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# GLOBAL HEALTH MEDICINE IN KENYA

**DATES: JANUARY 4, 2017-FEBRAURY 24, 2017**

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SHOE 4 AFRICA CHILDREN'S HOSPITAL  
MOI TEACHING AND REFERRAL HOSPITAL (MTRH)  
ELDORET, KENYA

## REFLECTION PIECE



Prior to my departure from the United States, I wasn't certain of what my actual involvement would be in Kenya. I had some idea through reading and attending preparatory sessions what to look forward to but it was hard to imagine what it would be like for the next two months. In addition to learning more about tropical diseases, I was hoping to gain insight and knowledge of how a hospital system functioned in another country.

My experience was nothing like I thought it would be. The next two months would ultimately mature my thought processing both academically and emotionally. I arrived during a nationwide physician strike that I was unaware of before landing in Kenya. It was in its third week at the time of my arrival and ongoing during my departure. Ultimately, it lasted for a total of 100 days. The strike stemmed from frustrations and growing impatience of a health ministry and government. From my understanding and knowledge gathered from articles, the end goal of the strike was to seek better wages for the medical officers, gain better medical equipment and enhance working conditions in public sector hospitals.

Due to the absence of the Kenyan medical doctors, most of the patient care was provided by the nurses and clinical officers. Clinical officers are comparable to Physician Assistants, however with less training and capability. The only physicians openly working in the hospital were ones from our AMPATH program. We were highly understaffed, but remained committed to continue our service. My role over the course of the 8 weeks shifted from a student to a resident. Initially, I was indifferent to the strike. I maintained an open mind about the situation and wanted to be careful with how I judged other's actions. As the weeks grew longer, my opinion shifted and I became more biased about my feelings. My neutral stance become tainted with my emotions. It was mentally difficult to frequently witness patients die from preventable diseases.

"We should not be using poor patients as pawns." This comment was made during a presentation I attended while in Kenya. It's hard to say whether this was the intention of the involved parties of the strike. What I can say is that the main individuals affected by the strike were the same people who are silenced in their country due to poverty and lack of opportunity. These patients were victim to health disparities and were vulnerable to receiving inadequate healthcare from unqualified persons during the strike. The intended targets of the strike, the government, did not frequent the public-sector hospitals and thus didn't directly suffer from the damaging outcomes.

Only time will tell what my experiences in Kenya will mean and the impact it will have in my life and on my patients. One thing I do know is that I am even more committed to global medicine and this trip further solidified my passion for international health. My heart is with Africa and I look forward to more opportunities to serve and advocate for the voiceless and downcast.