

A Reflection of my time in Baringo County

My time in Baringo County was challenging, both intellectually and physically. As the last two-week leg of a journey that had taken me through London, Florence, Madrid, and Dubai before I finally landed in Nairobi, my second trip to Kenya was an exercise in flexibility and resilience. I touched down at the Jomo Kenyatta International Airport late at night and was sick as a dog; the dry plane air and weeks with little sleep from traveling had finally caught up to me. It was incredible to crash into a bed at my hotel, but before I knew it, I was up again and on the move. I nursed my sore throat with a Kenyan coffee in the hotel lobby while waiting for a driver to collect me and a few traveling companions. Once we were on the road, the landscape along the drive changes dramatically from the metropolitan jungle of Nairobi to the outlying towns, with their street market smoke and Safaricom plastered apartments. As the traffic jams of greater Nairobi receded, the vastness of the Rift Valley stretched ahead beyond view. The purity and freedom of driving up the Nairobi-Malaba road through the Rift Valley calmed me, even as my sore throat kept me wincing every time I swallowed and my thoughts turned to the work that lay ahead.

Once in Chemolingot, one of the major towns of Baringo County the home of the TERMES Center, there was little time to rest. A tour of the hospital, introductions and conversations with new people and reunions with old friends, getting a lay of the land; a blur of activity for the next 48 hours coupled with a few hot nights under a mosquito net left me dizzy and disoriented in this exciting new world. Sukanya Mittal, another undergrad who had been at the TERMES Center for a week before I arrived, helped me acclimate to my surroundings and generously agreed to help me with my research. During the next few days, Sukanya and I spent hours in the hospital's record room, accompanied by a few birds, spiders, and insects that regularly scuttled across the desk on which we worked. I was looking for cases of surgically treatable conditions and trying to figure out what happened with those patients. After interviewing doctors, nurses, pharmacists, nutritionists, and anyone else at the hospital who would speak with me, I began to gain an understanding of what surgery meant in Chemolingot.

The Chemolingot Sub-county Referral Hospital is the largest hospital in Tiaty, and received many patients from the surrounding areas who are too sick to be treated at smaller community clinics or too poor to reach the larger Kabarnet Hospital. While ACCIH has helped construct a visceral leishmaniasis treatment ward, a dilapidated surgical ward waited 20 meters away. The ward had not been built properly, the roof was too low to house the surgical lights with the operation table under it, and while renovations continued, the surgical equipment was exposed to the elements. It's clear that a greater emphasis on surgical care and access is an important component of any national health strategy, and we should work to support the establishment of training programs, infrastructure projects, and national policies that increase access to surgical treatment for people who are poor or live far from major hospitals.

I hope to someday return to Baringo County. Now that I'm in medical school, I'm getting the training I need to directly support this critical work on a global scale. My exposure to the world of global surgery through my time in Chemolingot has opened my ideas to new challenges and opportunities, and shaped what I hope to do with a medical degree in the future.