

The Brown Kenya Medical Exchange Program: Part 2

JANE CARTER, MD; CHARLES SHERMAN, MD, MPH
GUEST EDITORS



PHOTOS COURTESY OF JANE CARTER, MD

Dr. Jane Carter, at left, director of the Brown Kenya Program since it began 15 years ago, was in Kenya last month working with her colleagues at the TB clinic at Lodwar Hospital, Turkana, a TB Reach project site. Dr. Carter is president of the International Union Against Tuberculosis and Lung Disease.

Karibu. Welcome to Part 2 of the *Rhode Island Medical Journal's* focus on the Brown Kenya Program, which has been in existence for more than 15 years. The September issue of the Journal carried Part 1 and if you have not yet had a chance to read it, here is the link: <http://www.rimed.org/rimedicaljournal/2013-09/2013-09.pdf>

During the last 15 years what started as a learning opportunity for a few medical trainees has developed into a comprehensive care, education, and research effort by countless Brown and Kenyan physicians. A large number of medical specialties are represented including emergency medicine, internal medicine, neurology, obstetrics and gynecology, pediatrics, psychiatry, and public health. All projects involve cross-cultural collaborations in which both groups greatly benefit.

The accomplishments have been many. From a clinical

Safety considerations No. 1 priority when planning Kenya trips

JANE CARTER, MD
BROWN KENYA PROGRAM DIRECTOR
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On September 21, the terrorist group Al-Shabaab launched an attack on the Westgate mall in Nairobi, Kenya. This attack resulted in the deaths of 67, a hostage situation lasting 4 days, and a resulting – and likely long lasting – sense of insecurity.

The AMPATH consortium – and the Brown Kenya Program – does not approach safety concerns lightly. Since the bombing of the US embassy in Nairobi in July 1998 when the Moi University medical students and IU faculty Dr. John Sidle were standing on the steps of the embassy to apply for their visas for their US rotation, security assessments have become an integral part of the program. Evaluation of the US State Department updates – both internally in Kenya and from public information on the US State Department website – coupled with discussions with our Kenyan partners regarding their own knowledge and assessment of local political situations factor into the program recommendations.

During the last two presidential elections, the exchange program has been closed for rotations. In 2007 this decision was prescient. Post-election violence erupted four days after the election. The mechanisms put in place by the Brown Kenya Program allowed for contact to all individuals who had been slated to leave that week to be alerted and their travel plans placed on hold. The exchange program was closed for a total of three months that year. The same decision to close the program was put in place earlier this year for the most recent presidential election; that election was peacefully carried out.

For the last year, the program has recommended limiting time in Nairobi to transit only and no travel to the coastal areas based on reviewed security analysis. As time passed, and no incidents occurred, the temptation is to become complacent. Occasionally rotators will question why the program has set forth a certain set of rules/guidelines. It is unfortunate that in our world of today, there can be no role for complacency. Security and safety for all program participants remains our highest priority. The AMPATH Executive Committee communicates by phone monthly and security assessment are ongoing – before the last incident and moving forward. We will continue to make the best recommendations possible with safety of all participants paramount.



perspective, over 100,000 persons living with HIV/AIDS are now under supervised care. Approximately 70,000 symptomatic individuals have been screened for tuberculosis. And those with diabetes are much better managed with the creative use of cell phones and portable glucose monitors. Greater access and provision of care have ensured that HIV, TB, and diabetes are no longer death sentences for those living in Western Kenya.

In this issue, there are several articles written by Brown faculty members, illustrating the profound nature of living and working in Kenya. **DR. RAMI KANTOR** provides an overview of the extensive collaborative research efforts underway between Brown and Moi University in Eldoret.

The development of specialty care can be challenging, especially when done across two universities; **DRS. BUD KAHN, JAMES MYERS, GEOFF BERG**, and **NICK CALIFANO** write about the joys and frustrations of starting such efforts in a developing country.

And finally, **DRS. JANE KAMUREN** and **DENNIS O'YIENGO** share their unique perspective of being trained at both Brown and Moi University.

The Brown Kenya Program has become an integral part of who we are as physicians and as people. We hope you will consider joining us in this most worthy of life's adventures.

Asante Sana. Thank you. ❖

Guest editors

Dr. Jane Carter, Associate Professor of Medicine at the Alpert Medical School, has been the Director of the Brown Kenya Program since its inception and is a pulmonologist affiliated with The Miriam Hospital.

Dr. Charles Sherman, Clinical Associate Professor of Medicine, the Alpert Medical School of Brown University, was the first Brown faculty member to travel to Eldoret in 1996. In 2013, Dr. Sherman was appointed as Director of Field Operations, East African Training Initiative, Ethiopian Pulmonary and Critical Care Medicine Training Program at the University of Addis Ababa in Ethiopia and Head of Global Pulmonary and Critical Care Medicine for the Brown University Global Health Initiative.