

# Volunteer Experience in Tanzania, Africa

*Ernest Pellegrino, Jr, MD*

As a premed student, I was inspired by a biography of Dr. Albert Schweitzer. Years later, after I retired from my career as an orthopedic surgeon, my wife Barbara and I dedicated 2 months of our lives to help people in a Third World.

Through Health Volunteers Overseas (HVO), we traveled to Tanzania, Africa in October 1998 and again in July 2000. Tanzania has a population of approximately 30 million, with an annual median income of \$250. Its economy is primarily agriculturally-based, but it has important natural resources such as diamonds and gold. Unfortunately, most of the mines are owned by foreign nationals. We chose Tanzania because it is a relatively safe area with a great need for my particular specialty.

There were only three fully-trained orthopedic surgeons in Tanzania in 1998 and none in Mwanza, a city of approximately 250,000 people. We worked at Bugando Medical Center, an 800-bed general hospital built in 1975 with funds provided by the Catholic Bishops of Germany. Currently there are 12 African doctors on staff: 4 ob/gyns, 1 urologist, 1 ophthalmologist, 1 pediatrician, 3 general practitioners and 2 general surgeons—1 who has had additional training in ENT and head and neck. The other, Dr. Dass, is undergoing orthopedic training through

HVO. There is a visiting volunteer pathologist from Italy 4 to 6 months a year, 1 African anesthesiologist and a full-time British volunteer anesthesiologist who plays a major role in teaching the nurse anesthetists. There are also 12 interns. Thus there is a great need for volunteers to help provide care to the people of this area.

Bugando is basically a regional hospital for 6 million to 8 million people. Mwanza is located at the base of Lake Victoria at some 5,000 feet elevation. Temperatures range from the 70's at night to the upper 80's during the day. Humidity is generally high, and central air-conditioning nonexistent. Fortunately, in the operating room I used, there was a window air conditioner that worked part of the time at about 50% efficiency.

Our living quarters was a cinderblock house with 4 bedrooms, which we shared with a volunteer American anesthesiologist from Olympia, WA, the British anesthesiologist and a lay Maryknoll missionary who was trained as a nurse and served as a patient advocate. We shared 2 showers, a dining area and a living room that served as a library and computer room. Thank God for the computer as it was our only way to contact family and friends. We ate mostly vegetarian meals. And although fear of food poisoning kept us from exploring local restaurants on our first trip,

we tried to eat out at least once a week on our return trip and enjoyed excellent local and Indian cuisine.

During my first month at the Bugando Hospital we performed about 50 orthopedic procedures. About a third of the cases we performed involved the treatment of osteomyelitis, either hematogenous in origin or the result of open fractures. Most of the fractures and dislocations we treated failed to reach us within the ideal time period for a number of reasons, including poor means of transportation (i.e. no such thing as an ambulance or helicopter) and local customs, which might involve treatment by the local witchdoctor. Neglected congenital deformities such as clubfeet and other lower extremity deformities were common as were burn contractures. Most people cook with wood or charcoal so burns in children are a chronic problem.

We performed procedures on an operating table donated by a Japanese organization and used orthopedic instruments and appliances donated mostly from the United States. These were not well maintained, and we lacked any functional power equipment my first month there. We scrubbed with a small piece of soap at sinks with almost no water pressure. We used gowns and sheets that frequently had holes in them, and on at least 2

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# Volunteer opportunities numerous for physicians

While practicing or after retirement, many physicians feel a lack of fulfillment. One way they can change that feeling is by doing volunteer work that requires the knowledge and skills a physician acquires through the intensive training and years of experience that come with the job. There are plenty of opportunities to volunteer, both at home and abroad.

A number of sectarian and nonsectarian organizations offer opportunities for physicians to go to third-world countries as educators and service providers to people who are in great need of qualified medical care. A physician can go abroad as part of a team of medical personnel, or, as was my experience with Health Volunteers Overseas in Tanzania, Africa, one can go as an individual to a site that is covered year-round in rotating shifts of a month or more.

In the United States, a physician can provide pro bono work in free clinics, which are found with increasing frequency in rural communities and in larger cities. In Wisconsin, 185 physicians provide service in 23 free clinics. The loosely-knit Wisconsin Free Clinic Association and the Free Clinics of the Great Lakes Region provide additional resources to physicians seeking volunteer work.

Where there are no established free clinics, it is possible to start one. The first step is to contact physician groups, retired and/or active, and determine the amount of interest. Then one can proceed with the administrative work of getting liability coverage, a site of operation, lay volunteers, drug companies willing to donate medications, etc. For most physicians, liability coverage is the main

obstacle, and fortunately, it is one that can be overcome. Most physician volunteers are covered by §895.46, Wis. Stats.

*Option #1:* For the state to provide liability coverage, the free clinic must be established as a nonprofit organization, i.e., a 501(c)(3) agency. An attorney can complete the proper paperwork, or a physician can attach himself to an already established nonprofit organization, such as a hospital or a clinic foundation. In order to qualify for nonprofit status, the clinic must meet a number of stipulations, for example, physicians must be licensed, the clinic cannot perform surgery, and it must provide service without fees to the uninsured. Once this is done, individual members of the free clinic fill out applications that are sent en masse to the state.

*Option #2:* In order to be covered under the state's liability plan, a physician must be attached to a nonprofit organization, ie, a 501(c)(3) agency, either the clinic itself or a hospital or clinic foundation. For the clinic to become nonprofit, an attorney can complete the proper paperwork. Once the physicians are attached to a non-profit organization, they each fill out individual applications, which are then sent en masse to the state.

Once the applications are accepted, the physicians are considered agents of the state and are fully covered under its liability plan, at no cost to the physicians.

Plans for such a clinic of retired specialists are underway in Madison. Thus far the Benevolent Specialist Project has 28 specialists in 15 different fields and will serve Dane as well as surrounding counties. We hope to be up and running this fall.

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operating days our cases had to be cancelled because the hospital laundry had not kept up with the need for clean sheets and gowns. Donated disposable paper gowns were sometimes used—often for the second and third times. The operative sites were cleaned with soap and water for a few minutes then basted with a betadine solution.

Many appliances were used 2 and 3 times, something unheard of in the States. Intramedullary rods were a mishmash of sizes and lengths that no one had

bothered to organize. I spent half a day trying to do this—a task made more difficult by the fact that some of the length and diameter etchings were no longer legible. The first month I was there, a needed instrument was frequently not in the set so we all waited while it was boiled in water for several minutes. Upon my return, a small autoclave for sterilization and a battery-operated power tool system had been donated by volunteer orthopedists. We all brought our own surgical gloves. In fact, I brought

some 200 pairs so that the OR would not run out. AIDS is a major concern, and we often double-gloved for cases that might risk tearing or cutting a glove. Despite all of these problems, the infection rate on elective clean cases was surprisingly low.

We operated on Mondays, Wednesdays and Fridays, made rounds with the intern and physician assistant trainees twice a week, had a clubfoot clinic once a week and a general orthopedic outpatient clinic once a

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week. There was a formal lecture and x-ray conference weekly.

Most patients do not speak English. They speak Swahili or a tribal language so Dr. Dass or a physician assistant trainee helped me communicate with patients. However, all the doctors, nurses, and most other professional hospital, restaurant and business personnel do speak English.

My wife Barbara, a retired physical therapist, had other, equally challenging circumstances to deal with. Communicating with her patients was more complex since they were mostly babies and young children who had suffered brain damage due to birth trauma, the effects of sickle cell anemia, malarial encephalitis, non-shunted hydrocephaly and various other undiagnosed causes. She worked to help mothers with daily care of their children in the areas of range of motion,

positioning to prevent deformities and basic skill development such as head control, rolling, sitting, etc. Adaptive equipment was nonexistent. She brought with her from Wisconsin various toys that she used in evaluation and treatment but also to help her to make friends with the children who were often terrified of her because they lacked any previous contact with a white person. She was able to make some real gains for some patients, and many of their parents were sad to see her leave. One such parent, a single mother, has kept in contact with her since our first trip.

We spent our free time in Tanzania reading novels, walking and conversing with the various volunteers. We had many hours of discussion about how the efforts to help the people of these impoverished African nations are thwarted by the political corrup-

tion at all levels, despite statements made by successive national leaders that they will put an end to this. Following our first tour we were able to go on an unforgettable safari to the Serengeti and the Ngongongoro Crater. It was a great opportunity to see wildlife, but it provided a very stilted glimpse of this country when compared to living and working amongst the people.

Our experience in Tanzania has provided us with a number of friends from all over the world and we recommend that retiring medical professionals consider such volunteer work while they have the knowledge and skills that are so badly needed elsewhere. Health Volunteers Overseas can be reached at PO Box 65157, Washington, DC 20035-5157. Visit their website at [www.hvousa.org](http://www.hvousa.org).



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