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

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

The bidirectional medical educational exchange remains the keystone of the program. A rapidly increasing number of medical students, residents, fellows, and attending physicians have made the journey with most having life-changing experiences. Research has followed care and education and become a flourishing component. Each year, millions of dollars in grants support basic science and implementation projects in a variety of areas such as HIV, tuberculosis, cervical cancer, hypertension, COPD, and diabetes.

In this issue of the Rhode Island Medical Journal and next month’s, we have...
tried to capture the most important elements of the Brown Kenya Program, a daunting task.

Dr. Jane Carter starts with a detailed history of the program. Then, Janet O’Connell provides specific information for those who want to take part in the medical educational exchange. Dr. Charles Sherman has compiled selected comments from both Brown and Kenyan medical students and residents who have participated over the years. The similarity of experiences across the institutions is remarkable. There are several articles written by Brown faculty members and their children, illustrating the profound nature of living and working in Kenya.

In the October issue, Drs. Jane Kamuren and Dennis O’yiengo will share their unique perspective of being trained at both Brown and Moi University. The development of specialty care can be challenging, especially when done across two universities; Drs. Bud Kahn, James Myers, Geoff Berg, and Nick Califano write about the joys and frustrations of starting such efforts in a low-income country. Finally, Dr. Rami Kantor provides an overview of the extensive collaborative research efforts between the two universities.

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

Authors

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

Dr. Jane Carter, Associate Professor of Medicine at the Alpert Medical School, has been the Director of the Brown Kenya Program since its inception.

A Kenyan man with his grandchild at the TB Manyatta in West Pokot. The concept of the ‘TB manyatta’ was started by Dr. Tonelli, a Catholic sister, who in 1976 persuaded nomads in Wajir District with TB to construct their dwellings next to her health center to make it possible to receive supervised drug administration.