Brothers build a health care legacy to honor their parents

Dr. Milton Ochieng’ is a GI Fellow at Rhode Island Hospital

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PROVIDENCE – “I am a son of Lwala,” said Milton Ochieng’, MD, a gastroenterology fellow at Rhode Island Hospital. This month he returns to Lwala, his southwestern Kenyan village near Lake Victoria, to work in the community health center he and his brother, Dr. Fred Ochieng’, founded in 2007, along with the nonprofit Lwala Community Alliance. The health center has now expanded to include a 12-bed hospital – with electricity and running water, milestones in the village.

The documentary, Sons of Lwala, recently shown at the Alpert Medical School, tells the remarkable story of these two brothers who fulfilled their late father’s commitment to bring medical care to a place where the only ambulance was a wheelbarrow and the nearest hospital several hours away.

The work is daunting, the challenges great in an area where HIV rates are 16%-20%, triple the national average, and the life expectancy hovers at 40 years.

Prior to his departure for Lwala, Dr. Ochieng’ spoke to the RIMJ about his journey from Lwala to Rhode Island, via Dartmouth College, the Vanderbilt University School of Medicine, and a residency in St. Louis, Mo.

And while he is looking forward to his trip, his return will be a momentous one as well. He and his wife are expecting their second child, and will be relocating to the St. Louis area, where he will begin his practice, this summer.

WHO: Dr. Milton Ochieng’, GI Fellow, Rhode Island Hospital
Dr. Fred Ochieng’, medicine/pediatric residency, Vanderbilt U. Medical Center

WHAT: Founders of Lwala Community Alliance, a nonprofit health and development agency in Lwala, southwestern Kenya

AT A GLANCE:
• Clinic opened in 2007
• 12-bed hospital with consultation rooms, maternal health wing opened in 2011
• Patient traffic averages almost 3,000 per month
• More than 1,100 patients being treated for HIV/AIDS
• Hospital workers provide 32,000 health visits a year
• Education, economic and public health outreach programs developed
• New ambulance, outreach motorcycles
• Donated iPads loaded with Skyscape medical reference app for outreach workers

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The Lwala Community Hospital opened in 2011 to provide primary care, maternal health and reproductive services, and HIV/AIDS care and treatment. The most common illnesses treated are malaria, respiratory infections, parasites, diarrhea, TB and HIV.
Q. Is there a significance to the name of your village, Lwala?

A. I am of the Luo tribe – there are almost 42 tribes in Kenya. Lwala is an adjective, and describes the characteristics of the soil. Everything else is derived off of that.

Most of the villagers are subsistence farmers. When I was a boy, my mom woke us up at 5 a.m. to work on the family farm. We grew sugarcane, corn and beans. There were six of us; part of the work we did was to raise money for our education.

Q. What is your earliest memory as a boy growing up in Lwala?

A. The sense of community. You don’t belong to any one person, you belong to everybody. Everybody pitches in to make sure you grow up to be a good citizen. You are not just the son or daughter of your parents, you are the son or daughter of your village. That’s my favorite memory. In Lwala, the more fortunate take care of the less fortunate. That’s our social security.

When I was admitted to Dartmouth College [on a full scholarship] my parents could not afford the flight, and they held a fundraiser. The villagers sold their chickens and cows to buy the $900 ticket. They told me: ‘Make sure you represent us well; make sure you come back.’ I always felt I needed to give back to the community.

Q. What was your home life like?

A. It was full. I have three brothers and two sisters. My mom also took in several of my cousins who were orphans. We lived in a mud house with a thatched roof. When I was in 5th grade my parents built a house made of cement blocks with an iron sheet roof. That was a big deal. When I return to Lwala now, I sleep in my simba, something young men in the village do. It’s a mud hut with a sheet metal roof.

Q. Who has been the greatest influence on your life?

A. My mom. She was an elementary school teacher and sacrificed a lot for all of us. She instilled in us the values of community and of service. Values inculcated when you are really young and which you see in the community every day – they follow you along in your life. Mom spent many sleepless nights working really hard with all of us. She and my dad, a chemistry teacher, felt an education was an investment, for the person and the entire community.
Q. What made you decide to become a physician?

A. Growing up in this village with no electricity, no running water, and where many a time I saw family members and friends die before they could get to the hospital. I remember the day my friend’s mom died in childbirth. They were trying to get her to nearest hospital and she died in the wheelbarrow and they brought her back. That was one of my formative moments in deciding I wanted to become a doctor.

My father kept saying, ‘this should not be happening.’ He introduced me to this book, Where There Is No Doctor. I learned a lot from that. My goal as a boy was to get to Nairobi, where the best high schools were. I was admitted to the prestigious Alliance High School, the first in my village to go there.

Q. When you look back on what you and your brother Fred have accomplished, what thoughts come foremost to mind?

A. I have a mixture of feelings. Part of it is this dichotomy of celebrating what we’ve been able to accomplish but realizing there is a lot to be done. My father died from complications from HIV/AIDS the month before the clinic’s groundbreaking ceremony in 2007.

My mom died a year before that. I thought maybe if we had only opened the clinic a couple of years earlier, they would have seen the fruits of their labor, or at least gotten a chance to attend our graduations. My mom passed away four months before my graduation; she was 47; and my dad was 55 when he died a year later, just before my brother Fred’s graduation from Dartmouth.

And so we’ve come through all of this. I look at is as a mixture of celebrating in terms of honoring their memories and in terms of helping other HIV/AIDS orphans and trying to prevent other kids from losing their parents. Strengthening our HIV program is a major goal with the hope of eliminating mother to child transmission.

I am proud of the progress we’ve made – 96 percent of the children in the village and surrounding areas are now delivered in a health care setting. But we want that to reach 100 percent. And the hospital has been recognized as the best sub-district hospital, which has brought in support from the government in public health, education, medical outreach and economic developed. We are digging wells and putting in latrines.

There is despair and poverty there, but it is not hopeless. I see this as a story about hope.

I hope others will, too, and ‘pass its spirit forward’ in their own communities.

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A son of Lwala, with his cow. [Below] Outreach workers from the Lwala Community Alliance, whose efforts extend to prevention and education, visit a new mom in her home. Health care workers serve a catchment area of approximately 25,000 people.