



# Surgical Camp Brings Healing to Kenya, Affirmation to U.S. Team

**Editor's Note:** Dr. James Wilson and Robert Langston, who work together at St. Edward Mercy Medical Center, Fort Smith, Ark., participated in the first American surgical camp in Malindi, Kenya. They worked with a team of 28 people from the United States that included anesthesiologists, surgeons, registered nurses, nursing students, and non-medical assistants. Their reflections on that experience appear below.

**BY JAMES WILSON, D.O., AND  
ROBERT LANGSTON, R.N.**

*Dr. Wilson is a physician and Mr. Langston is director of emergency services at St. Edward Mercy Medical Center, Fort Smith, Ark.*

**W**ilson: Over the years, I've made approximately 25 medical mission trips to such countries as Nigeria, Kenya, Tanzania and Ethiopia. My wife sparked my interest in volunteering for medical mission trips because of the two years she spent in Cameroon, West Africa, as an RN. She's had a heart for missions since she was a little girl.

The American surgical camp in Malindi, Kenya, was organized by Caris, a non-profit foundation

established to aid impoverished people by meeting their most basic needs. This was also my first trip with this group. My wife and I had come to know the Caris trip organizers, Jim Reppart and his wife, Laura, through other medical mission trips over the years. When Caris was organizing this trip, they knew they needed people with African health care experience, so Jim recommended me, and I was hooked.

**Langston:** Dr. Wilson first told me about the Caris trip and I knew immediately that I wanted to be a part of such an ambitious effort. I had been to that part of Africa before, having climbed Mount Kilimanjaro on a previous vacation. I was also attracted to the ambitiousness of the trip. Hosting a medical camp is one thing. Hosting a surgical camp is another. We basically shipped three operating rooms overseas. It sounded like — and was — a great challenge.

**Wilson:** To prepare for the trip, there was a lot of organizing that had to be done on the front end.

## THE CARIS FOUNDATION

The Caris Foundation, [www.carisfoundation.org](http://www.carisfoundation.org), funds a variety of projects around the world aimed at carrying out Jesus' mandate to provide food, drink, shelter, clothing, healing and freedom from oppression to people in need.

The foundation, established as a private, nonprofit organization in Irving, Texas, in 2002 and named after the Greek word for grace, seeks to partner with local entities in its efforts to aid the impoverished.

In Kenya, in addition to the surgical camps, the organization works with orphans in rural areas, sponsors a pediatric surgery center and finances the drilling of wells and pipes to carry clean water to slums.



Robert Langston and another member of the team attend to surgery patients.



At right, top, two women wait to see the medical specialists at the American surgical camp in Malindi. Below, a Kenyan official and his entourage arrive to greet the medical team. Above, a Kenyan man gives blood.



We were blessed to have an organization called CURE here in Fort Smith that dedicated warehouse space to donations and supplies we needed. We shipped over 1,800 pounds of equipment in advance. So many organizations, including St. Edward Mercy, were helpful in donating to our efforts.

On a personal level, I packed minimally. Malindi is quite seasonal as it is a coastal town so casual attire was perfect.

**Langston:** I also packed just basic clothing. My goal was not to check bags on the way home, so I gave away most of my belongings to the people there. I had no idea that we would be participating in press conferences or meeting with heads of state or I might have packed more formal attire!



Dr. James Wilson, left, talks with Dr. John Bailey, D.D.S., a member of the Caris leadership team.

**Wilson:** Bob and I worked at different hospitals. I was at the Malindi District Hospital, a government hospital, while Bob worked at Tawfiq Hospital, a community Islamic hospital. Teams at the two hospitals performed 154 free surgeries on people ranging in age from two months to 70 years. Surgeries varied from hernia repairs, fibroid tumors and cancer surgeries. There were also numerous thyroidectomies, hysterectomies and excisions of large ovarian cysts.

The district hospital where I worked was a traditional type of hospital, so the setup was familiar to me. The medical workers in Kenya face great challenges and treat many patients, all with grossly inadequate resources. You expect, and you see, stress and strain from people working in that environment day in and day out.

The Islamic hospital, Tawfiq, was a smaller, community hospital that was fairly well-funded by African standards. You could see an ease and ability to deliver care more comfortably to patients there than I have traditionally seen in African hospitals.

The single most impressive thing to me was the sense of community in Islamic hospitals. The ways that the administration worked together to bring this project together was incredible. They are obviously talented and committed to all the people of the community. It was very impressive.



**Langston:** Although Dr. Wilson and I worked at different sites, we had approximately the same schedules each day. We both started work around 7 a.m. I prepped patients for surgery by getting IVs started and taking vitals as well as making sure that the operating room was ready for the day. We performed surgeries in the morning, had tea at 11 a.m., performed more surgeries, had a late lunch prepared by the hospital staff, and then performed our final surgeries for the day. The last surgery would finish about 7 p.m. We'd do patient rounds after that and then head home. Rarely did we leave the hospitals before 8:30 p.m. One night we were there until 11 p.m.

**Wilson:** The Kenyan people were extremely helpful and kind throughout our entire trip, and national leaders welcomed us. Our group met with dignitaries including the prime minister, members of Parliament, the minister of health, and local Malindi city council members. The entire city seemed to come together for the surgical camp. The hotels covered the cost of our lodging and food. Cab drivers would not let us pay them for their services.

The single most lasting impression for me was the sense of community that I saw among the Islamic administration and the people. There was a full sense of community. They truly cared about people and worked toward helping their community; they were not limited to caring for only those with an Islamic background. They were just great civic leaders.

**Langston:** It's the people that I will always remember from this trip. We had a 25-year old patient whose father brought him to Malindi when the boy was 13. This man's father was killed in a car accident so he was orphaned at a young age and later found work as a wood carver. The young man had a hernia that had developed for years — his entire adult life — and had deformed his genitals. He felt like he was less than a man and would never take a wife. He was sitting there crying as he waited for surgery because he felt so blessed to have the operation. The surgery made not just a physical improvement, but a mental one too. He said that it allowed him to be a "whole man." For the first time, he could pursue a young woman to marry.

In another case, we removed a very obtrusive growth from the mandible of a young man. One of our surgeons brought it home to test for cancer. It came back negative so most likely the surgery for that man was curative.

But I think that the real success came from



People of Malindi wait to be seen by the medical team.

Muslims, Christians, Arabs and Americans coming together to help the poor.

**Wilson:** Surgical camps like this are so important because health care in Africa is primarily based on a person's ability to pay for services. Desperation is very high due to lack of access.

Personally, I very much enjoyed being able to serve in the way that we did. Little is more satisfying than providing care to those who desperately need it, who wouldn't normally get it and who are so appreciative of it. That brings a level of satisfaction that is hard to beat. I definitely want to go back and serve again in a surgical camp setting.

**Langston:** We are tentatively planning to return to Malindi in November for a two-week survival camp for a group of head and neck surgeons, and again in June for a two-week surgical camp. We are already beginning to put that team together. To the outstanding group already committed, I am hoping to add surgical specialties, such as urology and gynecology. I want to continue to do medical missions to Africa because there are no safety nets there. I want to go back to Malindi because we started with such a success. We now know the logistics, our resources, the people. And we didn't even scratch the surface. ■



**Comment on this article**  
at [www.chausa.org/hp](http://www.chausa.org/hp).

# Health Progress®

---

Reprinted from *Health Progress*, November - December 2009.  
Copyright © 2009 by The Catholic Health Association of the United States

---