane took us to Zanzibar, then Pemba Island, and finally Tanga where we met the house and clinic with one battery and the solar oven.

My first thought was that shaving would draw too much electricity so I quickly decided that the beard was going to grow. Then I noticed there were people already living in the house. They were cooking and cleaning. I met the house cook and her son. Then the clinic nurses said hello, followed by a warm reception from my great friend and translator with whom I've worked many hours in Mwanza. Next a young Tanzanian doctor came in to see what the American doctor he would be teach-

ing, learning from, and working with for a few weeks looked like. Suddenly, it dawned on me that they all lived in the same compound and shared living spaces that were for common purposes, like eating and evening visits. I could live with that, I thought. It was late, so we worked into the night getting out medicine, equipment, and mosquito repellent.

In the night I heard a roaring noise that ebbed and flowed like the most accomplished of loud snoring men. Through the night it sounded further and further away. It was a lullaby for sleep and even soothed my swollen legs. The next morning it was barely audible, and it was then that I knew the Indian Ocean was in our back yard and the tide was out nearly a mile, making the waves silent. I only walked the beach once, but it was beautiful.

The work started, and clinic on the first day was fun. The sick were really sick. I saw children, adults, and old men and women who had malaria and typhoid. The skin conditions were so challenging that even in my imagination I could hear the whispers of the dermatopathologist saying, "It's a complex skin condition, stupid. You need a biopsy!" One little six-month-old girl really caught my attention that day. She had Norwegian type scabies and had scratched the surface of her skin until she was covered in impetiginous lesions from head to toe. The suffering from just a scabies infestation was a fast reminder of how serious and chronic most of my patients would be. The next child had malaria, confirmed by thick and thin smears so that I could see the parasite under an ancient microscope. Do you remember "oil immersion"? What a throw back!



Norwegian Scabies

Then there was the man with a scrotum the size of a wheel barrow from elephantiasis. The book says treat it with Ivermectin now and every six months for a year and a half. Where do they sell Ivermectin in Tanga? In my mind I was a bit jealous of a man packing a bulge in his pants the size of Rhode Island. After seeing "Rhode Island" I felt like crying. For six years he had suffered with this disease, and now the great American doctor could help? The quest for Ivermectin became as intense as the quest for the Holy Grail and was as complicated, humorous, and convoluted as a Monty Python movie.

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The days to come soon did – get up at six, eat oatmeal or fruit, then work, then work a bit more, then lunch, work, supper and collapse for sleep, and wait for the sound of the snoring ocean. One evening I awoke abruptly wondering if I was having a Mefloquine dream, or did that large creature staring at me from my bed rail really run by me with fearless intention. It was not a Mefloquine nightmare, only a very large rat. The safari began and the hunt was on. I used traps with my best peanut butter and bacon enticements. Tripped and bare, the traps were abandoned for something every hunter on safari needs. I imagined using a shotgun, but only to come to reality that it would end up like a Three Stooges episode. So I turned to poison in frustration (and there are no shotguns in Tanzania unless they come with a soldier!)

So, why did we go? Helping to open a clinic was a challenge. Knowing that we could accomplish something others had failed to do was a noble goal. During the week, it became clear. The real reason was the benefit that comes with meeting and caring for people who are poor and have little knowledge or access to any health care. These “Fisherfolks” were gentle and kind Muslims who accepted us and shared everything they had (including scabies – my first stop at home was the Permethrin 5% store). We were invited into their homes and often they were apportioned with so little that subsistence took on a whole new point of view. They shared whatever fish they had to eat, and squid was so abundant that I don’t ever want to think about eating it again. They were as clean as they could be. They loved their children and cared for them, often without eating anything because there was only one serving.



Neighbor’s Boat

At the end of the day, when it had all been said and done, living with the doctors, nurses, cooks, and administrators under one roof and with one car battery and a solar oven was a bit of a challenge emotionally and physically. During those days, I would often think about ham and eggs, a hot shower, or a chocolate cake. Everyone worked hard and without everyone nothing would have happened. Every person’s skill and gift was needed every day. I realized that I was living in a village

and that every person mattered and depended on everyone else. Who boiled the water in the daytime? I don’t know, but that was as important as who was working in the clinic.

An interesting example and bright spot was how my wife took a few vegetables, tomatoes, and spices to cook for 15 or more people every evening without a grocery store or a Whataburger in driving distance. The fruit for dessert was mango, papaya, watermelon, and the old standby banana taken from the local tree. My wife is a nurse by trade, but on this trip we needed a cook who could make something out of little or nothing, so she became a gourmet chef in Kigombe. No one complained, and no one got sick. Many actually thought it was the best food they had eaten in a very long time, since they did not have to cook it.

Life is full of illness, kind acts, serendipity, sharing, and living in a place where real community is present and tangible as every breath taken there in the warm humid air. I left feeling very tired after my time of work. The young Dr. Dickla Jackson (what kind of name is “Jackson” in Tanzania?) and I learned a great deal from each other. He emails me with his tough cases and dreams that we will come again someday to Kigombe. Even with scabies, I somehow think there will be another trip to that place, just so I can see how much was done to start a clinic and then see the vision of a clinic growing into a really important community center.

Now, the story isn’t over yet. My wife and I had our silver 25th wedding anniversary while we were there. It’s hard to celebrate with scabies and a whole house full of people so we flew back to Zanzibar for the time to reflect on work and lives lived well. The hot shower was abused that first night, and every moment on the island was met with contentment and rest. It was a small reward for being allowed just to help in the vision of the International Hospital Association, and the Bentley family, on a mission to change the world by bringing health and healing to a place that has none!

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