

Physician Aims to Establish EMS in Native Kenya

DR. CHARLES OTIENO HAD COMPLETED MEDICAL SCHOOL in his native Kenya and was planning to pursue training in neurosurgery when he realized, while working in an informal emergency department at Kenya's main teaching and referral hospital, that his country had a more urgent need for expertise in emergency medicine.

"Our emergency departments are just triaging zones for other specialist departments," Otieno says. "They are poorly equipped, with no formal training of health care personnel and first responders in emergency medical care. Most of the ambulance services are just transport vehicles. Almost all patients are brought in to the hospital informally by private means." The absence of a formal emergency medical services (EMS) system has contributed to significant death and disability, he notes.

Raised in a remote military camp in a militia-infested region of northern Kenya bordering Somalia, Otieno grew up watching his father, the sole paramedic military officer stationed in the area, work tirelessly in the only available medical facility that cared for trauma victims of Somalia militia attacks. Otieno's resolve to get formal training in emergency medicine was strengthened after the 1998 American Embassy bombings in Kenya and Tanzania. Working with the U.S. Agency for International Development as an instructor in the implementation of a disaster management program in East Africa, Otieno saw firsthand the difference that effective triage and other features of an EMS system could make.

So Otieno came to the United States to train in the UCLA/Olive View-UCLA Emergency Medicine Residency Program. Upon completing the residency in 2005, he entered the UCLA School of Public Health's Executive M.P.H. (EMPH) program and is now part of the Executive Education Programs in Healthcare Management and Policy, established earlier this year to enhance the existing program and promote health care leadership development (see page 30).

Otieno hopes to use his EMPH education to develop an EMS system for Kenya that could be replicated in the rest of the region. "I went into public health because I realized that just having the emergency medicine training was not enough if I wanted to develop a good system," he explains. Already, Otieno and three other students in the program, under the guidance of their adviser, Dr. Fred Hagigi, have undertaken a needs assessment that Otieno hopes will be a first step toward building such a system. Kenya's Ministry of Health and three of the nation's leading hospitals are providing support.

The lack of an EMS system in sub-Saharan Africa is particularly troubling in a region with a long history of wars, disasters, severe poverty and disease pandemics, Otieno notes. "I look back and realize that so many deaths that I saw in my medical training in Kenya were preventable," he says. "People think that emergency care is expensive, but there is so much that can be done even with limited resources. We can set up a system that is tailored to the environment and would save lives."

Once he completes the UCLA School of Public Health program, Otieno plans to return to Kenya to address these problems as one of the first trained emergency physicians in that region. "My dream is to be the 'father of emergency medicine' and help in the development of the emergency medical system in Kenya and within the sub-Saharan region as a whole," he says. "My dream will be realized with more training in health services management and health policy at the UCLA School of Public Health."



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— Charles Otieno