The Warren Alpert School of Medicine at Brown University and Moi University School of Medicine Partnership

Make the Journey – Share the Knowledge
Program goals are:
- To enhance medical education and personal growth,
- To build strong relationships between American and Kenyan physicians, health professionals and students,
- To offer a unique opportunity to reinforce professional values
- To develop health care leaders in both countries,
- To ameliorate the negative health consequences of poverty and economic disparity.

Goals are achieved by:
- Leading with care,
- Follow care with education and teaching and
- Complete the circle with research leading to improvement in care.
Karibu!

Welcome to the Warren Alpert School of Medicine at Brown University (Brown)-Moi University School of Medicine Exchange Program! We are excited that you have chosen to make this experience part of your medical/professional training and we hope that you are looking forward to a challenging and wonderful experience.

The purposes of this document are to help you understand the goals of the program, to assist you to become as well prepared as possible, and to help you make the most of your experience in Kenya. It can be divided into three sections: general orientation materials, mandatory preparation documents and information relevant to the local culture and environment. Also included is a bibliography regarding the spectrum of health, social and cultural issues you are likely to encounter in Kenya. Please devote a significant amount of time and effort on preparatory self education.

To participate in the exchange program, you will need to review this document fully. All potential program applicants must follow the application procedures for the program. This includes: attending a Kenya Program introduction meeting, an interview with either Mary Hohenhaus or Jane Carter and completion of all program and travel documents on pages 13-21 of this manual.

In the meantime, we wish you success as you prepare to travel to Kenya.

Asante sana and safiri salama!
Brown/Kenya Program Personnel

E. Jane Carter, M.D.    Director    (E_Jane_Carter@Brown.edu)

Dr. Carter is the Director of the Brown/Kenya Program, Associate Professor of Medicine at the Alpert School of Medicine at Brown University with dual appointments in the Division of Pulmonary and Critical Care Medicine (in which she trained) and in the Division of Infectious Diseases. Her major interests combine partnering medical education initiatives between the developed and the developing world with a career long interest in Tuberculosis. Dr. Carter's research agenda targets Tuberculosis and highlights implementation science focused on intensified case finding for TB, the intersection of care between TB and HIV in the developing world, and transmission characteristics/dynamics in Multi-drug Resistant TB. Dr. Carter is the TB technical advisor for USAID AMPATH, the President Elect of the North American Region of the International Union Against TB and Lung Disease and a member of the Board of the World Lung Foundation. With a view that clinical medicine is the diving force behind both education and research, Dr. Carter maintains a pulmonary practice at the Miriam Hospital as well as acts works as Senior Consultant at the RISE TB Clinic of Rhode Island. She has received numerous faculty awards for teaching, education, and humanism.

Janet O’Connell, M.P.H.    Administrator    (JVOConnell@lifespan.org)

Janet is responsible for the logistic and operational aspects of the Program. She maintains the Program office and is, in most cases, the primary resource for information and communication. Janet has a diverse public health background in maternal and child health, infectious disease and international health education.

Mary Hohenhaus, M.D.    Assistant Director, Medical Educational Exchange    (MHohenhaus@lifespan.org)

Dr. Hohenhaus is a member of the Division of General Internal Medicine based at the Miriam Hospital, where she is Director of the internal medicine residents’ primary care practice. She holds a bachelors’ degree in communication from Cornell University and spent 10 years as a medical writer and editor before earning a medical degree at the University of Pittsburgh. Dr. Hohenhaus rotated at the Moi University Teaching and Research Hospital as a Brown medicine resident and has since returned as faculty. She currently helps plan and coordinate rotations for students and residents participating in the Brown-Moi exchange as well as the rotation design for the annual Kenyan medical student rotation at Brown.
Dr. Kantor is an Assistant Professor of Medicine at the Division of Infectious Diseases at Brown University. He is a clinician and a researcher, with a focus on the development of HIV drug resistance to antiretroviral medications, particularly in diverse HIV variants globally. His research involves clinical care, virology, bioinformatics and phylogenetics. He works in multiple international locations and was the co-founder of the HIV non-subtype B working group, a network of 15 sites in four continents to investigate HIV drug resistance in multiple HIV subtypes. He currently is the Brown-Kenya Director of Research, and has been working in Kenya for the past 4 years in collaboration with AMPATH investigators and clinicians to study HIV diversity and drug resistance in western Kenya. His experience with HIV drug resistance also includes collaborations with Stanford University, serving as a consultant for the World Health Organization HIV Resistance Network and the TREAT Asia Network, as well as active participation in the AIDS Clinical Trials Network.
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Practical Matters

The Partnership Between The Warren Alpert Medical School of Brown University Program in Internal Medicine (Brown) and Moi University School of Medicine (MUSOM). Program background and history of development.

Introduction

Many medical professionals from developed countries engage in activities in the “developing world” for the purpose of promoting or improving health. Personal mission, research, education, service, altruism, and program development are among the reasons for this involvement. US medical schools tend to focus on research or student-centered exchange. In these relationships, the US participants often reap a disproportionate share of the fruits of the collaborations. Furthermore, most collaborations between medical schools in the US and the developing world tend to be short-lived and narrowly focused. There are few, if any, published reports of institutional partnerships between US and African medical schools characterized by long-term faculty level commitment and broad institutional involvement.

Since 1989, Indiana University School of Medicine (IUSM) and Moi University School of Medicine (MUSOM) in Eldoret, Kenya have collaborated to promote collegial relationships between American and Kenyan medical doctors, scientists, and students, and to develop leaders in health care in Kenya and the United States. Brown University joined this partnership in 1996 when the American/Sub-Saharan Africa Network for Training and Education (ASSANTE) consortium was first forming. This medical school-medical school partnership is built on the premise that individual and institutional good derives from the integrity of individual counterpart relationships. The Brown-MUSOM partnership emphasizes bilateral exchange, mutual benefit, and long-term commitment. Philanthropic support is the primary source of funding. The ASSANTE Consortium was renamed in 2009 as the AMPATH (Academic Model Providing Access To Healthcare) Consortium.

The AMPATH Consortium collaboration is an equitable partnership that helps to satisfy Moi University’s need for additional academic instructors and to create opportunities for professional and personal development and scholarly achievements by medical faculty, staff, and students at both institutions. While demonstrating the power of medical education to improve the lives of vulnerable populations, the Brown-MUSOM partnership promotes the values of the medical profession: instruction, integrity, service, intellectual inquiry, academic freedom, and responsible citizenship.

MUSOM, the second medical school to be founded in Kenya, enrolled its first class of students in late 1990, graduating them in 1997. Currently, MUSOM admits 50 students per year, selected from the best and brightest high school graduates in a country with over 30 million people. Kenya’s health care system has a physician ratio of 13 medical doctors per 100,000 inhabitants. The school has adopted and refined an innovative, six-year curriculum (based on a British model of education where matriculation to medical school occurs from high school, not university) designed to produce well-trained medical
doctors to serve Kenya’s urban and large rural populations. This curriculum (similar to the Brown curriculum model) emphasizes problem-based learning and community-based education and service (COBES).

**Program Overview**

Individual, collaborative relationships form the cornerstone of the Brown-MUSOM program. Each American visitor in Kenya is linked with his/her appropriate counterpart. For example, Brown physicians in Kenya work with their Kenyan colleagues under the direction of the Kenyan department head. Brown medical students work and live with Kenyan medical students, and Brown post-graduate physicians in training, or residents, work alongside Kenyan medical officers, interns and registrars. Counterpart relationships are similarly emphasized when Kenyan faculty and students visit Brown.

Indiana University supports a minimum of one full-time faculty position as the on-site “team leader” in Eldoret. The team leader also provides support and coordination of activities for many “short-term” visitors, including faculty, fellows, residents, and medical students from AMPATH Consortium members as well as occasional non-AMPATH Consortium faculty and students. A housing compound and vehicle fleet are maintained year-round in Eldoret. A full-time program manager and administrative staff are on site continuously.

The Brown-MUSOM partnership enables the residents and students of Brown’s training programs to take eight-week electives in Eldoret under the supervision of Brown medical faculty and the IUSM team leader. While at Moi University, the participant’s responsibilities focus on patient care and in the Teaching and Referral Hospital. While in Kenya, Brown residents establish collegial relationships with junior Kenyan doctors and help teach Kenyan medical students. Since 1996, Internal medicine, pediatric, psychiatry, emergency medicine, neurology, med/peds residents, fellows (oncology and infectious disease) and faculty have participated in elective rotations in Kenya. Residents consistently describe the experience in Kenya as “life-changing” and rate the elective as one of the premier experiences of their residency training.

The AMPATH Consortium partnership encourages bilateral exchange. Brown and its partners in the AMPATH Consortium have provided full scholarship support for MUSOM students (currently, 4 per year) to take a two-month Internal Medicine at Miriam and Rhode Island Hospitals. MUSOM students compete for this experience through class ranking and are chosen by their Dean for participation in the program. To date, Brown has hosted over 30 Kenyan students. Brown has also hosted multiple MUSOM attendings for subspecialty training on site at Brown, primarily at The Miriam and Rhode Island Hospitals. Moi faculty are also supported through the Fogarty AIDS International Training and Research Program for HIV research training at Brown.

**Sustainability**

Funding for the Brown-MUSOM program comes from a broad base including the Brown Department of Medicine, the Division of Infectious Diseases and individual donations. Individual private donations have been key for a number of projects in Kenya. Brown
University faculty, residents, and students working in Eldoret do not accept any salary, travel reimbursement, or means of support of any kind from Moi University or the government of Kenya. Residents, fellows and attending physicians pay out-of-pocket for their own travel and living expenses. Consortium fees which assist in underwriting the cost of the living compound in Eldoret offset charges for room and board for ASSANTE faculty and participants. Medical students from MUSOM are fully funded through the program’s philanthropic donations for their educational experience at Brown. Faculty of MUSOM are subsidized by philanthropic funds and the Fogarty AITRP for their rotations to Brown. One administrative staff person at Brown is maintained partially through program funds.

**Outcomes**

**Scholarly Achievements**

Extensive TB/HIV case finding and treatment efforts have been funded by the International Union Against Tuberculosis and Lung Disease. HIV case finding, treatment and research efforts have been initiated with PEPFAR and NIH funds. The Lifespan/Tufts Center for AIDS Research (CFAR) has funded three developmental grants for collaborative work in Kenya. The Fogarty International Center has funded an initiative in reproductive health and a project in HIV associated oncology education and case finding/treatment.

Brown is now participating in the Fogarty International Clinical Research Scholars Program for U.S. and developing country advanced degree students in the health sciences. This program offers one year of mentored clinical research training at a site in the developing world. It expands upon international opportunities for new investigators seeking hands-on experience working in resource-limited and transitional countries. Such experiences during a formative period will hopefully encourage these young researchers to pursue careers in global health-related clinical research.

The partnership has yielded many publications in the medical literature, most of which are collaboratively authored by faculty from collaborating partners and MUSOM. In addition, the partnership has yielded numerous abstracts pertaining to collaborative research. Presentations about the partnership have been given at national, international, and numerous local meetings.

**Program Enhancement at MUSOM**

Through philanthropic development, MUSOM funds a work-study program for medical students in Eldoret, tuition reimbursement scholarships for impoverished medical students, leadership and merit scholarships for Kenyan medical students, and awards to promote Kenyan women in medicine. Brown directly supports 5 fulltime scholarships at MUSOM as well as contributes to the student emergency fund at MUSOM. Starting in 2003, Brown has funded the purchase and administration of hepatitis B vaccine for all medical students entering their clinical years at MUSOM, a potentially life saving vaccine that the majority of students could not afford on their own. Additional funds have supported Kenyan research and faculty development, community-based education and service and the procurement of educational resources, medical equipment and medicines.
Started in November of 2001 and located at MTRH, the Academic Model for the Prevention and Treatment of HIV/AIDS (AMPATH) is one of Kenya’s most comprehensive initiatives to combat HIV. The original collaborative plan to begin with treatment for 50 patients living with HIV/AIDS has grown into a working model of urban and rural HIV preventive and treatment services in the public sector. AMPATH has cared for more than 100,000 HIV infected adults and children, with nearly one half of all patients on anti-retroviral drugs. An average of 2,000 new patients are enrolled each month. An electronic medical record system has been employed to manage the AMPATH patient volume. A robust program to prevent mother to child transmission of HIV is in place for infected persons and their families. AMPATH demonstrates the power of US and African medical centers united by common vision.

The Riley Mother and Baby Hospital, which provides obstetric and newborn care was dedicated on August 20, 2009. Currently, an average of 50 babies are being cared for in the newborn intensive care unit every day. Up to 10,000 babies will be delivered per year.

**Personal and Professional Development**

The Brown-MUSOM partnership promotes responsible citizenship, health and fosters integrity, service to others, and intellectual growth. All participants in the collaboration emerge as changed persons, enriched with these core values. Upon his return from Kenya, one Brown student expressed:

> My limited, but life-shaping experience in Kenya, added to my growing awareness of the importance of the relationship between principles of public health and clinical medicine, have encouraged me to make a life-long commitment to improving the health of people in the developing world. I now plan to pursue a Masters in Public Health in the department of International Health that will equip me with the tools and the perspective necessary to be a clinician, educator and advocate for the developing world. I know that I will continue to learn from my time in Kenya for a long time to come.

Evaluation of the program has included written survey instruments completed by selected participants, reports written by students, and program exit. Program participants report that their experience in Kenya had value in improving history-taking skills, broadening general medical knowledge and improving diagnostic skills. Enhancement of teaching skills seems to be a significant outcome of the “Kenya experience.” Most Brown faculty members who stayed for a month or more indicate that the experience significantly enhanced their teaching or mentoring. An individual who went to Eldoret as a resident and is now in private practice says simply:

> I use lessons from Kenya a lot in teaching medical students and mentoring high school students.

Most participants note improvement of stateside job satisfaction as an important outcome of their time in Kenya. How long they stayed does not seem to affect the impact of the international experience in this area.

For Americans, the experience affects their use of personal time and appears to influence community involvement and citizenship at home. Typical comments include:
I realize the impact that monetary support of charitable organizations can have. I am also very aware of the limitations of relief agencies to change fundamental attitudes of the people they serve.

The experience taught me the importance of looking at the “big picture” of culture, religion and belief systems before making any rash judgments.

Personal beliefs and family relationships may be the areas in which participants feel that the experience is of most significance.

My wife and I shared a quite profound experience, which we continue to discuss and learn from. We feel closer to one another.

This experience was honestly bordering on, often crossing over into, a religious experience. It has made me feel as though I have a greater appreciation for all God’s creation and for my role in this world.

My time in Kenya was a significant personal and professional experience for me. It allowed me to articulate my values at an early point in my medical career.

Comments written by the participants reveal how powerful the experience can be for many of the participants.

The time I spent in Kenya certainly has given me a more accurate frame of reference to evaluate my country, community and professional life. I realize how important abstract fundamental beliefs are to the concrete realities of daily life. I have, therefore, spent more time examining the core values in my life.

According to exit interviews and evaluations completed by Kenyan students and faculty who spent time in the US, the experience reinforces their commitment to certain aspects of their own curriculum and exposes them to different attitudes toward work, different styles of teaching and leadership, and a different organizational character. The Kenyan faculty participants report that their experiences increase creativity in solving problems in health care delivery and make them less accepting of the status quo in Kenya. Importantly, Kenyan faculty and students note that the Brown-MUFHS partnership is fair and equitable.

**Miscellaneous Achievements**

Spouses and partners of personnel working in Kenya have been involved in many community projects. They have donated time and resources to several schools and orphanages, promoted hospice care for dying patients and provided hospitality, comfort, and educational services for children on the pediatric wards of the Moi Teaching and Referral Hospital and contributed to the vocational training initiatives to allow HIV infected women to become self-sustaining. There are many adjunctive AMPATH program components that non-physician family members have become involved in. The children of medical program participants have integrated into the Moi community as well.
**Expectations**
The goal of the Brown-MUSOM partnership for the near future includes expanding current clinical and academic activities. A development priority for the next several years is collaborative, high quality research and enhancement of MUSOM’s research capacity in order to find relevant solutions to Kenya’s priority health problems, especially the HIV/AIDS epidemic, tuberculosis, malaria and HIV prevention. AMPATH has recently adopted a broader mission toward the provision of primary care, not just limited to those with HIV infection. The acronym now stands for the Academic Model Providing Access To Healthcare.

**Discussion**
All participants in the Brown-MUSOM partnership must expect and work for mutual benefit. Altruism is a necessary but insufficient reason for either institution to continue in the partnership. There must be demonstrable benefit to both institutions. Brown gains, for example, by having enhanced experiences for its students, residents, and faculty; new opportunities for research; national and international clinical and research options; and exposure to different models of medical education. MUSOM and Brown students gain new perspectives through the exchange and return to their respective countries with enhanced understanding of different models of health care delivery systems.

Fundamental to the Brown-MUSOM collaboration is the building of the institutional partnership from counterpart relationships, founded upon personal equality and mutual trust and respect. To achieve mutual benefit, the institutional relationship must strive for equity, not equality, because medical systems in the developed and developing world are inherently unequal. Brown, along with its AMPATH Consortium collaborators, continues to work hard to foster opportunities for Kenyan faculty members and students to achieve more personal financial security so that they can be more committed to their academic missions.

The process by which mutual benefit accrues is intertwined within the fabric of each school so that growth of one institution emanates from its relationship with the other. In Kenya, faculty teaching and evaluation of teaching have evolved in large measure because of collaborative faculty development efforts.

Mutual understanding and open and regular communication between both parties are critically important. The commitment to support at least one faculty member on-site in Kenya for the last decade forms the cornerstone of institutional commitment and has enabled necessary communication and understanding. As in any relationship, flexibility and the ability to reach consensus on the part of all partners is of paramount importance.

Leadership and personal commitment are important for the sustainability of the collaboration. Approval of the partnership by the Deans and Department Chairmen at both institutions enables fundraising and faculty participation. However, the leadership, participation and generosity of “ordinary” faculty members generate the power of the partnership. The amount of ongoing intellectual energy and organizational commitment required to sustain the partnership is great and cannot be overstated.
Most residents and students participating in short-term exchanges in the Brown-MUSOM partnership consider their rotation among the best experiences of their medical careers. By educating and enlightening Kenyan and American medical students, we hope to inspire the next generation of leaders to support and strengthen our health care institutions.

**Conclusion**

The Brown-MUSOM partnership provides an important affirmation of each medical school’s commitment to the global community. US medical schools should be working to develop long-term collaborations with sister schools in the developing world. The success of the AMPATH Consortium-MUSOM partnership reveals the promise such collaborative projects hold for the development of tomorrow’s medical leaders, both within Africa and the United States.
Travel Preparation Documents
No student or resident can participate in the program without attendance at a regularly scheduled mandatory information meeting as well as an interview. Housing space is limited. In addition, there is a commitment not to overwhelm or take over the wards of our partner institution. Thus, for both these reasons, there is a limit on participation. Student slots are generally filled 1-2 years in advance and resident slots filled up to one year in advance. Advance planning is critical to successful participation.

### Kenya Program Checklist
Medical Students

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<thead>
<tr>
<th>ISSUE</th>
<th>DATE</th>
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<tbody>
<tr>
<td>Mandatory attendance at Program introduction meeting</td>
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<tr>
<td>Interview with Dr. Carter and/or Hohenhaus</td>
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<tr>
<td>Contact Lori Avallone at Brown (863-1580) for scheduling and course credit/evaluation</td>
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<tr>
<td>Once Program participation has been approved, the following paperwork must be completed:</td>
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<tr>
<td>Flight Itineraries supplied to program office</td>
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<tr>
<td>Travel Clinic appointment</td>
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**ONE MONTH IN ADVANCE**

- Signed ‘Guidelines’ form
- US Emergency Contacts form
- Evacuation Insurance (Brown Policy)
- Check made out to “Kenya Program” for Hostel (Janet will give you the amount)

**TO TAKE WITH YOU**

- Visa application form
- 2 Passport photos for visa application
- $25 cash for Visa Application
- Visa or MC based ATM card
- Valid Passport
- Copy of Flight Itinerary
- Kenya Contact Information Sheet
- Cell phone
- Emergency contact numbers
Kenya Program
Checklist
Licensed Persons (Residents, Fellows, Attendings)

<table>
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<td>Hohenhaus</td>
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<td>approved, the following paperwork must be</td>
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<td>completed/provided:</td>
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<tr>
<td>Medical Practitioners and Dentists Act</td>
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<tr>
<td>form (medical license for Kenya)</td>
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<td>Current CV</td>
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<td>Copy of Medical School Diploma</td>
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<td>3 Letters of Recommendation*</td>
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<tr>
<td>2 Passport Photos</td>
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<tr>
<td>Check for $75 made out to “Kenya</td>
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<tr>
<td>Program” for License Fee</td>
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<tr>
<td>Copy of Medical License</td>
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<tr>
<td>Flight Itineraries</td>
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<td>Travel Clinic Appointment</td>
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<tr>
<td>Emergency contact numbers</td>
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*program has templates to supply
Visa Information

All travelers to Kenya are required to obtain a visa. The travel agent can apply for one for you, or you can pay your fee and obtain the visa on site in the Nairobi airport. The visa fee is $50 on site, or $50, plus an application fee if done by the travel agent. The application for a Kenyan visa is available through the program office. If you are applying on site, it will expedite your passage through customs to take the application with you already filled out. Application forms are available on site at the Nairobi airport if you forget.

REQUIREMENTS:

A. Valid Passport- To be submitted along with the application,
B. Completed application form,
C. Visa fee of $50.00 for single entry and
D. Two recent passport photographs.
E. The Visa is issued at the point of entry to Kenya.
F. Visas are usually valid for 6 months from the date of issue.
1. a. Surname (Mr/Mrs/Miss) ______________________ b. Other Names ______________________

c. Full Names of Father/Husband/Wife ______________________
   (Names of husband or wife in case of married persons or father, if unmarried)

2. a. Date of Birth____________________ Country and Place of Birth____________________ Sex______

   b. Profession/Occupation______________________________

3. A. Country of Residence ________________________________

   b. Nationality at Birth __________________________ c. Present Nationality, if different____________________

4. Passport/Travel Document Held:

   a. No. __________________________ Place & Date of Issue __________________________

   b. Issued by __________________________ Valid Until __________________________

   (Name of Authority Issuing Passport/Travel Document)

5. Contact address and telephone number in the US __________________________

   __________________________

6. a. Reason for Entry __________________________

   b. Proposed Date of Entry __________________________ Duration of Stay____________________
7. Full names and addresses of friends, firms or relatives to be visited, if any:


8. Dates and duration of previous visits to Kenya


9. Will you be returning to your Country of Residence/Domicile?


10. It should be noted that possession of a visas is not the final authority to enter Kenya.

I hereby declare that the foregoing particulars are correct in every detail.

Date____________________________

Signature of Applicant____________________________

FOR OFFICIAL USE ONLY
## Essential Contact Information

Take this page with you and store it with your essential documents

<table>
<thead>
<tr>
<th>Name</th>
<th>Contact Information</th>
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<tbody>
<tr>
<td>IU House Main Office</td>
<td>+254-20-241-0566</td>
</tr>
<tr>
<td>IU House Fax</td>
<td>+254-(0)53-2033512</td>
</tr>
<tr>
<td>Dunia Karama’s Mobile Number/Emergency Contact</td>
<td>+254-(0)721-724-633</td>
</tr>
<tr>
<td>Matthew Strother</td>
<td>+254-(0)724-679-898</td>
</tr>
<tr>
<td>Marissa Holubar</td>
<td>+254-(0)728-279-002</td>
</tr>
<tr>
<td>Christine Mackenzie KwaKilaHaliSafaris</td>
<td>+254-(0)735 620 276 /or/</td>
</tr>
<tr>
<td></td>
<td>+254-(0)722 725 347</td>
</tr>
<tr>
<td>Damarice Waithaka – Elgeyo Travels</td>
<td>+254-(0)721-376-197</td>
</tr>
<tr>
<td>E. Jane Carter (US cell)</td>
<td>401.330.8739</td>
</tr>
<tr>
<td>Janet O’Connell (US cell)</td>
<td>401.862.4325</td>
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### Telephone Dialing Instructions:

‘Area codes’ in the country are: (0) 20 Nairobi and (0)53 Eldoret

The country code for Kenya is 254

When out of the country or using a mobile, drop the first 0 from all numbers

The full number when dialing from the US should be: 011-254-Number without the first 0.

Kenya is 8 hours ahead in the Fall and Winter (midnight is 8 a.m. in Eldoret) and 7 hours ahead in the Spring and Summer. The optimal time to receive calls is in the morning (7–8 a.m.) or in the evening (7–9 p.m.). Please make sure no non-emergency calls come in the middle of the night (midnight to 6 AM) as no one may answer the phone at that time. For emergency calls, use Dunia’s mobile number above.

All participants are given a cell phone to carry during the rotation. Instructions are contained within the carrying case. Phone cards are widely available through retail venues.
The following two documents must be submitted along with a copy of your flight itinerary prior to travel or participation in the program will be defaulted.

EMERGENCY CONTACT INFORMATION

BROWN-MOI UNIVERSITY PROGRAM

<table>
<thead>
<tr>
<th>Name (Last, First)</th>
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<table>
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Guidelines, Waiver and Acknowledgement for International Electives and Experiences
The Warren Alpert Medical School of Brown University

Each year a number of students and licensed medical professionals participate in experience and/or credit-bearing activities outside of the United States as both organized courses and independently arranged experiences. In many cases, the countries where these activities take place present a variety of challenges and risks to students for which they may not be prepared. These risks include unfamiliar cultures and languages, political instability, and infectious diseases and other health hazards that are uncommon in the United States.

The U.S. Department of State issues a Travel Warning when it recommends that Americans avoid a particular country. As a student or licensed medical professional planning to engage in study/research abroad in Kenya, a country under a U.S. State Department Travel Warning, you are required to sign and submit this form to Brown’s Office of International Programs as well as the office of the Brown/Kenya Program at the Miriam Hospital to ensure that you are aware of the Travel Warning and its recommendations and of your personal responsibility for the associated risks. Brown’s approval/support of the program of study/research is not granted unless this form is signed by you.

To assist students in preparing for these eventualities, all participants in the Brown-MUSOM program must perform the following prior to departure from the United States:

1. Attend all mandatory planning meetings. Participate in a course, seminar series, or supervised self-study for cultural orientation and preparation for the trip.

2. Complete any documents required for permission to practice medicine in Kenya.

3. Obtain medical travel advice and immunizations appropriate for Kenya.

4. Obtain medical/accident insurance that includes provision for emergency evacuation to a United States medical facility.

5. Prepay room and board costs.

6. Designate persons in the United States who may be contacted in the event of an emergency. Submit copies of all international itineraries.

7. Abide by all program expectations and rules or decisions established by the Team Leader, understanding that failure to comply may result in failure to receive academic credit and/or involuntary repatriation to the United States.
Completion of these steps is the responsibility of the individual student or resident and not that of The Warren Alpert School of Medicine of Brown University or the Internal Medicine Residency Training Program.

By my signature below, I acknowledge that:

1. I have read the U.S. Department of State Travel Warning for Kenya of July 24, 2009 (http://travel.state.gov/travel/cis_pa_tw/tw/tw_923.html) and the Consular Information Sheet on Kenya and that in spite of that Travel Warning I have voluntarily made the decision to travel to Kenya for study abroad/research/student activity purposes as a registered Brown student.
2. I understand that the security situation and the dangers presented are subject to change and modification and that it is my responsibility to continually monitor the U.S. Department of State Travel Warnings so as to be fully informed of current information relating to safety and security in Kenya and whether I should continue to participate in the program of study/research.
3. I understand and agree that I, and not Brown University, am solely responsible for my health, safety, and security while I am in, or traveling to or from Kenya.
4. I recognize that should I decide to withdraw from the program before its end date because of health, safety, and/or security concerns, there is no guarantee that I will receive credit (if study abroad program) or a refund of tuition or any other fees paid for the experience abroad. Academic credit and refunds of program fees will be determined by the policies of the program, and any refund of the Brown International Program Tuition for study abroad will be made according to the schedule in the Brown Study Abroad Handbook.

I, ______________________________ , have read and understand the above guidelines. I further understand that the decision whether to undertake study abroad is mine alone, and the Warren Alpert School of Medicine at Brown University bears no responsibility for health or safety risks presented by such study.

(Signed)_____________________________ Date__________________
Current Department of State Travel Warning

This information is current as of today, Tue Nov 03 14:42:55 2009.

KENYA

July 24, 2009

The U.S. Department of State warns U.S. citizens of the risks of travel to Kenya. American citizens in Kenya and those considering travel to Kenya should evaluate their personal security situation in light of continuing threats from terrorism and the high rate of violent crime. This replaces the Travel Warning of November 14th, 2008, to note increased security concerns in northeast Kenya near the Somali and Ethiopian borders.

The U.S. Government continues to receive indications of potential terrorist threats aimed at American, Western, and Kenyan interests in Kenya. Terrorist acts could include suicide operations, bombings, kidnappings, attacks on civil aviation as evidenced by the 2002 attacks on an Israeli airliner, and attacks on maritime vessels in or near Kenyan ports. Travelers should consult the Worldwide Caution for further information and details. Many of those responsible for the attacks on the U.S. Embassy in 1998 and on a hotel in Mombasa in 2002 remain at large and continue to operate in the region.

In July 2009, three NGO workers were kidnapped and taken into Somalia by suspected members of a terrorist group that operates out of Somalia. In November 2008, armed groups based in Somalia crossed into Kenya near the town of El Wak and kidnapped two Westerners. The U.S. Embassy in Nairobi has designated a small portion of Kenya bordering Somalia and Ethiopia as “restricted without prior authorization” for purposes of travel by U.S. Government employees, contractors, grantees and their dependents. This designation is based on reports of Somali-based armed groups that have on occasion crossed into Kenya to stage attacks or to commit crimes. This restriction does not apply to travelers not associated with the U.S. Government, but should be taken into account when planning travel. The restriction is in effect for the following areas:

- All of Mandera District.
- The entire area north and east of the town of Wajir, including travel on Highway C80 and areas east of C80 and an 80-kilometer wide band contiguous with the Somalia border. Travel to and within the towns of Wajir and Moyale remains unrestricted.
- Within Garissa District, an 80-kilometer wide band contiguous with the Somalia border. Travel to and within the town of Dadaab remains unrestricted.
• Within Ijara District, an 80-kilometer wide band contiguous with the Somalia border; Boni National Reserve.

• Within Lamu District, a 60-kilometer wide band contiguous with the Somalia border. Travel to and within the limits of towns within/contiguous to the Kiunga Marine Reserve remains unrestricted.

Violent and sometimes fatal criminal attacks, including armed carjackings and home invasions/burglaries, can occur at any time and in any location, particularly in Nairobi. As recently as June 2008, U.S. Embassy personnel were victims of carjackings. In the short-term, the continued displacement of thousands of people by the recent civil unrest combined with endemic poverty and the availability of weapons could result in an increase in crime, both petty and violent. Kenyan authorities have limited capacity to deter or investigate such acts or prosecute perpetrators.

American citizens in Kenya should be extremely vigilant with regard to their personal security, particularly in public places frequented by foreigners such as clubs, hotels, resorts, upscale shopping centers, restaurants, and places of worship. Americans should also remain alert in residential areas, at schools, and at outdoor recreational events, and should avoid demonstrations and large crowds.

Americans who travel to or reside in Kenya are encouraged to register through the State Department’s travel registration website, https://travelregistration.state.gov. By registering, American citizens make it easier for the Embassy to contact them in case of emergency. Americans without Internet access may register directly with the U.S. Embassy in Nairobi. The U.S. Embassy is located on United Nations Avenue, Gigiri, Nairobi, Kenya; telephone (254) (20) 363-6000; fax (254) (20) 363-6410. In the event of an after-hours emergency, the Embassy duty officer may be contacted at (254) (20) 363-6170. The Embassy home page is http://kenya.usembassy.gov.

Updated information on travel and security in Kenya may be obtained from the Department of State by calling 1-888-407-4747 toll-free in the United States and Canada, or for callers outside the United States and Canada, a regular toll line at 1-202-501-4444. In conjunction with this Travel Warning, American citizens traveling to Kenya should also consult the Country Specific Information for Kenya and the Worldwide Caution, which are available on the Bureau of Consular Affairs Internet website at http://travel.state.gov.

Excerpt from Worldwide Caution, July 2009

East Africa

A number of al-Qaida operatives and other extremists are believed to be operating in and around East Africa. As a result of the conflict in Somalia, some of these individuals may seek to relocate elsewhere in the region. Americans considering travel to the region and those already there should review their plans carefully, remain vigilant with regard to
their personal security, and exercise caution. Terrorist actions may include suicide operations, bombings, kidnappings, or targeting maritime vessels. Terrorists do not distinguish between official and civilian targets. Increased security at official U.S. facilities has led terrorists to seek softer targets such as hotels, beach resorts, prominent public places, and landmarks. In particular, terrorists and like-minded extremists may target international aid workers, civil aviation, and seaports in various locations throughout East Africa, including Somalia. On July 17, three NGO workers were kidnapped by unidentified gunmen from their base in Mandera, Kenya, located on the border with Somalia. Americans in remote areas or border regions where military or police authority is limited or non-existent could also become targets.

Americans considering travel by sea near the Horn of Africa or in the southern Red Sea should exercise extreme caution, as there has been a notable increase in armed attacks, robberies, and kidnappings for ransom at sea by pirates in recent months. Merchant vessels continue to be hijacked in Somali territorial waters, while others have been hijacked as far as 300 nautical miles off the coast of Somalia, Yemen, and Kenya in international waters.

The U.S. Government maritime authorities advise mariners to avoid the port of Mogadishu, and to remain at least 200 nautical miles off the coast of Somalia. In addition, when transiting around the Horn of Africa or in the Red Sea, it is strongly recommended that vessels travel in convoys, and maintain good communications contact at all times. Americans traveling on commercial passenger vessels should consult with the shipping or cruise ship company regarding precautions that will be taken to avoid hijacking incidents. Commercial vessels should review the Department of Transportation Maritime Administration’s suggested piracy countermeasures for vessels transiting the Gulf of Aden.

End of Excerpt from the State Dept. Travel Warning

In addition to the improved safety and security situation in Kenya we want to emphasize the various safety steps that the Brown Kenya Program has performed for the last few years. These procedures emphasize the high degree of preparation of student, residents and faculty before travel to Kenya, the security safeguards in place in Eldoret at the medical campus and at the domiciles, the constant communication between Kenya and Brown University faculty, and emergency procedures.
What follows is the description of the Brown Kenya Program’s preparations, safety and emergency procedures.

Any participant who does not follow the safely measures outlines below will be asked to return to the US immediately and will loose approval for participation in the program. Students and residents will default course credit for time spent on site.

Program Overview:
The consortium schools hold a conference call once per month. Security issues are reviewed. The heads of all programs communicate weekly and make combined decisions about allowable travel. For example, the program closed all travel for December, 2007 in preparation for elections. All students and residents were required to leave prior to December 25, 2007 in preparation for elections.

Participant Protections:
Prior to enrollment:
1.) All participants are required to attend an information meeting regarding the program. During this meeting, risks are discussed which include health risks (malaria, TB, diarrheal illnesses), travel risks (terrorism risks, road travel), and cost (all participants pay their own travel costs).

Prior to departure:
1.) All participants have one on one meetings with the program administrator.
2.) All participants fill out an emergency contact sheet as well as file their itinerary with the program office.
3.) All participants sign a waiver of responsibility.
4.) All participants are required to have evacuation insurance. Brown students and employees are covered by the policy held by Brown. Both Lifespan and UMF have policies that cover their employees. Those not covered by these institutional policies are required to purchase a policy to cover their rotation.
5.) In-country travel arrangements are made through the Program Administrator. These include pickup at Kenyatta airport in Nairobi, transfer to the hotel in Nairobi and then to the airport the next morning. Hotel arrangements are also made for the arrival night in Nairobi through the office.
6.) Every participant is given a Kenyan cell phone to carry with emergency notification numbers. Phone numbers for all in-country administrators are included.

On site:
1.) There is an on site team leader who oversees all exchange participants’ rotations and orientations to the hospital and to life at IU house.
2.) The house security includes the following: double gated community with askaris (guards) at both gates. Walled housing compound with night time patrolled security. Panic buttons located in every bedroom which calls the private security firm. Security arrives within 5 minutes of panic button use. Each house has locks and each room has locks to doors.
3.) For weekend travel all participants are required to fill out a form that denotes where they are going, form of transport, and accommodations.
4.) For travel, all participants may use only approved travel modes for in-country travel (drivers approved by the program, etc.) for weekend travel.

5.) Sarah Ellen Mamlin, wife of the long term IU faculty on site, is the US Embassy warden for western Kenya. As such she receives all notification of any security changes/recommendations.
Goals and Objectives for The Warren Alpert Medical School of Brown University Residents and Students participating in the Brown-IUSM-MUSOM Rotation

Patient Care
- Participate in the evaluation and management of patients admitted to the inpatient wards of Moi Teaching and Referral Hospital, including:
  - morning work rounds,
  - afternoon ward activities,
  - initial history and physical on at least one new patient on admitting days.
- Build proficiency in history and physical examination skills.
- Deliver diagnostic and therapeutic services in a technology- and resource-poor environment.
- Demonstrate appropriate application of Universal Precautions to minimize risks to health of self and others.
- At discretion of team leaders, participate in the evaluation and management of patients presenting to the ambulatory clinics at Moi Teaching & Referral Hospital or to one of the AMPATH health centers.

Medical Knowledge
- Understand the clinical presentation and management of common diseases in Kenya, including HIV/AIDS, tuberculosis, malaria, meningitis, rheumatic heart disease, diabetes, and hypertension.

Practice-based Learning & Improvement
- Participate in structured educational activities as scheduled by the team leaders, including morning report and radiology/EKG conference.
- Engage in daily self-directed learning to address questions and issues encountered in patient care.
  Understand the concept of primary health care and correlate the theory of primary health care with the practice of primary health care.

Residents and Faculty
- Guide Kenyan students in the preparation of H&Ps, with an emphasis on problem lists and differential diagnoses.
- Supervise Kenyan students in bedside procedures.
- Lead teaching sessions concerning common, interesting, and complex patient problems.

Interpersonal & Communication Skills
- Develop rudimentary ability to speak Kiswahili.
- Demonstrate effective cross-cultural communication skills, knowledge, and attitudes.
- Develop collegial relationships with Kenyan health care professionals and students.
**Professionalism**
- Relate Kenyan culture to health beliefs and practices.
- With other IU House guests, participate in biweekly discussion, guided by team leaders, of perspectives and insights.

**Systems-based Practice**
- Understand the structure of medical care delivery and education in Kenya.
- Reflect on differences and similarities between American and Kenyan systems of health care delivery and education.
- Appreciate relationships of historical, social, political, and economic factors to health and provision of health care in Kenya.
- Understand the impact of the HIV/AIDS pandemic on the social, economic, and health systems of Kenya.
- Understand the role of community outreach programs, including HAART & Harvest, Imani Workshop, and the Community-based Experience and Service (COBES) program, in promoting health.

**Additional Goals**
- Keep a daily journal to record and reflect upon experiences pertaining to any of the preceding objectives.

Minimize risks to personal health both in clinical practice and in social interactions. Bear in mind that the population-based prevalence of BOTH VIRAL AND BACTERIAL STI’S AND HIV are SIGNIFICANTLY HIGHER than the US.

Evaluate, manage, and participate in the care of patients admitted to the Medicine or Pediatrics service on the wards of the Moi Teaching and Referral Hospital.
- Participate in daily work rounds Monday through Friday mornings.
- Participate in teaching rounds Monday, Wednesday, Friday.
- Participate in the morning report style conference.
- Perform daily an initial history and physical on at least one new patient admitted to the Medicine or Pediatric service at the Moi Teaching and Referral Hospital.
- Participate in the weekly x-ray conference.
- Participate in ward activities from 2PM to 5PM, Monday through Friday except when involved in clinical outreach programs, or a special project.

- **Optional:** Develop, implement, and report outcomes of a special project pertaining to any of the preceding objectives (discuss with Drs. Carter and Hohenhaus if interested in submitting a proposal).

**Vacation/Travel Guidelines**

**Students and Residents:**
A student or resident participating for a one month rotation will be allowed one long weekend (Friday and Monday) to travel to the Masai Mara. This is the premier game
park of Kenya and should not be missed. If a student or resident wishes not to go to the Mara, this long weekend cannot be utilized for other travel. A student or resident participating in a two month rotation may take up to two weeks of vacation time. Six weeks of credit will be granted. The credit for the rotation will be received only for time spent at Moi Teaching and Referral Hospital. If a student or resident takes no vacation during the two month rotation, they may have the four day weekend for Mara travel.

WELCOME TO KENYA & THE INDIANA HOUSE

Kenya is a wonderful and beautiful country with people who are friendly and eager to meet you. Medically you will see things you have only read about in textbooks – acute rheumatic fever and carditis, malaria, tetanus and a host of “tropical” diseases along with endless cases of HIV/AIDS. You will also see many familiar diseases that are treated a little differently than at home.

Upon arrival to IU House, you will have a compound tour. Students will spend the first two days at the House to equilibrate prior to moving to the dorms.

The staff of IU House will be your host while you are here. Dunia Karama is the Administrator for the compound and the management office and is available to assist you. The Team Leaders for academic year 09-10 are Dr. Matthew Strouthers and Marissa Holubar. They will assist in the introductions to the compound and the wards. Dr. Sonak Pastaki is the Team Leader for the Purdue Pharmacy Program. He lives on the compound full time and is available for questions and assistance. Joe and Sarah Ellen Mamlin, who have been there for over six years, may also be available and can answer questions. We ask you to read this carefully and ask about anything you don’t understand. We do not want any misunderstandings to spoil your visit. Don’t hesitate to tell us when you have frustrations or concerns. Our main goal is that you enjoy and learn from Kenya and her people. You will truly enjoy your stay here.
The Cast of Characters in your IU House Extended Family in Kenya

**Joe & Sarah Ellen Mamlin:** Joe is a lifetime member of the IU School of Medicine’s Department of Medicine with teaching experience in both Afghanistan and Kenya. He coordinates HIV work for the IU side of the collaboration and is also an avid birder. Sarah Ellen is an elementary teacher and runs a pediatric recreation and education program at the hospital. They know everything there is to know about IU House and this area.

![Joe & Sarah Ellen Mamlin](image1.jpg)

**John Siddle and Paula Braitstein and Kara Wools-Kaloustian** are the Field Coordinators for research for the IU Kenya Partnership. John and Paula live in Kenya full time while Kara is on site for one third of the year. Although they do not live on the IU House compound, you will see them commonly at the hospital and at meals.

![John Siddle and Paula Braitstein and Kara Wools-Kaloustian](image2.jpg)

**Matt Strouther** is the 2009-2010 onsite internal medicine liaison and team leader. He is knowledgeable about the hospital and how it functions. The Team Leaders role is to oversee the activities of all educational participants on the internal medicine service. He will assign to the teams and do introductions to the wards as well as be a resource for exchange/medically related questions.

**Marissa Holubar**, is a pediatrician and the Team Leader for the pediatric service for 2009-2010.
**Dunia Karama** is our business office manager and responsible for all IU House employees. Her smiling face will greet you in the office in *Wanyama House 3* where she will collect assorted fees. She may also be able to troubleshoot your computer problems.

![Dunia Karama](Image1)

**Chilemo** works in the office with receipt tracking and general office help. Chilemo will also be able to help guide you when making safari arrangements.

![Chilemo](Image2)

**Peninah** is our head cook. For those of you who thought you might lose weight on this trip, *LOOK OUT!* Second helpings of Peninah’s food are hard to resist. Peninah also runs the store in the *Miti House 2* If there is anything you would like to take back to the States, make a request. Her bargaining skills are better than a *mzungu’s.*
**Yusuf** is the administrative assistant and driver. He helps with the shopping and many of the business matters. Discuss your day to day needs (banking, post office, etc.) with Dunia so she can inform Yusuf of your needs. Yusuf knows best how to get things done quickly in Eldoret. He is a good advisor on cultural matters and travel needs. Don’t hesitate to ask. Yusuf is available to drive you for *weekend trips only*. Plan in advance.

**Bob** and **Edward** do the gardening and have created the beautiful grounds. Bob also does minor repairs and keeps the dogs and cars clean. Ask them about the plants. They enjoy telling guests about them.

**Askaris (guards).** **Sammy, Robert, and Patrick** are the askaris at IU House. They rotate shifts throughout the month. Each has his own personality. Sometimes you will see **Oscar**, and others who will substitute when asked.
Elisha cleans in House 1 and prepares drinking water for use. You will soon learn his unique and limited brand of English. Margaret and Lucy are in charge of cleaning in House 2, House 3, House 4 and House 5. They work very hard; please try to allow them to clean your area when they are there. Keeping ahead of the dust, dirt and mud (in the rainy seasons) is a lot of work! They also do IU House laundry and ironing. Elisha will also clean and/or shine shoes for 100/=. Please discuss if you wish the staff to perform laundry or other services.

Julius is valuable in the kitchen as Peninah’s assistant. Outside of the kitchen he is Peninah’s husband. He is a knowledgeable conversationalist and a singer.

Janet helps to clean Purdue House. She will do laundry for guests (for a small fee), and for others if Margaret and Lucy are overloaded when the houses get full.

Jack, Tusker and Zawadi are three important members of the IU Team. They are the furry guards for the compound night and day. Their size intimidates most strangers, but they are very gentle except when they see a leash. They all love dog walks; leashes are available through the guards. WARNING: the dogs are quite strong, so be ready for a workout yourself.

Compound (Boma) Houses

Ten houses now offer rest and relaxation to our guests and long term residents. There are a variety of room configurations from master bedrooms with attached baths to rooms with twin beds and common bathrooms. Expect to share a room at busy times.

Increasingly the IU and Purdue Houses must be run like a hotel. Do not switch bedrooms or move furniture without checking with Dunia.

Security

The compound is guarded by a double set of gates, dogs, and askaris (guards). There are also emergency call buttons in every bedroom.

Please fill out an Emergency Form upon your arrival. We have never had to use one, but we ~ and your Embassy ~ need to know where and whom to call if something should happen. We consider having that information as insurance.

Each room has a drawer that locks where you may put your valuables such as passports, return tickets, money etc. during your stay. However, if you would feel safer, there is a box safe in the Administrative Office. We will be glad to lock up your valuables if you like. You will need your passport to cash travelers checks or use a charge card occasionally. A copy of your passport can be sufficient for local in-country travel.
If you plan to travel outside the country ~ even when you return home ~ please fill in the *Post- Eldoret Itinerary Form*. It may seem to be a bother, but we *have* lost a couple of individuals for a few heart-stopping moments. Weekend travel is registered on the signout form available in House 2.

We have used these forms as well to get forgotten items to travelers before they leave Kenya. Your families rest easier if they call and we can tell them where you are.

**Meals**

*Breakfast* is self-serve, available when you want it. Just ask us to show you where breakfast items are normally kept in the cupboards and pantry.

*Lunch* is the main meal of the day and is served at 1:00 p.m. Monday through Friday. It is often vegetarian. We try to serve meat 2-4 times a week *if* most guests are meat eaters. Feel free to invite your colleagues to lunch, but give us notice by at least 10:00 AM on the day you would like to have them come. *All* US medical students are invited for lunch *each Thursday* to discuss any issues, positive or negative, or just to visit. Other foreign residents and students can also attend, but will be required to pay for their meals.

*Dinners* will be prepared by Peninah and Julius on Mondays, Tuesdays and Thursday. Wednesday supper usually is eaten out and is included in your R&B fee. Sunday meals are catered in by local restaurants.

The local Kenyan diet is rich in fruits and vegetables. Some might be new to you. Be adventuresome! Find opportunities to taste new things ~ from cultured milk, to termites, to some of the best pineapple and bananas in the world!

If you want to keep personal food or drinks in the refrigerator, please mark them with your name in **LARGE** letters! Otherwise, they *may* be eaten by someone else. We do not stand on ceremony when it comes to eating. Please help yourselves whenever you like. A grocery list will be placed on the fridge. Add any items that you would like to see. When a staple is finished, please put that item on the grocery list! You are paying room and board, so please don’t feel the need to buy food items. That is our job!

Friday evening, all day Saturday and Sunday lunch meals will not be served because most of the time people are on safaris, therefore you are on your own. You are welcome to raid the fridge and pantry for leftovers or organize a cooking party where everyone helps prepare a meal. Working with a community of choppers, cleaners, and experimenters is much more fun. Fridays and Saturdays you must clean up!! We also encourage you to have dinner with counter-parts at some of the local restaurants. You may also invite guests, but it is helpful to know in advance so that we might plan ahead.

When meals are provided, dishes will be washed and dried. Further dishes used in the evening are in the responsibility of the user/s, so please clean up after yourself. *Please help to keep our kitchen clean and sanitary!*
Life in IU House

The living room in Wanyama House 3 is office space for IU House. In Ndege House 1 there is a library containing textbooks, books on Kenya and Africa, travel books and light reading as well as materials compiled by previous residents about their travels. Read from it freely and also add to the library if you finish books here and do not want to carry them home, but please do not take any of the house books with you without signing them out. Good books are often hard to find here, and we want to maintain the library for future visitors. Hard back books are expensive and were brought here at the expense of the weight of other items, please do not take them without consultation.

Ndege House 1 also contains a number of medical books for your use. There are desks available for reading and study and chairs in the yard. You are welcome to light a fire on cold evenings, and play games here as well.

There is also a “Fireside Chat” every Thursday evening in Ndege House 1 to discuss different aspects of Kenyan life and/or medicine in Kenya. We encourage all participants to attend and participate in each week’s fireside chat.

Water

Tap water is unsafe to drink. We will keep boiled and filtered water available for your use in the laundry room in Ndege House.

Some of you (particularly the taller ones) will be asked to help pour clean water into the filters at the right of the sink. Please help by filling empty water bottles or by carrying them.
back from the dining room after meals. Your assistance will be appreciated. There should be about 24 full water bottles in the refrigerator at all times.

The water treatment to ensure safety is:

1. Bring water to a boil
2. After the water cools in holding buckets beneath the sink, it is filtered through ceramic candles.
3. The water is then poured into bottles for your use.

A plastic bottle of boiled water with a plastic cup has been placed in your room for tooth brushing, taking medications, et cetera. Refill it whenever you need to do so. All empty bottles will be washed with hot, soapy water and air dried. When you buy bottled water, we will gladly take the empty ones for reuse. You may take the small bottles on safari, but please return them.

Drinks

In the refrigerator in Ndege House 1 are a variety of drinks you are welcome to purchase and consume. We ask that you record each drink you take. You will be charged for drinks as you leave, but we accept weekly payments as well. This is on the honor system, so please be respectful and record each drink that you take from the fridge. If you don’t record and pay for your drinks, you may jeopardize our ability to have drinks available for future guests. Furnishing drinks is not a profit making enterprise! You can help by restocking sodas from the pantry in Ndege House 1 when the baridi (cold) stock in the fridge gets low. Thank you!

Laundry

Most people opt to do their own laundry using one of several washing machines in the compound. There are now two washing machines in the compound. Please follow the instructions on each machine and ask Dunia, Margaret, Lucy or Elisha before using so that we might coordinate our house needs with your private laundry needs.

If you simply do not want to do your wash, you can arrange with Margaret, Lucy, or Janet to have it done at KSh 100/= per wash load (that’s less than a laundromat at home!!) and KSh 150/= for ironing. If you leave laundry in the laundry room to be washed by someone else, please label it with your name.
Drying clothes is *au naturale* in the wonderful Kenyan sun.

In the rainy season, clothes can dry on the water heaters or on hangers in heater closets. There is an iron and ironing board available in the laundry rooms for your use. Color-coded to each house (*well, almost*), sheets, towels, wash cloths and soap are kept over the water heaters. If you cannot find what you need, please let us know.

**When you leave Eldoret for the last time, please strip your beds and leave the linens outside your room.**

---

**Onyo = Warning**

All the houses are on a septic system. PLEASE, PLEASE do not put anything down the toilets other than human waste or toilet paper!!!!

We would not put this in except that people have put razors, lotion containers, and much more into the system. It is expensive to repair!!!!

---

**House Cleaning**

Elisha, Lucy, Margaret, and Janet clean the houses. If you wish for them to clean your room, please leave the door to your room open. If your door is shut, they will know that you do not wish that your room be cleaned that day. If you have a particular cleaning need, please let us know. We try to keep things as clean as possible. Sometimes the rainy season and high traffic defy us.

If you want your sheets washed, please inform us in the morning. We try to keep toilet paper, light bulbs, soap, cleaning supplies and tissue stocked in each house. Do not hesitate to ask us to replace them if they are running low.
Fees

Philanthropic donations largely support the general funding of the Indiana University – Kenya Partnership. Schools in the ASSANTE Consortium also contribute toward overhead. Schools in the ASSANTE Consortium pay membership fees which reduce participant room and board charge. Outside of room and board, there are small fees for drinks, internet, laundry etc. Contributions to the employee Christmas fund are accepted and appreciated; this is in lieu of any tips that may be given for exceptional service. Also, any items you may want to leave behind may be given to Dunia. Annually, all staff get to go to ‘market’. This activity is great to see if you are there in January. Each staff gets to pick a number out of a hat for the opportunity to pick tow items for themselves. The, it is a free for all. Dunia runs very well despite her burka!

Other Expenses

Additional Expenses you may incur while you live in the IU House include costs for telephone usage, laundry, malaria prophalaxis, meals for your invited guests, your share in costs of weekend trips (lodging and gas), personal travel expenses, and personal spending money.

Swahili Lessons

Wycliffe Agesa is the *kiswahili* tutor. His charges are approximately KSh 300 per hour for lessons for individual lessons (approximately $20 per week if you participate on a daily basis) and a sliding rate for group lessons. Check with Wycliffe – rates occasionally change. Again, we would encourage you to take advantage of this opportunity. Even a few lessons will get you through the basics of shopping, greetings, bargaining, and basic medical terms you will hear daily, and Wycliffe is a long-suffering delight!
Computer Access

IU House has two desk top computers for use in one of the compound meeting rooms. Wireless access capability is available at IU House. WiFi works in all common rooms and most bedrooms. If you bring your laptop, it may be locked in the secure drawer in your room for safe keeping. It is not recommended to take a laptop to the dorm/hostel for students.

Internet access is slower in Kenya than in the US. Access is less stable, but, is rarely down for more than a few hours at a time.

OTHER INFORMATION

Kenyan Holidays

<table>
<thead>
<tr>
<th>Movable Lunar Date</th>
<th>Good Friday and Easter Monday (Christian)</th>
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<tbody>
<tr>
<td>May 1</td>
<td>Labour Day</td>
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<tr>
<td>June 1</td>
<td>Madaraka Day (Liberty Day)</td>
</tr>
<tr>
<td>October 20</td>
<td>Kenyatta Day</td>
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<tr>
<td>December 12</td>
<td>Jamuhuri Day (Independence Day)</td>
</tr>
<tr>
<td>December 25</td>
<td>Christmas Day</td>
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<tr>
<td>December 26</td>
<td>Boxing Day</td>
</tr>
<tr>
<td>Movable Lunar Date</td>
<td>Eid (Muslim)</td>
</tr>
</tbody>
</table>

Mail

Your Eldoret address is:

Your name  
c/o Indiana University  
P.O. Box 4806  
Eldoret, Kenya

Mail takes about 14–21 days going both directions. Mail will be picked up and delivered to the IU House. Please do not send anything important through the mail, e.g., money, checks, credit card information. Incoming packages are usually charged duty and do not always arrive intact ~ or even while you are in the country; therefore, we advise against having anyone send you “care packages” while you are here. We usually have stamps in the Office. Peninah has post cards available in her store. Leave postcards and other things in the office in Wanyama House 3 for mailing. Yusuf will pick up mail Monday – Friday morning to post and deliver any incoming mail when he returns from collecting it at the Moi University SoM.

Postage to the US in shillings is:

<table>
<thead>
<tr>
<th></th>
<th>35 shillings</th>
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<tbody>
<tr>
<td>Aerogrammes</td>
<td></td>
</tr>
<tr>
<td>Small Postcards</td>
<td>40 shillings</td>
</tr>
<tr>
<td>Large Postcards</td>
<td>60 shillings</td>
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</tbody>
</table>
Letters (air mail)  80 shillings
These prices can fluctuate. It will not hurt to double check when you send letters.

Answering the Phone
The IU House is a five-house compound. Answering the phone may require that you walk to another house to find the person being called. Please be courteous and take messages for people who cannot be located and/or ask the caller to call back in five (5) minutes so you have time to locate the person desired. A phone message board is located next to the computer and telephone in *Ndege House 1* and *Mti House 2*

E-Mail/Internet

**IU House is wireless!** The compound is (almost) one big hotspot. Anybody with a wireless card on their laptop computer can access the internet and use their personal email account for communication.

For those without a laptop, internet and computers are available on the second floor of *Mti House 2*. They use the same network as the wireless service so you can access your internet-based email accounts.

We have e-mail in the office and will send and receive messages for you in emergency situations if the *Mti House 2* computers are not working; *However, this is our administrative office, and we regret that we cannot invite you to use this computer.* The amount of administrative work communicating with the U.S. can keep our hours long. Thanks in advance!!

You also may set up your laptop in the visitors office, located on the second floor of *Mti House 2*. There are several workstations for use in that space.

There are also services and internet cafes in town. Please ask for directions to these businesses.

Money

The IU team does its banking at Barclay’s Bank. Yusuf will help you with your banking needs. Guard your money carefully as pickpockets like to hang around the banks. Large amounts of money, airplane tickets and passports should be kept in a secure place at all times. We have a safe available where we can store things for you.

The official exchange rate varies according to many political and economic factors. It is wise to consult an internet currency converter before you leave to have the latest information.
You will always get the best exchange from the bank machine and the worst from cheques or traveler’s cheques. At Barclays, cash usually is deducted by a commission of 2 shillings/dollar, while traveler’s cheques are deducted by 4 shillings/dollar.

Visa and other debit cards are accepted at the ATMs at Barclays and Standard Charter Bank ~ across the street from Barclay’s. You will get the daily banking exchange rate if you use the ATM. Uchumi, Nakumatt (grocery stores) and a few other stores also accept Visa and MasterCard. It never hurts to ask.

Travel

Travel within the country can be arranged through us. We often use Eldoret-based travel agencies. For longer, more extensive trips at the end of your Kenya visit, you can use either Kwa Kila Hali Safaris (kwakilahalisafaris@yahoo.com), Elgeyo Travels, or a variety of others. Check with us. Yusuf is also valuable for setting up reliable Peugeot travel with safe drivers. Most of these companies appreciate if you pay in cash; however, it would be beneficial for you to find out from the safari company exactly how they wish to be paid before you arrive in Kenya. If you decide to pay in US Dollars, please make sure that all of your US bills were made in the year 2000 or later. This will make it much easier for the travel agents to deposit it and will save them the fee of depositing older cash.

Weekend Trips

If you take weekend trips, and we hope you do, please consider the following:

1. We would like to know where everyone is at all times, so give the administrative staff at IU House your planned itinerary. This is not in order to satisfy our curiosity, but in case we need to reach you for any reason. The itineraries are located on the bulletin board in the entry of House 2. Submit the completed itinerary to Dunia or Robert Blount prior to departure.

2. Do not take the cooking or eating utensils from the house with you unless you clear it with Peninah or Dunia. You may accidentally take something that is treasured, new, or needed in the house.

3. For your travels, please check with Peninah before taking any food from the house, lest you take an essential ingredient for the next meal! We have a supply of plastic water bottles you can fill for travel needs. We also have one tent, one sleeping bag, two coolers and plenty of frozen inserts, and one camping stove that we will lend if we are not using them. Please return the plastic bottles as well as the equipment.

4. We encourage you to spend some of your weekends here in Eldoret, learning the town and getting to know students. Eldoret has places to explore as well! Often, resident IU faculty will invite you to go on a journey with them.

5. Faculty may drive with an international license (available from your local AAA office in US prior to departure).
6. **We expect everyone to return from their safaris BEFORE dark!! If you do not return before dark, call the Team Leader or administrative person on call for the weekend for instructions.**

**Walking**

Walking after dark is a **very bad** idea. Dark occurs between 6:30 and 7:00PM depending on the month of the year. Once the sun sets, it becomes dark quickly – there is no twilight at the equator. Please plan accordingly. We will provide contacts for reliable taxis. Eldoret is a **VERY** safe town during the day. You can go anywhere that you like. At night, we ask that you be very careful. We want you to have a wonderful and busy social life here, and we are happy to help accommodate your needs.

**Baths & Showers**

Please be considerate of your housemates when using hot water. It is an expensive, limited supply, and your comrades also desire a hot shower! When you are away for the weekend, consider turning off your water heater. It takes a **lot** of energy. If your water temperature is too hot or too cold, please let us know, and we will try to adjust it.

**Office**

The Administrative Office of the IU/ASANTE Consortium in Kenya is in **Wanyama House 3**. **Dunia Karama** is our office manager. She will be there to answer questions or try to solve day to day problems which may arise for you. Business hours are 8 a.m. until 5 p.m. Monday through Friday. Often it is open prior to 8 and after 5, but this is not guaranteed.

**Privacy**

We will do everything that we can to make your visit comfortable. Please remember that this is home to many people. You are welcome downstairs in **Ndege House 1** at any time. Also respect the living space of our long term people.

We will do everything we can to make your stay here enjoyable and profitable. Please do not hesitate to ask us about any questions that you may have.

**Checking Out...**

1-Strip your bed of linens. Put your sheets and towels on the floor outside your room.
2-Pay outstanding bills. Check with Dunia about any you may have accumulated ~ such as making long distance calls and drinks.
3-Leave any unwanted clothes with Dunia for the street children or rescue centers.
4-Confirm your tickets.
5-Make sure you have your passport/s and tickets!
6-Return your keys to Dunia
7-Complete the form that tells us where you will be after leaving IU House and before arriving in the United States. We lost a student briefly, thinking he had not returned from a Kilimanjaro climb. Our information was incorrect, but we do not want to spend another twenty-four hours worrying like we did again!!

AND

If you are returning to Brown please take an Brown/Moi Duffle back with you to be repacked with supplies (and goodies) for those of us left behind! You can use these bags to transport souvenirs back home. Please contact Janet to make arrangements for the phone and duffle return to the administrative offices in Miriam Hospital #365. Thank you for being our guests and becoming our friends!

Safety and Health Issues

Travel

Travel away from IU House/Hostel must be recorded on the signout sheets provided at IU House prior to leaving. This is to ensure that you can be reached in case of emergency. All participants are provided with a Kenya cell phone. Keep it fully charged and carry it with you at all times.

The most dangerous activity in Kenya is road travel. Discuss options for drivers/cars/buses with the Team Leader or Dunia Karama, Site Manager. Never travel at night by road. If stranded after dark, call the IU Team Leader for instructions.

Use judgment around Eldoret. Just as in any city, pickpockets are present. Monitor your personal effects. Dress and adorn yourself simply and conservatively. Do not walk after dark.

Only faculty may drive the project cars. Faculty wanting to drive must have an international drivers license (obtained at AAA prior to departure).

Walking in Eldoret and most cities is safe. Nairobi is the major urban center and has a higher likelihood of muggings and other crimes. Use caution in Nairobi.

It is safe to run for exercise in Eldoret, although watch for uneven pavement and rocks. Appropriate culturally sensitive clothing is necessary. Women should wear tee shirts (not just a sports bra or a form fitting long bra). Shorts are acceptable for women, but, should not be tight and should be knee length. You may feel most comfortable in Capri running pants.
Health (General)

Malaria is endemic. Take your medicine.

It is a good idea to apply sunscreen daily. Eldoret is equatorial and at 7,000 feet elevation.

The water supply is not safe. Water at IU House is boiled and filtered. Elsewhere, stick to bottled water or bottled beverages. Regarding food, if you cannot peel it or cook it, do not eat it. Most participants will have one or two days of gastrointestinal upset. It is part of the experience.

The Team Leader is in charge of participant health care. If you feel ill enough to be evaluated or require treatment (antibiotics, hydration etc), call the Team Leader to discuss.

Hospital Health Issues

TB is endemic in Kenya. Transmission risk is not significantly greater in the hospital or clinic as opposed to the community at large (ie restaurant or street). Risk is reduced by making a rapid diagnosis. Use the cough monitor system to collect sputum rapidly. Personal respiratory protection (masks) are not available (and would have to be worn continuously to be effective). Instruct patients in covering their mouths when coughing. Open windows in the wards to improve ventilation. You must get your follow-up PPD 3 months after you return and report the results to the program office.

HIV prevalence on the wards is high, >50% of the patients. Observe blood born pathogen procedures. Post exposure prophylaxis is available through the team leader. **Immediately make contact with the Team Leader in the event of a potential exposure.** Do not make your own risk assessment. All exposures are to be discussed with the team leader. PEP medications are available at IU House and at multiple sites at the hospital.

For personal health and safety, remember that HIV/AIDS is also a sexually transmitted disease. HIV incidence in Kenya varies from 10-30% depending on the community. Short term sexual relationships are unwise while in Kenya.

Homosexuality is not culturally accepted and homosexual behavior is against the law. If you have concerns regarding these issues, please feel free to confidentially discuss them with program faculty.

Brown-IUSM—MUSOM Housing and Board Policies

Faculty and residents will be housed at the IU Team House Compound on a space available basis. Spouses and dependents may stay on a space available basis.

Lunch will be served at the IU Team House for all faculty and residents Monday through Friday. The IU House head cook Peninah, will ensure that food for breakfast and supper is available for faculty and residents seven days per week. Dinner is prepared 4 nights/week. Everyone is invited to group dinner in town on Wednesday nights. For
residents, fellows and faculty staying at IU House, room and board is inclusive of all prepared meals and Wednesday dinner in town. Students are expected to eat one meal per week at IU House in order to check in with the team leader. If other meals are taken at IU House, there is a sign in sheet for a per meal charge.

Medical students will be placed preferentially in the medical student dormitories at the School of Medicine. If there is no room in the dormitories, the medical students will be housed at the neighboring hotel at student hostel rates. This still allows close interaction with the Kenyan students. If the hostel or hotel are full, students will stay in the IU House Compound on a space available basis. Medical students with spouses will be housed at the IU House Compound on a space available basis.

All persons staying at the IU House Compound are expected to pre-pay the charges for room, board and programmatic expenses. There will be no room and board rebate for time spent away from Eldoret. Before departing for Kenya, payment should be made to Janet O’Connell. She will explain the rate schedule to you. Checks should be made payable to “Kenya Program”.

Students staying in the dormitories will pay $20/week for the room. Students will be expected to purchase their food on a daily basis. Students may choose to eat with their Kenyan counterparts. Students who choose this option will spend about $2/day. Alternatively, students may choose to purchase their meals in town. Students who choose this option may spend from $3 to $10/day, depending on their food preferences and appetites. Students who stay in the dormitories will be expected to pre-pay for their room, but will not pre-pay for their food. Students should bring an ATM card to periodically withdraw money for small daily expenses.

Charges for room, board, and programmatic expenses do not include such items as fax, soft drinks, laundry services, in-country travel, snacks, meals taken away from the IU Team House, weekend safaris, etc. Persons using such services or participating in such activities may be charged additional costs as determined by the team leader.

All charges are subject to change without prior notice.

**Brown-IUSM - MUSOM Evacuation Insurance Policy**

One of the most important steps taken to ensure travel safety is the purchase of evacuation insurance. For a seriously ill or injured person to be repatriated can cost upwards of $20,000. For a small fee, evacuation insurance provides this security. **Evacuation insurance is required** for all Brown University participants taking this elective. The majority of participants use SOS International, a company supplying this service for academic institutions. (www.internationalsos.com).

Medical students who are taking the rotation for credit (Tropical Medicine in East Africa-IM 320) are covered by the policy at Brown. Visit http://www.internationalsos.com/private/Brownu and enter Brown’s group membership number—111BSGC000031—to access this information. Both Lifespan and UMF also have policies covering their employees.
**It is the participant’s responsibility to know how to access these services.** It is suggested that before traveling, you contact the company (SOS International) for an update on what to do in case of an emergency. A copy of your evacuation insurance policy must be filed with the program office prior to leaving.

**Brown-IUSM - MUSOM Waiver of Liability Policy**
Students, residents and faculty must sign and return to Janet O’Connell the waiver of liability document known as “Guidelines for International Electives and Experiences”.

**Brown-IUSM-MUSOM Vacation Policy**
Residents: While in Kenya, each resident may take up to one week of his/her allotted vacation time per 4 week period rotation. S/he may take up to two weeks of vacation in total, but all vacation days must be reported to the residency program director prior to leaving. Vacation time taken out of the Kenya Program rotation counts as residency vacation time and is not additive to the annual vacation time allotted a resident.

Students: Course credit will be given for the duration of the student’s time spent working at Moi University. For a two month rotation, students may take a maximum of 2 weeks vacation. If additional time off is needed for personal reasons, the student should contact the Medical Student Affairs Office and discuss with Dr. Jane Carter. When not involved with clinical, laboratory or classroom scheduled activities, it is expected that appropriate time will be used by the student for reading, analyzing and reviewing course work. This rotation is listed as IM320, Tropical Medicine in East Africa. It is considered a Brown rotation and does not constitute an away rotation slot.

**Brown-MUSOM Student Grading Policy (please refer to goals and objectives)**
Requirements for the course include a written evaluation by preceptor. Students and Residents are asked to keep a journal and engage in substantive discussions regarding their experience upon their return. All participants are required to have a pre-trip conference and a post-trip conference with Dr. Jane Carter and/or Janet O’Connell. Please call the Program office to schedule an appointment.

**Pass: Satisfactory participation as judged by course director and by preceptor in country and satisfactory report.**

**Honors: Satisfactory participation, satisfactory report, sound project proposal and satisfactory presentation of special project/narrative testimony.**

**Health Evaluation**
All participants must consult traveler’s clinic for immunization recommendations. This should include a PPD prior to departure unless you have had one within the last 6 months or have been positive in the past. You must have a repeat PPD 3 months after return and report the results to the program.
Eldoret is a malaria endemic zone—You will need malaria-preventive therapy.

There are two travel clinics available:
Miriam Hospital: 401-793-4075
Memorial Hospital: 401-729-3610

Both of these clinics are extremely busy. Malaria preventive therapy must often begin 2 weeks prior to travel. Please plan an appointment at least 6-8 weeks before traveling.

READING MATERIAL FOR PARTICIPANTS IN THE Brown-IUSM-MOI PARTNERSHIP

REQUIRED READING

Any history of Kenya.
It is absolutely essential that every student, resident, or faculty who visits Kenya have a reasonable understanding of Kenyan history, cultures, and traditions. Acquiring this understanding before going to Kenya will make it more likely that you will have a successful and rewarding time in Eldoret.

SUGGESTED READING

Things Fall Apart
Achebe, Chinua
This novel is an African classic, read by many schoolchildren in sub-Saharan Africa. The novel relates many of the struggles Africans faced with colonization.

Rogue Ambassador
Hempstone, Smith

The Africans
Lamb, David
Though a little dated, this popular non-fiction will give you a good understanding for why you must be flexible and prepared to "roll with the punches" while in sub-Saharan Africa. The content is not very flattering for many African leaders--in fact, the book is banned in Kenya! Nevertheless, I found that many of Mr. Lamb's experiences and impressions mirrored my own. The writing style is refreshing.

Facing Mount Kenya
Kenyatta, Jomo
Kenya's first president wrote this interesting book that describes many of the beliefs and practices of his tribe, the Kikuyu, one of the major political forces in Kenya today. The book reads easily and provided me with some new insights.
A Challenge for Africa
Maathai, Wangari
Written by a former Member of Parliament and Nobel Peace Prize laureate and founder of the Green Belt Movement, this book offers a refreshingly unique perspective on the challenges facing Africa, even as she calls for a moral revolution among Africans themselves, who, she argues, are culturally deracinated, adrift between worlds. The troubles of Africa today are severe and wide-ranging. Yet what we see of them in the media, more often than not, are tableaux vivantes connoting poverty, dependence, and desperation. Wangari Maathai presents a different vision, informed by her three decades as an environmental activist and campaigner for democracy. She illuminates the complex and dynamic nature of the continent, and offers “hardheaded hope” and “realistic options” for change and improvement. With clarity of expression, Maathai analyzes the most egregious “bottlenecks to development in Africa,” occurring at the international, national, and individual levels—cultural upheaval and enduring poverty among them—and deftly describes what Africans can and need to do for themselves, stressing all the while responsibility and accountability.

Weep Not Child
Ngugi wa Thiong'o
Ngugi wa Thiong'o is one of Kenya's best authors. I have read a couple of his many books. He writes on political themes, so many of his books have been banned in Kenya. Other recommended titles include Detained, Petals of Blood, and Writer in Politics.

The Lunatic Express
Miller, Charles
This book is a history of Kenya up to and including the period of colonization. A major focus of the book is on the building of the railroad from Mombasa to Uganda. One section of the book details the trials and tribulations caused by the infamous "lions of Tsavo". The book is a "must" read for anybody who plans take the Nairobi to Mombasa train trip while on safari.

Out of America: A Black Man Confronts Africa
Keith B. Richburg
Richburg spent three years in Africa as a journalist. While this book highlights many negative experiences in recent African history, Richburg has many valuable insights regarding the culture, politics and history of Africa. His African American roots give him a perspective that most of us can only read about. Highly recommended.

It’s Our Turn to Eat
Michela Wrong
This book is a riveting and deeply disturbing account of John Githongo's tenure as Kenya's anti-corruption czar. Githongo made the mistake of taking his job title seriously—and quickly had to flee his homeland with evidence of wide-scale graft and tribal discrimination that has crippled Kenya since independence. Michela Wrong’s account of how a pillar of the establishment turned whistle-blower, becoming simultaneously one of the most hated and admired men in Kenya, grips like a political thriller. At the same time, by exploring the factors that continue to blight Africa—ethnic favoritism, government corruption, and the smug complacency of Western donor nations—It’s Our Turn to Eat probes the very roots of the continent’s predicament.

WEB SITES
Weekly Review and Daily Nation
Both of these are available in the Brown library or via Internet:
Weekly Review - http://africanonline.co.ke/AfricaOnline/review.html

Regional maps - http://www.reliefweb.int/map/afr_east/index.html
Kiswahili Language http://www.yale.edu/swahili/swahili.htm

OTHER SUGGESTED READING

Africa

Ungr, Sanford
It has been reprinted many times and has some interesting perspectives on Kenya.

Africa: Dispatches from a Fragile Continent
Harden, Blaine
Controversial book. It has some unkind things to say about Moi.

Global Inequalities
Bradshaw, York; Wallace, Michael
This book, published in 1996, was written by two professors of sociology at IU-Bloomington. If you do not have time to read the entire book, I recommend reading the chapter “A Continued Decline?” The chapter gives a succinct overview of many of the problems Africa faces.

The Flame Trees of Thika
Huxley, Elspeth
Red Dust on Green Leaves
Gay, John
Class and Economic Change
Kitching, G.N.
The Poisonwood Bible
Barbara Kingsolver
Mountains Beyond Mountains
Tracy Kidder

KISWAHILI:
There are several Kiswahili language texts/primers on the market. Participants have used both Twende by Joan Maw and Teach Yourself Swahili by D. V. Perrott. Twende is a standard textbook and Teach Yourself Swahili is a basic primer. For purposes of quickly learning on your own a basic understanding of the language and rudimentary vocabulary and phrases, you may prefer Teach Yourself Swahili. Other traveler’s prefer Simplified Swahili, published by Longman Ltd. In England. It may be difficult to obtain in the US though. Rosetta Stone has a Swahili version.

GUIDE BOOKS:
There are several guide/tourist books on the market as well. My favorite has been The Real Guide to Kenya (also printed overseas as the Rough Guide to Kenya). Many travelers use the
Lonely Planet guide to Kenya. They also publish a good map. There are usually extra copies of these at the IU House in Eldoret, but do not plan to take them with you on your travels.

**MEDICINE:**
Tropical Medicine Reference Texts:
Hunter’s Tropical Medicine
Mansen’s Tropical Diseases (The chapter on Malaria is a must!)
Oxford’s Pocket Guide to Tropical Medicine (useful to carry on rounds).

An extensive bibliography is available in the Program office.

**Suggestions for Eldoret Travelers**

**“Don’t bring anything you cannot afford to lose”**

*Binoculars (optional but a must if you plan to safari or you are a birder!)
Camera
Film
(Kodak, Agfa, and Fugicolor film of different speeds and exposures are readily available in Eldoret in case you run out. Prices for purchasing film and developing film are comparable to the United States. Slide film is also available.)
Sunscreen
Hat - Baseball cap okay
Sunglasses
Comfortable shoes (shoes that can get dusty or muddy depending upon the season)
Sandals
Small knapsack/bag for weekend trips
Skin moisturizer/lip balm (it can be very dry)
Sport coat (a must for faculty; suggested for residents and students)
Tie (for men)
Sweatshirt, light jacket or sweater for cool evenings
Alarm clock
Rain gear
Books for pleasure reading (Note that IU House has a sizeable collection)

**Clothing:**

You are responsible for washing your own clothes or you can pay to have them washed so you will need approximately one week’s worth of changes. For example: five pairs of underwear, five pairs of socks, five shirts/blouses, two pairs of slacks/jeans, etc. should be sufficient.
(Note: clothes are hung out on the clothesline to dry so there will be a public display of ALL clothing—word to the wise!)
You will wear long pants for recreation instead of shorts and t-shirts most of the time because of sun, mosquitoes or cultural sensitivity. Some participants have found old scrubs to be convenient for jogging, sports, etc.

Most of what you need can usually be purchased in Eldoret, however, the availability of specific items is variable.

- **For Travel**
  - Bathing suit
  - Towel (for Hostel Students)
  - Kleenex (for Hostel Students)
  - Money belt or pouch (recommended)
  - Army knife or knife-like tool
  - Travel umbrella
  - Small flashlight
  - Personal first aid kit: band aids, personal prescriptions, Mefloquine*, Imodium, Cipro or Septra (diarrhea with blood or fever—take one stat, when q/2 hr for 3 days), Tylenol or ASA
  - Shower eyeglasses
  - Sandals/house shoes
  - Insect repellent
  - A couple of checks
  - ATM card (optional)
  - Card sized calculator (optional)
  - Moist towelettes
  - Hand sanitizer (when there is no soap & water)
  - Converter (optional)

- **For Work**
  - 1 white coat with name tag
  - Index cards
  - Stethoscope**
  - Reflex hammer
  - Pen light**
  - Pens**
  - Scrubs (if doing surgery)

  *Begin taking Mefloquine before you depart. Note: It is cheaper in Kenya so buy only enough to start.

  **If you have extra instruments, you can choose to give them to needy Moi students. They also appreciate teaching aids (handouts, charts, etc.) as well as pocket sized drug reference charts.

**Work Attire**

- **Men:** shirts, ties, pants as you would wear in June in Rhode Island. Faculty should bring a sport coat and tie. Footwear that is comfortable and sturdy and that you will not mind sacrificing i.e. sneakers or loafers.

- **Women:** skirts, dresses, dress pants. Avoid very short sleeves. No shorts or short skirts. You will often walk to and from work on a dusty or muddy road, so you may be most comfortable in sneakers or loafers.

  Scrubs are not worn by physicians, residents, or students working on the wards. In Kenya, they are reserved for the surgical suite only.

**Documents**

- Passport (Be sure the passport is good for well over six months past re-entry as some countries will not allow you to enter unless it is good for over six months after entry)
- Visa obtained on site at the Nairobi airport, $50.00.
• International certificate of vaccination. This will include all of your vaccines.
• Bring photocopies of your passport, visa entry, credit cards, evacuation insurance information and health insurance information, prescriptions, your travelers’ check numbers and your vaccination records. You might keep one set with your luggage or store in a safe place

**Your Arrival in Kenya**

The first stop is immigration then you enter the baggage claim area. If you are carrying a Brown supply suitcase, make sure you have the customs exemption letter with you.

There are several options to change money at JomoKenyatta airport. There is a money exchange at the baggage terminal; this can be used to change cash or travelers checks.

The best rates for exchange are through the use of ATM cards. These give the bank rate for the day. Your bank may charge a per use fee, but, this is less than what you would pay as an exchange fee. After exiting customs, you will see a large number of drivers/greeters in front of you. To the right and left behind you in the greeting hall, you will see bank ATM machines. There are both VISA and MasterCard based ATM’s. The screen will be in Kenyan shillings. The exchange rate hovers at ~70 Ksh/1USD.

Kwa Kila Hali Safaris is a local travel agency that has been consistently reliable and charges reasonable fees. You will be met by one of Kwa Kila Hali Safaris Ltd. drivers. If you arrive in the evening or at night, you will need to stay over in Nairobi until morning. If you arrive during the day, you may be able to continue on to Eldoret, depending on the flight times. Several options are the Fairview Hotel, the Country Inn, Heron Court or the Silver Springs. Please feel free to discuss the options with Janet O’Connell.

Incoming in-country travel must be arranged as part of the overall planning process through the Brown office at The Miriam. Janet will facilitate this for you.

When you get to Eldoret you will be able to get Kenyan currency with an ATM card. The automatic teller is located at Barclay’s Bank

**General Tips on Safety Abroad**

Andrew Bazemore

I. Transportation:
   a) Injuries:

      Remember that the major causes of morbidity and mortality in the traveler are not infectious disease. Rather, traumatic injuries, and in particular, motor vehicle accidents, are the leading causes of death and disability in the developing world. Travelers may be at 7 to 13 times the risk of motor vehicle related death in developing countries than in the United States.\(^1\) In Guatemala, there are more than 50 deaths reported annually per 10,000 vehicles, in sharp contrast to the less than 3 reported in the United States over the same period. Peru, Mexico, Venezuela, and Panama also rank very highly on this list, while

\(^1\) Health Information for International Travel, 1996-1997
data remains unavailable for most of the nations of Africa and Asia.² It is advisable to drive defensively at all times, and to use reputable local drivers and vehicles whenever possible. Before driving, one should become familiar with the “rules of the road” as well as local nuances in the country where you are visiting. Driving at night should be avoided whenever possible, and travelers should be wary when using public transportation after dark. Keep in mind that domestic airlines are often not maintained by the FAA standards; individual country advisories can be obtained by contacting the State Department (see web address) or even the FAA.

b) Rental Safety:
Car renters should keep in mind the reliability of their renter. Ask about safety devices such as seatbelts and airbags, and test the functionality of basic automobile components such as brakes and headlights prior to securing the rental. Also, one emergency room physician’s survey noted that less than 20% of rental agencies in foreign countries offered child car seats, and less than 10% of their rentals possessed airbags.³ Inquiry through a travel agent or car rental agency prior to departure can help locate the rental resources that one requires.

c) Crime:
Consider the following advice to help avoid crime on the road. Exotic cars should be avoided; local preferences draw less attention from would-be thieves, as do those that are not clearly marked as rental vehicles. Remember, thieves in some developing countries are noted for roadside hold-ups and robberies through the open windows of stationary vehicles; therefore, keep doors locked, windows up and eyes peeled. Criminal ploys include masquerading as a good Samaritan offering assistance, flagging down a motorist and asking for help, and creating a “fender-bender” to make a targeted motorist pull over, after which the victim’s belongings or car are stolen. Also, think twice before hitchhiking in the developing world; western-appearing individuals and women in particular, stand out as easy targets for crimes ranging from petty to violent.

II. Technology Issues:
Computer malfunctions may affect transportation systems, financial institutions, utilities, and telecommunications—many of which may be critical to the success of one’s project or even one’s ability to communicate with or return home. This is not intended to arouse alarm, as many businesses and nations have spent considerable resources to avoid this potential problem. Rather, one should simply keep in mind that developing countries have less resources than our own with which to address the problem, and one should not take for granted that credit cards, telecommunication abilities, and sources of transportation will operate with complete normalcy on that date or for some period of time thereafter.

III. Insurance:
As a group, residents and students are often poorly insured. Prior to travel, special care should be taken to review one’s property, health and other insurance policies with regard

² HealthLink, Medical College of Wisconsin Physicians and Clinics webpage
³ HealthLink, Medical College of Wisconsin Physicians and Clinics webpage
to travel abroad so that gaps may be addressed. Some healthcare policies, Medicaid and Medicare for example, will not cover healthcare of any sort in foreign countries, and much property insurance does not reimburse for loss or theft abroad. Supplemental traveler’s insurance policies may be purchased easily, but scour the fine print when considering one of the following 4 types of traveler’s insurance:

1) Trip cancellation insurance: The most common type, covering the unexpected need to cancel one’s travel abroad. This costs approximately 5-7% of a trip’s price on average. Consider obtaining if your trip is a costly package deal, of long duration, or if there is great uncertainty about the safety and stability of your destination.

2) Accidental Death Insurance: The title is self-explanatory, this type is often paired with “dismemberment insurance”, a gruesome title for the coverage of limb or eye loss. May be advisable for a traveler with dependents. If you own life insurance, check your policy to ensure that this is not redundant.

3) Emergency Medical Insurance: Check with your regular carrier to see if they cover emergency room visits, hospitalization abroad and emergency evacuation to one’s home country for health care or transportation home for longer-term care once an acute situation is stabilized. This type of relatively inexpensive insurance is highly recommended, unless you are a part of a program that has already obtained such for everyone involved. Adventurous travelers remember: Read the fine print, as injury and illness caused by certain activities may not be covered.

4) Baggage Insurance: This provides coverage in the event of loss, damage or theft of one’s belongings abroad, often costing roughly $50 to insure $100 of personal property for a week. Check your property/homeowner’s insurance to avoid redundant coverage.

5) Evacuation Insurance: One of the most important steps taken to ensure travel safety is the purchase of evacuation insurance. For a seriously ill or injured person to be repatriated can cost upwards of $20,000. For a small fee, evacuation insurance provides this security. (Evacuation insurance is required for all Brown University participants taking this elective. It is the participant’s responsibility to know how to access these services.)

IV. Money, and Unintentional Criminal Activity:
The U.S. State Dept. advises travelers to bring traveler’s checks and major credit cards abroad instead of cash, and to note the credit limit on each credit card that you bring; Americans have been arrested for innocently exceeding their credit limit in some nations. Leave expensive jewelry, irreplaceable unessential credit and bank cards behind. Consider getting a telephone calling card with a known rate to your country of travel to save money by avoiding expensive pay phones and the often unknown and pricey foreign phone company’s rates. Know the access number for your card of choice in the country that you are visiting.

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4 Much insurance info obtained from: Epicurious Travel’s webpage (travel.epicurious.com)
Avoid carrying large amounts of cash by changing traveler’s checks as currency is needed, and remember to counter-sign checks only in the presence of the individual cashing them. When purchasing tickets or exchanging money, dealing with authorized agents only, will help you to avoid being defrauded as well as getting into trouble with local police.

Students and residents traveling to the developing world should also be reminded that drug possession and the removal of native artifacts are two crimes whose punishments often exceed those found in the United States and Canada. Long jail terms and even corporal punishments can await perpetrators of what might be considered minor crimes at home. The structure of trials abroad and the rights of the accused will also vary considerably.

V. Animals Abroad:
As a rule, stay away from animals unknown to you. Besides venomous animals, dogs and many other mammals are vectors of disease—including rabies. Particularly high-risk areas for rabies include: Ecuador, Colombia, El Salvador, Mexico, and Guatemala in the Western hemisphere, and Nepal, the Phillipines, India, Vietnam, Thailand, and Sri Lanka in the East. The CDC lists Kenya on the list of countries where “Rabies is present”. If you are bitten by an animal, the following guidelines are advisable:

1) Try to identify the animal
2) Wash copiously the wound with soap and water for 10 minutes at least. Bleeding also helps in clearing infectious organisms from the wound.
3) After washing, apply iodine or alcohol to the wound.
4) Seek immediate medical attention to determine further steps in your medical care. Rabies immune globulin (RIG) may be needed in addition to a vaccine booster even for the recipient of a pre-exposure rabies vaccine.
5) If a victim had not received a pre-exposure vaccine, RIG and the human diploid vaccine will almost certainly be required.

VI. Swimming:
A number of infectious diseases, ranging from simply bothersome to chronic or fatal, can be contracted from swimming in the tropics. These include schistosomiasis, from snail-infested tropical freshwater, and leptospirosis, from water contaminated with certain animal urine. As a general rule, do not swim in fresh water lakes, ponds, rivers, and be certain that swimming pools are chlorinated. While salt water is generally safe, remember that urban beaches and those at the mouths of major rivers are often contaminated both chemically and with human waste products. The prevalence of poisonous and biting fish, corals and jellyfish is also higher in tropical waters, particularly in areas with coral reefs. Animal dangers particular to tropical rivers include the presence of hippopotami, crocodiles, snakes, and biting fish.

7 Taken from “Staying Healthy While Traveling”. Publication of the International Traveler’s Clinic, the University of Cincinnati Department of Family Practice.
VII. Resources for the Safe Traveler:

1) U.S. Dept of State: A source of publications and a web page with updates on country stability, safety tips, and resources for travelers to the developing world. Write: Superintendent of Documents, US Government Printing Office, Washington DC, 20402 to receive particular documents, which you review at the website: www.travel.state.gov, or at:

2) Consular Affairs Bulletin Board (also US State Dept): Travel warnings and public announcements are available at 13 regional passport agencies, US embassies/Consulates abroad, or by sending a self-addressed, stamped envelope to: Overseas Citizens Services, Rm 4811, Department of State, Washington, DC 20520-4818. The same information can be accessed, 24 hours a day, by calling 202-647-5225 from a touch-tone phone.

3) World Health Organization: Good resources for immunization requirements, health status, and disease updates on various countries. Website: www.who.int


5) For lonely planet fans: www.lonelyplanet.com has excellent developing country travel and safety information, and a well-organized travel-health section.

6) Sabbatical Travel tips: For the longer term traveler (faculty on sabbatical, or students and residents taking a longer leave from training, this page offers health, safety and other sorts of good advice ranging from finding a home overseas, to income tax issues and other money matters while abroad: http://omni.cc.purdue.edu-alltson/sabbat.html


KI-SWAHILI-MEDICALLY

Here is a beginning list of words you might find helpful as you work. Kiswahili is NOT a language one can begin to speak readily since nouns are divided into eight classes that do not always make sense to the English speaker. Prepositions, verbs, adjectives, etc. must agree with the class of the noun being modified- AND it gets worse before things fall into place (IF they ever do!). [This is being written after our 15th lesson. Perhaps there is a wee light at the end of the year long tunnel ahead.]

If you ask a question of a patient, you may find it difficult to understand his or her answer. Still, knowing a few words may help you understand the jist of the conversation occurring at bedside. Generally, the “sisters” = nurses, the nursing officers = male nurses, the “matron” = head nurse, the medical officer (MO) = post intern physician assigned to the District Hospital, the clinical officer (CO) = similar to a physician assistant, the intern and the consultants = attendings, all speak English and will happily interpret for you in they can be found.

If you think of other words or phrases you would like to have, let us know, and we’ll try to research them for you….

Editors: Diana Menya, Caroline Jepkorir, Eunica Kassay, Peninah Musula Soita, Wycliffe Odongo, ID/STD Dept.
Body parts:
mwili/miili = body/bodies
moyo/mioyo = heart/hearts
mkono/mikono = hand/arms, hands
kiko cha mguu = elbow
kionwa/vichwa = head/heads
bega/mabega = chest/chests
titi/matiti = breast/breasts
ubavu/mbavu = rib/ribs
tumbo/matumbo = stomach/stomachs
(uume, [vulgar, mbco]) = penis – Actually one NEVER refers to genitals by name- one says “down there” which is ukochini. IF one has to be more specific, one refers to the man’s “thing” = kitu.
(kuma or uke) = vagina = also “down there” = ukochini
One also can refer to the birth canal = mjia va uzazi
mguu/miguu = leg/legs, foot/feet
goti/magoti = knee/knees
kidole/vidole = finger/fingers, toe/toes
uso/nyuso = face/faces
jiono/macho = eye/eyes
sikic/maskio = ear/ears
pua/mapua = nose/noses
mdomo/midomo = mouth/mouths
ulimi/ndimi = tongue/tongues
jino/meno = tooth/teeth

MEDICAL WORDS
kidonda/vidonda = sore (noun)
mganga/waganga = (native?) doctor/s
[ku] ganga = to treat
mgonjwa/wagonjwa = patient/s, sick person/s
mafi = feces (not often used- considered rude [shit], usually choo is used for a “heavy load”)
mkocho = urine (“light load”)
kifo = death
sumu = poison
[ku] tapika = to vomit
dawa = drug
hospitali = hospital
magonjwa = diseases
ugonjwa = illness, sickness
uzee = old age
Angalia pale! = look there!
(ukuta = wall)
Tazama! = Look!
Pumua! = Breathe!
Pumua nje! = Breathe out!
Pumua ndani! = Breathe in!
Pumua tena! = Breathe again!
Toa shati nyako = Take off your shirt
Toangua = Take off things
Vuaangua = Take off your clothes (correct for sp. clothes)
Wacha kupumua = don’t (to) breathe
Kohoa! = cough!
Shika! = Hold, catch keep!
Sema! = Say!
Pinduka! = Turn around (oneself)
Kati! = Sit!
Ka! = sit!
Simama! = Stand up!
Nyamaza! = Be quiet!
Fungua = open
Funga = close
Jilegeze! = Relax!
Daktari = doctor
sabuni = soap
kiwete = cripple/deformed person
Cheka! = Laugh!
gozi = skin (of a human or animal)
Toa ulimi nje = Stick out your tongue
Viini = germs
kifua kikuu = TB
kisonono = GC
tago = syphilis
ukimqi = AIDS

Kwa muda gani = how long?
Kwa siku gapi = how many days?
Damu = blood

VERBS (These have to agree with the noun class)
(ku)na = to have
(ku)sema = to say
(ku)lala = to sleep
(ku)meza = to swallow
(ku)ja = to come (Kuja haca! = come here!)
(ku)kwenda = to go
(ku)tambea = to walk
(ku)okia = to listen
(ku)andika = to write
(ku)tenda = to do
(ku)la = to eat
NUMBERS (Also agree with associated noun class)
Moja – one
Wili = two (moili when not combined)
Tatu = three
Nne = four
Tano = five
Sita = six
Saba = seven
Nane = eight
Tisa, (-kenda) = nine
Kumi = ten
Nusu = one half
Kumi na moja = eleven
Kumi na mbili = twelve
Ishirini = twenty
Thelathini = thirty
Arobaini = forty
Hamsini = fifty
Sitini = sixty
Sabini = seventy
Themanini = eighty
Tisini = ninety
Mia = one hundred
Elfu = one thousand

NON-MEDICAL WORDS THAT MAY RELATE TO YOUR WORK

na = and
au = or
ndiyo = yes
la = no
kitabu/vitabu = book
chakula/vyakula = food/s
choo = latrine
kiti/viti = chair/s
mwalimu/walimu = teacher/s
mwnamume/wanaume = man/men
mwanamke/wabawaje = woman/women
mwana/wana = son/s, child/children
mtoto/watoto = child, children
mzee/wazee = old or respected man/men
mwavuli/mivuli = umbrella/s (for IF you are here in the rain season!)
mkate/mikate = bread/s
mlango/milango = door/s
Medswahili

This is a crib sheet for medical personnel. Take it with you to the wards and use it to assist in communicating with your patients. We’ve made it as condensed as possible so you can fold it up and stick it in your pocket.

Russ Dukes, Sunil Juthani, Wycliff Agesa

Greetings:
Je, unajua Kingereza – Do you know English
Habari yako – How are you?
Nzuri = I’m fine
Jina lako ni nani? – What’s your name?
Jina langu ni Daktari Dukes – My name is Doctor Dukes
Unatoka Kijiji gani? – What village are you from?
Una umri gani = How old are you?

History:
Unasikiaje leo? -How do you feel today?
Unauguaje? – How are you sick/suffer?
Tangu lini? -How long?
Unaumwa wapi? -Where do you hurt?
“ Kichwa? –Does your head hurt?
“ Macho? – Does your eyes hurt?
“ Mapua? –Does your nose hurt?
“ Sikio? -Does your ear hurt?
“ Koo? –Does your throat hurt?
“ Kifua? – Does your chest hurt?
“ Tumbo? –Does your stomach hurt?
“ Mgongo? – Does your back hurt?
“ Mkono? –Does your arm hurt?
“ Mguu? –Does your leg hurt?
“ Viungo? –Do your joints hurt?
Una homa? –Do you have a fever?
Unatapika? –Are you vomiting?
Unahara? – Are you having diarrhea?
Unakohoa? –Are you coughing?
Unapumua haraka? – Are you breathing faster (SOB)
Una sikia jasho usiku? –Do you have night sweats?
Unapunguza uzito? –Are you losing weight?
Unakula na kunywa vizuri? –Are you eating and drinking OK?

Review of Systems:
HEENT: Unaweza Kusikia na Kuona vizuri? – Can you hear and see OK?
Ulikuwa na una damu kwa mapua? – Are you having a nosebleed?
Maji katika masikio? – Do you have drainage from the ears?
Unaumwa koo? – Are you having pain in the throat?

CHEST/CORE: Je, Unapumua haraka kwa kulala/kutembia – Are you SOB lying/walking?

Je, unakohoa makohozi? – Are you coughing phlegm?
Je, rangi gani? –What color?
mayai- yellow, qnyeupi- white, nyekundu-red, damu-blood

GI/GU: Je, Unaenda haja Kubwa? –Have you had a B.M. (gone for a long call)
Je, Unaenda haja Ndogo? –Have you urinated (gone for a short call)
Je, Unahara damu? – Are you having bloody diarrhea?

EXT:

Je, Unafura Miguu? Any swelling of the legs?
Je, Una Kidonda? Do you have a sore/ulcer?
Je, Unavipele? Do you have a rash?

CNS:

Usingizi mzilo Coma
Kifafa Epilepsy/fit
Dhaifu weakness
Kufaganzi numbness
Hakuna kutembea vizuri can’t walk right

PMH:

Una allergy kwa dawa? Are you allergic to medicine?
Unapata dawa? Are you getting medicine?
Unanunua dawa? Can you buy medicine?
Shida yeyotea zamani? Have you had illness in the past?
Unavuta sigara? Do you smoke?
Unakunywa pombe? Do you drink alcohol?

Physical:

Sasa nitapima wewe Now I will examine you
Tafdhali, toa shati/koti/viatu Please take off your shirt/coat/shoes
Keti sit up
Lala lie down
Fungua mdomo open your mouth
Sema ah say ah
Unaumwa hapa does it hurt here (tenderness)
Pumua ndani/nje breathe in/out
Wacha kupumua stop breathing
Unainua mguu/mkono lift up your leg/arm
Legeza relax
Ina misha kichwa bend your head
Kenya Experience Journal Excerpt

Summer, 2006

The alarm goes off at 6:45. The sun is about to come up, so it is still quite dark in our dorm room. Melissa is climbing her way out of the top bunk, trying not to trip over the clothes that are hanging from the bed, which is the only place in the room to hang anything wet - it is the rainy season, so most of our things are hanging, damp and with a red tinge from the mud. Our room is the size of some closets back home but, whenever we see the rooms of the other students, they always look completely neat, and are somehow stocked with hotplates, TVs, fully decorated, and with enough clothes that everyone looks more pulled-together than most Americans. We throw on clothes and make our way to the bathroom to brush our teeth. Our room is on the first floor - the women’s bathrooms are down the hall up on the third and fourth floors. While they seem to be a bit cleaner than the men’s rooms, the water pressure doesn’t quite make the climb, meaning that the toilets flush intermittently, and the showers produce cold water for about ½ hour each day. Or so we’re told – neither of us has actually seen any water from the showers. Our first day, we went for a run, and came back to brace ourselves for the cold water, only to turn the taps and find none. One of the other students waiting in line behind us felt so sorry for us that she offered to lend both of us her bucket… one of many moments where you are humbled by the realization of how privileged an existence we have at home. Now we have our own buckets, not to mention our own water-heating system, which involves an electric teapot…

At 7 we are off to IU house, which is between 5 and 15 minutes up the road, depending on the mood and the weather. At this hour, the streets are pretty empty. We make our way into the compound, saying hello to the guards, and to the dogs, on the way in to house #2 (which has the kitchen, dining room, and the computers). At this hour the house is pretty quiet. Melissa puts on a pot of coffee and I get out the mugs, milk, and sugar – we check our email while the coffee brews, then head back down, fill our mugs, and get ready for Swahili lessons with Wycliffe. We laugh at how funny it sounds to say “mimini mwanafunzi daktari” (I am a medical student), and spend the next hour going through the various body parts and ailments. Between 8:30 and 9, IU house is bustling. There are attendings, residents, undergraduate students, and nursing students all trying to get their breakfast and coffee at the same time. We walk to the hospital in groups of 5 or 6 to be there by 9am, which is the official start of the workday. The interns and registrars (like residents) show up a little afterwards, and the Kenyan medical students usually wander in
by 9:30, if at all. On days where we have consultant rounds (attending rounds), the team arrives on time, and it is the consultant who wanders in late.

I survey our side of the ward. We have half of the men’s side, which means 3 bays, each with 8 beds with about 3 feet between them. Some patients have their own bed, but most share – some choose to sleep head to foot, and others sleep curled up together. I feel a bit morbid when the first thing I look for is to see who is missing. It is not uncommon to have a patient die overnight, or for that matter, at any time of the day, and usually once they are gone they are not mentioned again. This seems cold until you realize how busy the hospital is, and how important it is that the interns be able to move on and get back to work. I notice that we are missing a patient who was admitted yesterday in diabetic ketoacidosis. I ask the intern if he has died and she shrugs. At home, he would have gotten an insulin drip, two days of IV fluids, treatment adjusted for electrolytes and other changes in labs, which would be taken every few hours – this patient was given one small bag of fluid on admission, and one injection of regular insulin every 6-8 hours. No labs were drawn. It may be that we are out of IV fluids. We often are. But, just as often and for any number of reasons, the patient simply did not get the treatment that he needed. There is nobody I can blame and I shake my head at the mess. Charts are scattered and are packed with information on loose papers and in no particular order. The treatment sheets are single pieces of paper that also float around the ward with no real home. The interns have anywhere from 24 to 48 patients and nobody to depend on; the students and consultants (attendings) come and go, and the nurses are untrained, overworked, and often apathetic. Lab results are lost, procedures are forgotten, and the only way to find out if a drug is available is to walk to the pharmacy and ask. There is no way to do the job right, and doing a good job means you only have 1 or 2 patients die each day.

I look at Michael, a Brown resident and one of the most patient and hardworking people I have worked with. His usually calm demeanor seems about ready to crack. I know that this is because, just yesterday, he spent an hour teaching our team about the proper management of DKA, and additional time explaining how it could be successfully done in a resource-poor setting. He explained the different types of insulin, why regular insulin would not cover 6-8 hours, why our patient needed fluids, why it was important to check his labs and what we were looking for. Students nodded their heads and jotted down notes obediently, roles were assigned in treatment. Today, when he mentions DKA, he will get blank stares, and the next patient with DKA will meet the same fate. He shakes his head and moves to the first patient.

We spend much of rounds rushing to find patient charts. By around 10am, there are enough students on our team that it is difficult to actually see the patients without pushing, and the presentations are done so quietly that it is often difficult to know which patient in the bed is even being discussed. At some beds I am lucky to be in front, where I can hear, with the disadvantage of being surrounded on all sides in a hot and incredibly pungent room. Some of the exam findings seem ridiculous. I feel a spleen that is down to the pelvis, see Kaposi’s that covers a patient’s body and fills his mouth, and am able to recognize measles from across a room. Chest x-rays reveal huge masses, granulomas, complete whiteouts from PCP. I am getting used to this. At about 12:30 we have gotten to
the last bed, and I am a bit relieved to realize that the patient in this one has been “discharged home”. He will stay in the hospital, however, until he or his family can pay the bill, which will take close to a week. Many of the students have left already to grab lunch before their class at 1, and my head is spinning. There are four LPs to do. Melissa’s 15-year-old patient with chronic hepatitis B is sharing a bed with an older man with acute hepatitis – the younger patient seems to be more jaundiced today, but nobody agrees that he should be moved to a different bed. In two days he will have died from acute on chronic hepatitis, and the next day we will watch the autopsy in horror. But today we are also busy trying to get a surgeon to see our patient with paralysis that is progressing further each day. And there are the LPs…

An LP at home frightens me because it always looks complicated, between the sterile field, all the attachments and bottles involved. At Moi it is scary because students do them unsupervised, and they involve rubbing a cotton ball with “spirits” (purple liquid that I believe is rubbing alcohol, or something similar) on someone’s back, watching the cotton ball turn completely brown with dirt, tossing it aside, putting on sterile gloves, and sticking an IV cannula into someone’s back. I hesitated at first but, after seeing the number of cases of cryptococcal and tuberculous meningitis, I realized the benefits far outweighed the risks, and that it was not something I could afford to be timid about. Gradually, it came to be somewhat amazing - there is no local anesthetic, but most of my patients barely flinched when the needle went in, and none of them ever questioned or complained. Their family members (or sometimes the family members of the bedmate) who are not allowed in until afternoon, were usually around by the time we started procedures, and would hold their hands and speak softly to them, watching carefully through the whole thing. For the remainder of the day, there would be five people sitting on one bed, sharing food and talking, singing prayers and wailing for the dead, and holding each other closely.

When we finish our morning procedures, we deliver the specimen bottles to the lab and head downtown to get lunch. One of our favorite spots is a place whose name we never knew so we call it “the place below Breeze” (another restaurant) – for less than two dollars, we get an enormous pile of curried chicken stew, some chapattis, and soda, and discuss the morning. On the way back we will buy bananas for our hypokalemic patient in the hopes that it will suffice (we are out of potassium), and things will start up again at around 2:30, at which point we will scramble to find which labs have been done on our current patients while we admit the new. In the evening we will get together with the other IU/Brown residents and attendings, where we will split up the hospital EKGs from the day and read them over, and where we’ll share interesting patients, x-rays, and other findings we might have seen. We will return home to the dorms, where the stereo from the rec-room will blast Shakira tunes all night, and discuss the day some more before starting our 45-minute water-heating ritual, taking a warm bucket shower, and trying to write it all down in our journals before falling asleep again.
Sophia Califano, MD ‘08

A Day in the Life of a Brown Medical Student in Kenya

Arriving in Kenya

In late September 2005, I arrived in Kenya late at night at Nairobi Airport and was met by a pre-arranged driver holding a placard with my name. I stayed at the Fairview Hotel that night, which is a very nice but relatively expensive hotel, and refreshed from the jet lag. A taxi picked me up early the next morning driving me to the smaller local airport, where I flew in a 2-3 hour charter plane to Eldoret Airport. Don’t be worried if for whatever your scheduled flight unexpectedly is booked up or delayed, as was in my case, as they’ll arrange for you to be on the next one, which usually is fairly quick. In Eldoret, I was met by Shawn Woodwin, the Indiana University (IU) House administrator.

I came right at the end of the rainy season, and it was just gorgeous weather: sunny, perfect blue skies without a cloud in sight, in the 70s-80s, and at night it cooled down to crisp fall-like weather with clean dry mountain air, with the black sky dotted with bright stars. The downtown area is a bit more crowded with diesel exhaust fumes, but overall not bad for being at about 7,000 feet. Everyone I’ve met, from the program people to colleagues at the hospital, to random Kenyans I met through others, were all incredibly friendly and hospitable. Always greeted with a firm handshake and a hearty laugh. Perhaps the laughs were at the expense at the “wazungu” (white people…but “wili”—Asian, in my case), but always done in good nature.

Indiana University (IU) House
There is a compound called “IU House”, where the American faculty/residents and visitors stay. You’ll stay there as a student for the few couple days to get adjusted to Kenya before moving into the student dorms – depending on how many students are there, you’ll typically stay a month there and then switch back to IU House. I definitely recommend if you have the option, choose to stay at the dorm first, because it will then seem like complete luxury to move back to IU House!

IU House, when I first saw it, was totally not what I expected. To me, it just seemed too nice given that we were in a “developing country”? It consists of 4 separate white pristine houses, green lawns in the front, a basketball hoop, several SUVs lining the driveways, and two huge guard dogs named Jack and Petite. Each house is two stories, with all that you would expect in a house in the States: wood floors, spacious rooms, common areas, laundry machines, a separate fridge stocked with cold sodas and local Tusker beer, even wireless internet! The beds are lined with beautiful African patterned covers and mosquito netting hanging from the ceiling. At least when I was there, the neighbors’ dogs barked non-stop throughout the night, so depending on which direction your room faces and how deeply you sleep, consider bringing ear plugs. There are plenty of bathrooms with hot water in the showers and flushable toilets. In short, everything at IU House is there to ensure a comfortable stay when you’re there. The compound is essentially gated in with security fences and guards, alongside neighboring private homes primarily of Indians who have lived in Kenya for some time.

All meals (generally all Western, with some Mexican and Indian flavors tossed in) are primarily prepared by Peninah, a Kenyan cook of amazing versatility and a gospel singer on the side. Julius also typically helps her out and is excellent as well. While you stay at IU House, the meals have already been paid for by the housing fee you paid before leaving. If you are scheduled to be living at the student dorms, you are welcome to go to IU House for 1-2 free meals/week; otherwise each time you go, you keep a tab and pay at the very end of your trip. In addition, there is one free weekly dinner in town that all are invited to, and Shawn usually picks a pretty good restaurant ranging from Indian fare to Kenyan “nyama choma” (barbequed meat) to Thai food. At mealtime, you’ll be joined by the Purdue pharmacy students, who have their own house a couple blocks away, and various other visitors. During the time you stay the dorms, you primarily would eat at the cafeteria, or there is a nearby hole-in-wall café nearby on the campus grounds – with both meals are about $1.

**Student dorms**

The student dorm is located across the street from the hospital and likely where you will live for one of your two months. Kenyan medical students of all classes live in the building, and the floors are divided by gender. The rooms are TINY: each room has a dividing wall, and on each side two students live in the size of some people’s walk-in closets, with a bunk bed lined by mosquito nets, one study desk, and a small built-in closet w/ a few bookshelves, all lit by a ceiling fluorescent light. (Especially because of this, you should really only bring one check-in bag and a couple small carry-ons of your own personal stuff—in addition to any supplies you may need to help carry—but also because you’ll want room to bring back souvenirs). Reggae, American-hip-hop, and local hip-hop usually resonate throughout the building, so it can be loud like any U.S. dorm can be. Be aware that showers are cold, the bathrooms are not the cleanest, and you
need to bring your own toilet paper. However, students year after year live there just fine, and it really helps you better understand and experience what our counterparts have to do on a daily basis. Although it can be a bit uncomfortable relative to what we’re used to, I think it’s an invaluable opportunity, and it’s MUCH easier to meet and befriend other students by living with them. There’re some pool tables outside, a small basketball court in front, and clothes lines for air-drying laundry. Most U.S. students will take their laundry back to IU House to do, which is free, but you sort of have to coordinate with other people because there’re only 2 machines and a bit slow.

For breakfast, we typically went to a food stand just outside the building where you can get bananas, a pastry similar to fried dough, milk, yogurt, chai tea, bread, etc. Most Kenyans, I found out, either skip breakfast all together because of time/money, or will get by on a piece of bread and chai. For lunch and dinner, you can go to the cafeteria also right next to the dorm building, and a meal will generally be less than a $1. Or as mentioned, you can go back to IU House to eat, although again eating at the cafeteria with the students is another opportunity to get to know people better.

Moi Teaching and Referral Hospital (MTRH)

When you walk outside the gates of IU House, you hit the local roads with parallel dirt paths, where you see cows chugging alongside people, and when you walk further down to the hospital, (about a 15 minute walk), what I had imagined what local Kenyan life would be becomes more apparent: middle-aged women with their children on the sides of the road grilling corn for 15 shillings each (about $0.25), tin shacks on the road corners for people to catch some shade or chat with friends, beat-up slogan-laden “matatus” (14-passenger mini-van taxis) hustling by, and as you approach the hospital, congregations of families and strangers in a mix of Western and traditional Kenyan wear milling about.

MTRH is affiliated with Moi University, named after former President Daniel arap Moi who ruled for 20+ years. A consortium of American medical institutions are affiliated with MTRH, with Indiana University the first in ‘92, Brown in ‘96, then Utah, Oregon, Pennsylvania, and Purdue Pharmacy School – and others always seeming to want partner up.

The outside of the hospital campus is really impressive. The grounds are very well-maintained with green grass and beautiful colorful flowers lining the walkways. It’s pretty large, with outside walkways linking the main adult and pediatric wards, various specialty wards, the “casualty” (ER), private clinics, and the brand-new VERY nice HIV-focused building that just opened in July 2005. It’s called the AMPATH building (Academic Model for the Prevention and Treatment of HIV/AIDS) and currently houses outpatient clinics, a full pharmacy, various counseling rooms, and I believe they’re planning to convert some space for inpatient wards.

On the inside of the main hospital, it’s what I had envisioned it would be, especially after having previously worked in a clinic in India. There are separate male and female wards, as well as a pediatric ward, with each side of the ward being a “firm” managed by a separate medical team. Despite some drifting pungent smells of body/hospital odors, the wards are lined by large open windows that allow for fairly good cross-ventilation of the outdoor mountain air. Each firm has about 20 beds, some with 2 people to a bed, and as you walk by on the concrete floor, you can see the rudimentary
IVs set up beside some beds, as well as the paper-thin charts, and “T-sheets” (medication charts). The beds on the far end of each firm are said to be primarily for TB patients in an effort to have some sense of respiratory isolation, but in practice it doesn’t work at all. Either so many patients have TB as it is, or it’s just the fact that it’s an open-air ward. However, a small thing that you can do is help ensure at least that a TB patient is not placed in the same bed as a non-TB patient, if space is limited.

Teams consist of a Kenyan attending that may or may not be present (or a U.S. faculty), “registrars” (medical residents), interns, 6th year medical students (equivalent of U.S. 4th years), 4th year students (equivalent of U.S. 3rd years), and various pharmacist/nutrition/social work/therapist staff. Both American faculty and residents typically serve as team attendings. As a student, because of language limitations, you’re generally serving in a colleague/advisory role to your Kenyan counterparts – helping them with their differentials and management plans. It’s a very rich, bilateral learning experience, however, as they usually have much more experience with various diseases that we only read about in books, as well as physical diagnosis skills that we sometimes don’t learn or practice adequately. Alternatively, you can easily also ask one of the Kenyan students to serve as your interpreter and work up a patient on your own.

A typical work day

There are often EKG sessions or other didactics at 8:00am that all are encouraged to attend. Biweekly morning reports were added this past year that are great, but they end up being typically attended by just the Americans, although the Kenyans are routinely invited to join. You’ll be asked to present for at least one morning report, which you can do with a resident or pharmacy student if preferred. You’ll do most of your clinical rotation in the medicine wards, but depending on your interests, you can also request to work in the pediatric wards or even the OR (called “Theatre”) for part of your time in Kenya.

Work rounds generally start every day at about 9:00am. You’ll be assigned to a team on either the male or female ward, and each team typically sees about 20-30 patients. You’re on call every other day, which sounds like a lot but in practice is not bad at all. Some of the best times where you see more, as well as have more opportunity to interact and teach the Kenyan students is in the evenings, so while you’re living in the student dorm, which is across the street from the hospital, try to do that.

While we are used to pre-rounding, it’s not really part of the medicine culture there – you ask and exam the patients during rounds itself. Documentation is typically minimal but of course more detail is helpful when you want to refer to previous notes. We’re also used to having our own patients that we follow when we admit someone – while that’s still true in that you’ll present that patient and offer your plans – rounds are much more a collaborative effort where everyone is expected to contribute on each patient. Although this philosophy is attending-dependent, it’s helpful to carry a small notebook or index cards to keep track of patients at least in a very basic sense of why they were admitted and the general plan with them. Pen lights, spare gloves, alcohol swabs, and hand sanitizers are a must to carry in your white coat.

Someone on the team will carry the blank laboratory and radiology forms, and during rounds those things will be ordered. If no one steps up to do this, offer to do it then as it will make rounds much more efficient. It’s a bit of scut but makes life easier.
for everyone in the long run. One of the Kenyan students typically will record what
procedures or other work needs to be done after rounds before lunch or in the afternoons,
with LPs the most common procedure and paracenteses also available. (Be aware that
there’s no local anesthetic available for these, and patients are often admirably stoic
during our poking and prodding). There’s also plenty of blood draws to do, IV insertions,
and NG tube placements. The “registrars” (Kenyan residents) do stuff that U.S. residents
typically don’t do, like sternal bone marrow aspirates and sometimes even blind liver
biopsies! Here’s a quick description of a bone marrow aspirate I saw:

The patient was brought into one of the side procedure rooms and laid down
on the exam table. A number of crowded around her and watched [the
intern] do a bone marrow aspiration(!) on an elderly lady with anemia of
unknown cause. She did a decent sterile technique, at least much better than
her LP sterile technique. She scrubbed the lady’s chest with Spirit
(disinfectant), injected some lidocaine (one of the few procedures patients are
fortunate to receive for), and then twisted the aspirator into her sternum. The
patient was fairly stoic to begin with and didn’t flinch a bit until [the intern]
aspirated some marrow with a syringe. Then her eyes lit up and she winced
in agony. Thankfully only for a few seconds, as it looked incredibly painful.
A lab tech was nearby with clean glass sides, and the aspirate was squirted
onto one, and he then rapidly smeared the slides together in opposite
directions. He looked briefly at it through the sunlight, smiled, and
pronounced it to be an adequate sample.

Typical diagnoses you’ll see are: HIV (typically called “DCT” or “ISS” on rounds
as a euphemism…DCT stands for Diagnostic Testing and Counseling), toxoplasmosis,
Cryptococcus, TB, malaria, typhoid, gastroenteritis, various pneumonias, rheumatic heart
disease, congestive heart failure, and diabetes.

You may see AMPATH counselors coming into the wards, after the doctors order
a “DCT” test. You might hear them counsel a patient on the test and what it involves and
then perform the bedside rapid tests. It’s such a common occurrence that it’s easy to not
think twice about it, but imagine if that was done in the U.S., with dozens of people right
there privy to the conversation and potentially the results. Confidentiality in such
situations is difficult at best, but the protocol is pretty well-integrated with the daily ward
functions, which is a huge improvement from when they first started. Most of the
hospital staff is aware of this ethical concern as well as others, and hopefully in the near
future, the system can be tweaked to address these issues.

After morning rounds which generally end by around noon, you would go get
lunch, and then if there are procedures or follow-up to be done in the afternoon, you
would come back to finish that, as we do here in the U.S. If you’re on call, you would
return to help admit patients, or you can return in the evening to admit then as an
alternative. Since walking at night alone is not discouraged, admitting at night is only for
students living in the dorm. Some students scheduled Swahili lessons, did other work or
worked on research projects, or hung out at IU House or in town if there was nothing
going on. Afternoons typically ended off with an EKG reading session or a similar
didactic at 4 or 5pm, and then the rest of the evening was free. Occasionally there would
be “fireside chats” at IU House where everyone would get together and discuss a given
topic or other planned activities.
**AMPATH community clinics**

There are a number of rural AMPATH clinics that you can choose to go to, which I highly recommend doing at least once to see the outpatient perspective. There are certain days of the week some of the junior faculty and others go, so just let them know of your interest and it can be easily arranged. I went to one in the town of Turbo, and you’re primarily shadowing due to the language barrier, but certainly your preceptor will actively involve you as much as possible when appropriate.

**HIV Postexposure Prophylaxis**

One note to be very careful of as you know – needle-sticks. Obviously there is a high prevalence of HIV and other transmissible pathogens, so take extra precautions. The sharps box is essentially an open-top plastic container on the bottom of the nurses’ medication cart. People have been exposed before and luckily no one has ever seroconverted but the risk is there! There is a protocol for postexposure prophylaxis that you should become aware of when you first get there and basically involves: notifying appropriate staff, cleaning/rinsing the exposure site, getting some blood drawn for routine lab tests, taking your first dose of the antiretrovirals, completing a full month course, and getting re-tested several months later.

**Challenges**

For those who have worked in resource-limited settings before, you’ll have some idea of the challenges you can anticipate. But even for you folks, and definitely those with no prior experience, it’ll certainly likely be a shock at first when you draw from your U.S. experiences as comparison. You may get light-headed when you first step in just from the powerful sights, smells, and sounds you hear. That’s totally okay and to be expected, so just excuse yourself and take a break.

Most prominent is the patient population itself – I’d say it’s split generally with half the patients mildly/moderately ill but the main issue is financial, and the other half are severely ill with advanced presentations of HIV, malignancies, or other diseases. For the former group, for example, there is a paradoxical system where if a patient cannot afford to pay, he is essentially not allowed to leave the hospital until he can; however, for each extra day he stays, he continues to get charged, so he’s just further drawn into debt. I wasn’t quite able to find a good explanation for this system.

For the patients who are truly sick, they typically present at a disease stage much more advanced than what we are used to seeing in the U.S. As such, dying and death are unfortunately not uncommon, and so you will likely see those processes occurring. You’ll also begin to learn the process of knowing when enough is “enough” in code-type situations, particularly in the context of a resource-poor environment. It can be frustrating knowing that simple interventions at the appropriate time may have prevented these outcomes. Things such as prior access to appropriate medications or even more generally, potable water and sanitary living conditions. You truly see the effects and impressive burden that poverty and associated disenfranchisement can wreak on individuals and whole communities. I think this is one of the most powerful things you can take from your experience – making the statistics and dispassionate descriptions we’ve read in books become more human, more emotional, and more real – enough to the
extent that it will encourage us to find effective ways to address these issues in our future careers.

Other challenges involve those common to working in a resource-strapped area—not all supplies are readily available. Sometimes important diagnostic procedures like LPs couldn’t be performed because there weren’t sterile culture bottles, gloves, disinfectant (called “Spirit”), or other seemingly minor items. We’re used to having technology at our fingertips, but in Kenya you’re really challenged to more frequently rely on your history and physical exam skills and constantly consider which test is truly necessary, given the patients’ financial limitations. You’ll see that ultrasound is a much more utilized imaging modality than CT, the latter often performed elsewhere at a private institution and still dependent on a patient’s ability to pay.

Another challenge was the nursing staff and at times, some of the residents/interns. There was an overall certain degree of indifference that I observed during my time, and others had similar reflections. It became somewhat frustrating sometimes not knowing when, or even if, your team members would show up; having genuine “stat” orders being carried out hours later was also taxing, especially because it would be the patient who would ultimately lose out. If this indifference were truly present, then of course there are many reasons for it, including it manifesting underlying frustration/sadness/etc at the situation and “system” they had to work in on a daily basis, as opposed to us who are in and out in a short period of time. I can sympathize with this, as working in a place where the life expectancy is approximately 45 and 20-30 year old patients are referred to as “middle-aged” has to be truly disheartening and emotionally numbing. I chatted with many Kenyan residents who needed to take a second job to make ends meet, and others who were considering or planning to leave medicine for financial reasons despite their fundamental interest and original intent to help people. These are challenges, of course, but there were certainly diamonds in this picture, and I can easily recall many physicians and nurses who went above and beyond with every patient and family member and did so with remarkable grace and empathy.

**Weekends**

Weekends are free, so most people will travel then, budget depending. However, sometimes the Kenyan students have organized activities that would be worthwhile to participate in, ranging from health clinics at the prison or in the community, to sports competitions.

For traveling, I hadn’t expected expenses to pile up as quickly as they did because I thought they would be cheaper in Kenya, but travel is similar to travel anywhere, so be prepared for that. ATM cards generally give the best exchange rate, and there are several different ATMs in downtown Eldoret. You’ll quickly find out what the common trips are that people do. The weekend trips I did were: Masai Mara (must-do); whitewater rafting on the Nile River in Jinja, Uganda; Lake Naivasha and biking in Hell’s Gate National Park; climbing Mount Kenya; and the rainforest in Kakamega. Other people did trips to Lakes Nakuru and Boringo, and others did a trip to the east coast to Mombasa and Lamu at the end of their stay. There are several inexpensive, short local places to visit as well, including Umbrella Falls, Krueger Farm, the Imani Workshop, and just catching a football game at a pub in town.

*Returning to the U.S.*
You can either take a flight or bus back to Nairobi. If you decide on a flight for convenience, ask Shawn and he can recommend the local travel agency (Elguyo Travel, I believe) they usually use. I chose to take a bus, as I wanted to see more of Kenya during the drive – it’s much cheaper and I thought very safe. I was met at the bus station in Nairobi by a friend who I was staying with for a day, so I’m not quite sure if there are direct routes to the airport or not.

The Kenya elective was perhaps the most educational and memorable experience during medical school for me, so enjoy and good luck!

Andy Lai MS4
March 2006