

The Mildred Smith Mission Health Center

Update

January 4, 2021: The Mildred Smith Mission Health Center officially opened for service. I must admit that over the last 2 years, there have been times when I wondered if I would ever be able to write that. Between the bureaucratic web that entangles every institution, both government and private, and the challenges that the people face in a low resource environment, it has definitely been one of the most challenging things that Judi and I have undertaken in our life. There can be no doubt, however, that



we have not been alone in this endeavor. Many people have given their time, talents and resources to make this a reality, but the praise has to go to our Heavenly Father, because it has been His hand that has held us up and brought us through. Time after time, when it looked like there was no way forward, God would answer the prayers with the right person, at the right time, in the right place, with the right decision, and the obstacle would be overcome. It has happened so frequently, that instead of wondering if it was going to be possible, we began just wondering what God was going to do this time! From a facility to work out of, to equipment, to personnel, God has truly blessed us. Let me give you some examples.

We needed to have someone with medical knowledge and experience, as well as a good understanding of the local languages to work with me in the clinic. We interviewed several nurses, and were not able to afford the most qualified ones, but we also were praying that we could find someone with church affiliation that we could hire. It was brought to our attention that there was a young man named Efgo Lawis who was very good with languages (he was one of the team working on the Book of Mormon translation into Kiswahili) who was working as a Clinical Officer in Nairobi. A clinical officer is somewhat like a Physicians Assistant in the US. We contacted him, and found out he had certifications in both Medicine and Surgery, and had worked in refugee camps in Northern Kenya for the Red Cross prior to his current employment. He also had qualified for Medical School, but had only been able to attend for 1 year, because of lack of funds. We could not match his current salary, but then Judi had a brilliant idea. Could we offer him a lower salary, but offer to secure funding for his next year of Medical School? Efgo was thrilled to have the opportunity, and so he agreed. That left us with only lacking the \$6,000 dollars to pay for his next year of school. We hoped to be able to find donors who would support his education, but did not know where the money would come from- until God moved and the funds were there within the month! He has been invaluable to getting the clinic set up with the pharmaceuticals we need, helping me know what treatments are testing are available, and in navigating the local culture in business dealings! We are going to sorely miss him when he returns to his studies in the September, but trust the Lord will provide an amazing successor, and continue to provide for Efgo as he completes his medical training.



We needed to get a receptionist, or thought we did. We found that what was required was for us to have a Health Records Information Officer. So we put out the word for applicants. Several people applied, and it was definitely a matter for our prayers that we find the right person. There was one applicant that particularly stood out, but she had less experience than another, so we initially went with the more experienced applicant. We sent her our offer, only to find that, after several years of not being able to find a job, she had just been offered a teaching position in Nairobi to train other HIRO's, so the one who had stood out throughout the application process was our choice. She was a little confused to have been sent a letter thanking her for her application one day, and then within 12 hours getting an offer to work with us, but she was happy to come on board. Her name is Brendah Okoth, and she had applied after a friend had texted her that there was "a new clinic in town". She has been the perfect person for the job, compassionate and caring as the first person to get our clients,

but we also found out that she had actually worked in a pharmacy before, so she was able to help us set up the "in house" pharmacy to serve our patients!

God has even been working behind the scenes to get us organized long before we even recognized it. We needed to have a web based medical records system, so that no local disaster or break-in would lose our patients records. About 3 years ago I was flying from Nairobi to Kisumu while on a missionary trip, and I met a young woman from the US. She said she was helping out a friend doing some computer development on medical records software to be used by medical mission trips. This was before we had gotten started on our current endeavor, but I checked it out anyway. It was OK, but not exactly what I thought we would need for a clinic if we ever had one. When the clinic actually started to come around, we went with another company, based in the US. They were very helpful with training and support, but within 1 week of opening, it was obvious that it was not going to work, due the fact that we couldn't get our vital signs entered in the metric system, it wouldn't recognize our Kenyan address on printed scripts or letters, and it would totally crash when we had our frequent power outages, and we would lose all of our unsaved work for the day. We decided to recheck with Backpack EMR, the company, and found they had exactly what we needed. Within days we had transferred over to the new system, and were up and running, without missing a patient! I never would have known about it except for a "chance" meeting 3 years ago! (As an aside, we asked the Backpack EMR folks who the person I met was, and they have no idea who it would have been!)

In 2018, I went to a National Family Practice conference in New Orleans, and while we hadn't gotten things for the clinic set up yet, we were on track to start. I went to a meeting of the Global Medicine Interest Group, and met a doctor who was from Columbia University, who told me they had a program called iCap, that was working with HIV/AIDS treatment in Kenya. I lost his contact, but as we got started, it was obvious we were going to need a way to get our HIV testing and treatment done for our patients. Across the intersection from where we turn to go to the clinic, I saw a sign for iCap, and thought several times I should go in and enquire about their services and if we could work together. One day I was out running errands, and just had the impression I should turn in the gate, so I did. I found that the national director, Dr. Mark, and his assistant were visiting from Nairobi that day. They were glad to meet me, and got excited about the possibility of working with us. They brought their team to the clinic, saw we had a

room they could use, and the director said, “We can get all the furnishings we need brought over, and you can just call us when you have someone who needs testing, and we will come, right?” Everyone agreed it was possible, and not just for HIV testing, but they would also transport patients for Covid-19 testing and Tuberculosis testing! Those are very expensive otherwise, and with the local public hospitals being shuttered due to a nurses strike, there really was not much of an option for our patients.

Since we have opened our doors, we have been able to be a blessing to many people. There is medical care available in Kenya, but for many of the church people who do not have the resources to access it, having comprehensive care for themselves and their families had only been a dream. Even when they were able to get initial diagnoses, follow up care often fell to the side in the face of all the economic challenges, made worse by the current Covid situation. Just in the first month, we have been able to diagnose a lady with swelling in her left arm for almost a year, who had gone through multiple tests and hospitalizations without a diagnosis, with breast cancer. Another young boy had been treated for recurrent “malaria” for several months. He was getting sick every 2 weeks, and would seem to get better with treatment, only to get worse again. We were able to correctly diagnose him with brucellosis, or undulant fever, and get him on the 6 week regimen of treatment he needed to be cured.



Hulda Simba, one of our stalwart members, had her left eye removed several years ago, due to cancer in the eye. She had the surgery done in Tanzania, because there was a doctor’s strike in Kenya, and then had not been able to have any follow up since that time. She has been suffering with headaches ever since the surgery, and had not been able to get any relief, and was concerned that the cancer had recurred. But without resources to be evaluated, she had to just wait and see. We were able to get a CT scan of her head, thanks to donations and the oblation fund here, and got her to KenyaRelief, another organization that has visiting teams of doctors. They were having a team of ophthalmologists come, and she was able to be evaluated and receive a nerve block on the nerve that had been affected by the surgery.

Beyond the medical care, however, the real blessing has been for the spiritual blessing as we pray for the patients every morning and evening, and with the patients while they are in the office. We know at best we can only offer a cure, but God is the one who heals. Being here has also given Judi and I the opportunity to participate in teaching Sunday School classes, monthly Women’s meetings, Wednesday evening Zoom services, preaching assignments in local congregations, doing Saturday classes for the students at Attenzion (the Church School for Technical Education) and missionary outreach to new locations on the weekends.

Many people have asked us what our needs are now. We are in the process of finding a new location where we can own the property and the clinic instead of renting, as we are now. Contracts in Kenya are not the same as in the US, and with unpredictable rent rates, we need to be putting the money into our own location. We also are in need of setting up our own laboratory facilities. The cost to patients so far has been decreased by keeping the consulting fees low with volunteer clinicians, and the cost of pharmaceuticals has been dramatically cut since we can buy them at wholesale and often sell them at ten times less than the open market. But the cost of necessary lab tests often cost patients ten times what the office visit costs! Our overall goal is also to have a mobile clinic that can go to the rural areas and set up in the church congregations on a routine basis, so that patients can have follow up care, even if they cannot travel to the clinic. That means getting vehicles that can travel in any environment and some duplication of equipment. We also anticipate growing beyond an outpatient facility to having inpatient capabilities in the future also, all while maintaining the standard of loving, compassionate care for some of the most vulnerable, most beautiful people in the world.

If you had told me this was all possible just three years ago, I would have thought you were crazy. I can only be reminded of the scripture inscribed on Judi and my wedding rings: "Eye hath not seen, nor ear heard, neither have entered into the heart of man, the things which God hath prepared for them that love Him." 1Corinthians 2:9