

## **Travel journal April 2009**

*"The journey of a thousand miles, begins with one step"*

I have set the first step in September 2003 and it has been one of the most precious things that has ever happened to me! Kumi Hospital...what a beautiful people, concerned with the patient's destiny, hardworking with the conviction to help others, even though it won't always be rewarded in a financial way. Just like them I get satisfaction from the work I do. Thank you Kumi!

### **Saturday April 4**

I have visited Kumi for the sixth time on April 4th. A visit of 2 weeks this time. Very short, but it always is! Also this trip I haven't made alone. I flew from Dusseldorf to Uganda together with Willem-Jan Cuypers (friend and doctor) and Marijn Poels (moviemaker AWA Films). On the same day 3 people from the Laurentius Hospital Roermond took the plane in Brussels to join me for a week to Kumi. Drs. Robert-Jan Mulder (gyneacologist), Drs. Janneke Raaijmakers (paediatrician) and children's nurse Janine Wetzels accompanied me to get an impression of the medical care in Kumi and to find out a possibility for Laurentius Hospital to cooperate in providing medical care in the future. A couple of days earlier Jan Janssen (photographer) arrived in Kumi for the second time to make a new photo shoot for the Kumi Foundation. We're a big group this time as you can tell! We were picked up by a chauffeur of the Entebbe Flight Motel, where we stayed for 1 night before leaving to Kumi on Sunday. Despite it was already dark outside, it was great to smell and feel the first impressions of Uganda again!

### **Sunday April 5**

Sunday morning...awakening in Entebbe! What will it bring us this year? Around 8 am I receive a phone call from the receptionist. Someone who wants to see me. It's Julie Antte Nassalo, a student who knows Mrs Muldervan Tilburg from Son en Breugel, The Netherlands. Together with 2 other teachers she came to collect some stuff I brought from The Netherlands. I am having a short conversation with them before breakfast. Then I hurry to the breakfast room where the others are waiting for me. Everybody looks quite fit! We all enjoy the coffee, tea, juice, toast with marmalade and fresh fruits and take care we eat one's fill for the long trip to Kumi! In the mean time James arrives at the motel. He's a chauffeur from Kumi Hospital who will take us six and our 6 x 46 kg luggage (!!!) with a 4-wheel drive to Kumi! We leave around 10am. First we drive to Kampala to exchange money and to drop off a package from Kumi Hospital. Robert-Jan sits at the back in between our suitcases, 3 people sit on the bench and the chauffeur and 2 people sit in front. Here we go...350 km Ugandan roads, with regular stopovers. Finally we approach Kumi and at the same time Dr. John Opolot calls James to ask how much longer it will take us to get there. At 5 pm we arrive at Kumi Hotel, where 3 of us will stay for a week due to lack of rooms at the guesthouse. John Opolot shows up soon to welcome us! Great to see him again and to receive the same warm welcome as

always!

After unloading the suitcases at the hotel we go to the guesthouse to unload the luggage of the other 3 people and to meet photographer Jan. Then, John Opolot takes us to the hospital for a short tour. In the evening we all eat together in the guesthouse where Ann, Grace and Jennifer, as always, prepared an excellent meal! The atmosphere is great and despite the fatigue everyone is tremendously motivated to experience the first day at Kumi Hospital on Monday!

### **Monday April 6**

Every working day at 8 am there's an Assembly in the Hall of Hope where the personnel of the hospital start their day with a song and prayer.

Furthermore there's the possibility to make mention of important news and to welcome new visitors. Which is us!! Dr John Opolot asks us all to step forward and after a short introduction by me, our whole team is being welcomed. But of course this is done the Kumi way: because our team exists of so many women we receive 'flowers': our hands are being warmed and the flowers mixed by all those present. Hereafter we throw the flower petals in the air to give a 'rain of flowers'. We also receive a 'hot shower', a playful form to welcome us and each one gets the possibility to introduce him/herself. The tone has been set!

After the assembly we follow John Opolot to his office and other departments which we didn't have the time for to visit yesterday. Here our ways kind of part. Janneke and Janine go to the children's department and Robert-Jan, Willem-Jan and I join Dr Martin to the Maternity department. Since one year Dr Martin leads the Maternity department. He's not a specialized gynecologist, but what can be compared to an assistant doctor in The Netherlands. One BIG difference is the fact that he has the qualifications of a gynecologist and is entitled to operate and to make important decisions.

Immediately we encounter an interesting case: mother Dinah Igwee, 36 years old, lies at the department and is pregnant of her 8th child (1 child passed away already). She's approximately 34 weeks pregnant and came to Kumi Hospital from the village Akum (15 km from Kumi). She gave birth to her other children at the local health clinic. She came to Kumi Hospital because she suffered from fluid loss for the last 3 days and it seemed her water was broken. Because the midwifery care in Kumi Hospital is much better than in the near surroundings, she came to Kumi together with her husband Omongin Vincent and her daughter Betty who will take care of her.

Dr Mulder proposes to check with the echo if there's any amniotic fluid present at all. Making an echo is hardly ever used because of a lack of knowledge. Dr Martin studies Dr Mulder's echo images with great interest! It seems there's no drip of amniotic fluid left and the child lies in breech presentation. Dr Mulder proposes to either initiate the delivery or to perform a caesarean section. Together with Dr Martin they choose the first option: the delivery will be initiated which means the contractions are initiated artificially.

After a while Dr Mulder informs to the progress and it seems that no inward research has been done. This is being done immediately and it appears that the child's umbilical cord lies right in front of the uterus mouth! A dangerous situation, which in The Netherlands requires an emergency caesarian section. The mother should be kept absolutely lie flat and transported this way to keep the pressure from the umbilical cord so it cannot block the blood supply to the child, with all possible consequences! But...we're not in The Netherlands, but in Kumi! Here, they recognize the gravity of the situation, but the ways things go is a little different...urgency is less urgent, which also seems during the progress.

Before taking the mother to the OR (unfortunately the old one because the new one doesn't have all the new necessary instruments yet) we have to look for a bed on wheels, which is present at the department. The mother walks to this bed, we all hope this doesn't have negative consequences. Off we go to the OR. It's 5.30 pm and actually everyone has gone home. Which means we're in front of a closed OR!! It takes another 15-20 minutes before we have the key and the anaesthetist arrives. Dr Mulder will perform the caesarian section assisted by Dr Martin and Willem-Jan. Fortunately Janneke Raaymakers (children's doctor) is present as well, so we've forced powers to make the best of it! Now it's only a matter of hope.....

Preparations are taken the African way...which means PATIENCE!!!

The operation commences. Everybody is awaiting...when suddenly the light in the OR is cut off...luckily for a few minutes only. Drs Mulder succeeds in bringing the child to the world...a tiny, little human-being...a 1700 grams weighing baby boy. He doesn't have a smooth start. Luckily he's breathing but soon his face is turns blue. Preferably we give him oxygen but his mother is using it. Yet, we decide to give the oxygen to the child because he needs it more at this point. He gets his skin color back, but when we stop giving him the oxygen he turns blue again. Everyone senses the pressure. Finally he's able to breathe by himself again and keeping his skin color. Thank God! But he has still a way to go...

Unfortunately there's no incubator available in Kumi (the only available incubator has a broken temperature regulator). Because the little boy is born too early and is so tiny it is extra important for him to not cool down. Janneke and Janine take the child and start looking for his father. And that sounds easier than it actually is! In general, fathers aren't much involved in childbirths, so try to find the right father in the crowd. After a short search and with help from people who speak a little English, Omongin Vincent is found, outside near the midwifery department. He's given the task to keep his son warm. Preferably we feed the kid now but this is simply not available. Artificial nutrition is hard to find and costs a fortune! For this reason the hospital has no such nutrition in stock. As soon as the mother is capable she will have to breastfeed her child, but then still it is hoping that her breast

feeding starts fast. The mother is in bad condition and she doesn't seem to be able to breast feed soon. This means we'll go to Kumi-Town tomorrow to look for artificial nutrition and we pray the child will survive the first night!

For Robert-Jan, Janneke, Janine and Willem-Jan this is their first visit to Kumi and today they had a lucky day! Welcome to Kumi Hospital: an hospital with, for Uganda, good medical care, but with a lot of limitations because of a lack of finances. The way of work is different, often in a slower pace, but I have respect for the care they deliver in the hospital! We all have to adjust our minds this week, put ourselves in the doctors'/nurses' place and set our western attitudes aside. That worked out very well this week!

During dinner at the guesthouse, which always tastes delicious, we discuss today's happenings. Marijn was able to make a lot of video shots. Everybody encountered many new impressions today. What will tomorrow bring?

### **Tuesday April 7**

I had a real good sleep! And the roosters and chickens underneath my bedroom window sound so familiar...eventhough the time of the day is not always convenient!

After breakfast we all walk to the hospital with great expectations. During the short walk you see many nice images: children walking to school, children or women getting water at the pump, patios near the houses that are being swept, women working at the land or at their houses. Kumi is awake! And so are we.

After the Assembly we enter the delivery room to find out the condition of yesterday's mother and child. Fortunately the kid is still alive! The mother still looks very tired and the breastfeeding still hasn't commenced yet. In the meanwhile the boy has been given a name: in appreciation of the help of the Laurentius team the child received the name *Laurens*! We couldn't wish a bigger thank you! Today we will look for artificial nutrition in Kumi-town because we're worried about Laurens.

Since it is quite quiet at the delivery room Marijn, Willem-Jan and I decide to stroll around the hospital terrain to film impressions. Besides that Marijn conducts and shoots interviews with me for the documentary. Because we just do not know what this week will bring we also decide to walk to Kumi-farm to film there as well. The walk takes us half an hour. On the way three little girls join us and we continue the road hand in hand. Without saying a word they are inseparable from us. While Marijn films the farm, Willem-Jan, I and the three little girls enjoy the peace and silence there. The girls slowly start to open up and become curious. Very cautiously they start caressing our arms...there are little hairs on it! Something they do not know. Very soon they discover the hair on my head and keep touching it. Since they only know their own stiff frizzy hair such soft

hair like mine is very attractive to go through with your hands. Willem-Jan's hair is very short, which meant I was the lucky one! We silently enjoyed this moment for a while.

After some time we headed towards 2 little houses near the farm, where 2 families live. We sat outside and had a chat with the owners, while enjoying some Ugandan peanuts. It was a lovely morning! And Marijn was able to shoot some beautiful images.

The hospital's future is determined by the farm. If it can be rebuilt and restored into the condition it used to have years ago, the hospital will be able to receive a lot of financial income by selling milk, meat and crops. The rebels have completely destroyed the farm and plundered the cattle. The farm is owned by the hospital and measures about 1100 acres of land. A huge surface with a great future in front of it. With help of the foundation I like to make a start with reconstructing the farm. An immense project focusing on the future. A future in which the hospital can become self-supplying!

Back at the hospital Margaret (midwife) approaches us and asks us to come with her to Kolir. In Kolir there's a healthcare station where Kumi Hospital organizes midwifery and medical consulting hours and education on family planning and HIV/AIDS every month. Robert-Jan, Marijn, Willem-Jan and I follow her. It's not a really busy consulting hour with many pregnant women because it's raining season and women are busy working on the land. This simply means they do not have/take time for a check-up of their pregnancy. Willem-Jan is set to work immediately for medical consulting hour, together with a nurse from Kumi who can translate.

These consulting hours on the spot are of great importance! The health care station in Kolir is not permanently being occupied by qualified midwives, as is the case in many health care stations in Africa. So danger lies in wait. When there are complications, people simply do not know how to act. From Kolir it is also not easy to go to an hospital with the utmost speed. Therefore during consulting hours it is indicated to women to go to Kumi Hospital, especially when there's bigger risk. This can be when a woman has had a caesarian section once before or when she has given birth to three or more children. They have a bigger risk of excessive blood loss after giving birth. This is one of the reasons of the high mother-and-child mortality rate in Africa.

With the foundation I pay part of the fuel needed for these outreaches, because of the importance of it. In the meanwhile Kumi Hospital received more birth deliveries, but what is more important, the mortality rate of women concerning pregnancy and giving birth is way below national average! Mortality in Uganda is measured 1:20, in Kumi District in the meanwhile it is 1:198 !