Mastering global health in the field

It’s about as far as you can go from Long Island’s glossy north shore: Kisoro District Hospital (KDH) in southwestern Uganda, a largely rural area north of Rwanda and east of the Congo. Each year, a select group of residents travels to Kisoro to run clinics and serve one-month rotations on the KDH medical wards as part of the Global Health elective. An intense, often life-changing experience, this innovative elective goes above and beyond the “drop-in” approach of many aid programs. Instead, it emphasizes understanding and appreciating resource-poor healthcare systems, the cultural and socioeconomic determinants of health, and concomitant human rights issues. Before the residents go, they explore these aspects of global health in an intensive one-month course with specially trained faculty from Doctors for Global Health, Montefiore Health System, and Albert Einstein College of Medicine.

The KDH program serves a high-needs population. The average Kisoro family subsists on a per capita income of $2 a day; women commonly have eight children; and Kisoro has just one doctor for every 40,000 people. KDH is understaffed at every level. For example, though funded for six physicians, just three young doctors are responsible for more than 150 inpatient beds and clinics with 150 – 200 patient visits a day; nursing is staffed at 60% of its funded level; and the lab, though funded for four technicians, has only two.

The program’s hospital and community outreach projects, which have grown exponentially over the past 10 years, address a wide range of needs, many unique to the setting:

- Psychiatry services to address Uganda’s enormous burden of untreated depression, schizophrenia, and post-traumatic stress disorder
- The Cardiac Referral Project, with a focus on rheumatic heart disease, which claims the lives of more than 250,000 Africans each year
- The Village Health Worker Program, which aims to lower Kisoro’s significant child and maternal mortality rates by bringing primary and preventive care to remote communities through trained lay people (mostly farmers)
- The Malnutrition Program’s highly praised inpatient unit and community-based program, which rehabilitate approximately 600 children annually
- The Chronic Disease in the Community (CDCom) Project, which cares for nearly 300 villagers at home, saving them the arduous, costly trip to KDH
- The Follow-up Project, which has trained staff who travel to remote villagers needing continuous care but have stopped attending clinic
- The Transport-Plus Insurance Program, a social enterprise designed to improve access to care with steeply discounted transportation to and from KDH

“It always seems impossible until it’s done.”

— Nelson Mandela