# December, 2015

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# - health care for all -

# Omni Med Update 2015

Greetings,

Following the recent mass killings in Paris, the band U2 changed its schedule to end its current tour in there. I found lead singer Bono's comments about the massacre and its aftermath particularly insightful and relevant. "Gosh," he said, "is there an end to this? Yeah, there is, it just takes lots of work, lots of time... I was never into: 'Let's hold hands, and peace will come just because we'll dream it into the world.' No. Peace is the opposite of dreaming. It's built slowly and surely through brutal compromises and tiny victories that you don't even see. It's a messy business, bringing peace into the world. But it can be done. I'm sure of that."

for global health equity for years now, helping to push PEPFAR, PMI, and other aids to the global poor. Bono's comment about "tiny victories" is relevant to our work in Uganda. We are not UNICEF, Partners In Health, or a large NGO. But we are good at what we do, and make a real difference in one district in Uganda. If we can change the direction of the Ugandan Ministry of Health through our research efforts, all the better. But if not, we are content to provide transforming experiences for hundreds of US health volunteers, and, more importantly, to improve the lives of some of the world's poorest people in our catchment area in Uganda. In addition to other updates here, consider the following achievements since our work began there in 2008:



A New Protected Water Source: Before & After

-1200+ VHTs trained, 5 staff, with ongoing home visits, quarterly trainings, and replacement trainings ongoing

-20 protected water sources constructed, with a 11/15 survey showing these sources bring potable water to 936 households, or 5,616 people; that is a lot of water-born (continued on next page)

Bono has been an outspoken advocate

# Omni Med Forms Partnership with Child Family Health International (CFHI)

Omni Med recently finalized a partnership with Child Family Health International (CFHI), which will greatly increase the number of volunteers that come to our site in Mukono annually. CFHI is one of the largest NGOs involved in health service and training. The partnership makes sense since both CFHI and Omni Med share an ethically based approach that focuses on community development while responsibly employing volunteers in poor communities. Neither NGO sends

volunteers to tour poverty areas. Rather, we both strive to work with those communities to improve health standards there.

Dr Jessica Evert is CFHI's Executive Director and has been a friend to Omni Med for a number of years. We are all excited about the partnership and have the first volunteer from CFHI planned for a March departure. To read more about this on CFHI's website, please see the following link: https://www.cfhi.org/omni-medcommunity-health-workers-and-global



Dr Jessica Evert, CFHI Executive Director

## Special points of interest:

Omni Med Initiates ICATCH Grant

Dr Ken Kabali hired as Omni Med-Uganda Chief Medical Officer

Omni Med forms Partnership with Child Family Health International

Daniel Mays completes clinical trial during 9 months with Omni Med in Kisoga

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Involved Directly

# Meet Dr. Ken Kabali, Omni Med-Uganda's New Chief Medical Officer



### Dr Ken Kabali has signed on as Omni Med's first Chief Medical Officer in Uganda. Dr Kabali is an MD, MPH trained at Makerere University in Kampala and lives near Mukono with his wife and children. Dr Kabali will oversee all Omni Med operations, teach and evaluate student volunteers, and will help the staff with strategic

# Omni Med Update (continued from Page 1)

### illness prevention!

-Harry Barnes Memorial: includes 7 protected water sources supplying clean water to 290 households/ 1,740 people. Thanks to all who contributed; we're building 3 more this year!

-Over 2,200 cookstoves constructed through our partnership with The

Cookstove Project. This means much less respiratory illness and much less carbon in the atmosphere.

-Two clinical trials completed, with a third planned for 2016

-Over 80 US health volunteers sent to Uganda, with strong ties to GW, U Miss, Georgetown, and the US Peace Corps.

vision and execution. He will also become a major driving force in our research efforts, which are continuing apace. We are all excited to have him with us. Since starting on November 1, he has seen all of our programs and helped in a VHT training in mid-November. About his new position, Dr Kabali said, "I am very excited to be a part of Omni Med. This organization is

-New offices and Peace Corps dwelling constructed this year. We can now accommodate our staff and up to 7 volunteers comfortably!

Let me thank all of you for your support in prior years. We have continued to thrive as an organization with great partnerships and have become a premier NGO providing for the people

doing great work in the field, and I believe strongly in a community based approach that measures its impact. I look forward to a long and mutually beneficial relationship." All of us at Omni Med couldn't agree more. Welcome Dr Kabali!

> of Mukono District, Uganda. Please read the following brief stories to understand better what we do. And then, please consider making a contribution, Thank you so much for your support.



### currently writing up the data along with a few of us

from Omni Med and Makerere. To recognize Danny's intellect, talent and dedication, Danny also received a \$125,000 Primary Care Scholarship from GWU, making his lifelong quest to reduce global health inequity a bit easier. Our heartfelt thanks, and congratulations to Danny Mays for a wonderful year, and some quite compelling research. We wish Danny well, with confidence he will continue this quest for many years to come. /End

We would like to offer all of our volunteers a heartfelt thanks. We could not do this work without you.



# Danny Mays, MS-4, GWU/ Omni Med Complete Second Clinical Trial (and Wins Award)



Edward Mwebe, Elizabeth Nalweyiso, and Danny Mays

# More Outstanding Volunteers

Omni Med has had yet another year of outstanding volunteers, on whom we rely greatly to provide energy, innovation, and many, many hours of work. We would not have the program we have without them. They were:

- Daniel Mays, MS-4, GWU
- Ashlyn Whitlock, MS-1, GWU

Fourth-year GWU medical student Danny Mays has completed his yearlong Lazarus Scholarship. He completed a clinical trial with Omni Med in Uganda, living and working with our staff for 9 months, while completing graduate coursework in global health policy at the London School of Hygiene and Tropical Medicine. Danny helped Omni Med in so many ways, helping staff reorganize the budget & administrative structure, locate our new compound in Kisoga., and draft a reading list for incoming volunteers.

Sophie Clark, MS-1, GWU,

Mallette Asmuth, MS-1, GWU:

Courtney Shay, MS-1, GWU;

James Spratt, MS-1, Georgetown

Dr Alan Penman, Prof., U Miss

Stephen Stone, MS-1, U Miss

(His father Dave re-wrote much of our website, much thanks!) Danny got IRB approval for this clinical trial from Makerere University (no easy feat), conducted scores of interviews and completed questionnaire data on 134 VHTs in Mukono and Wakiso Districts. This data is unpublished, so we can't release details yet, but suffice it to say that these compelling results should impact policy makers in Kampala.

Danny is currently applying to residency positions in Primary Care/ Internal Medicine throughout the country, and is

- William Fuller, MS-1, U Miss
- Sara Porter, MS-1, U Miss
- Corinne McNichols, MPH, Tulane
- Kim Miller, RN
- Ryan Do, BS
- Nicholas Brereton, US Peace Corps

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# Feedback from Our Volunteers

Since our start in 1998, Omni Med has sent close to 300 volunteers to our many programs overseas. We have sent over 80 to Uganda alone. We have always sought to provide a powerful, life transforming experiences to them, while insisting that while with us, our volunteers provide valuable and sustainable contribution to the local people. For years, we have done so. Here are some comments from our volunteers in 2015:

### James Spratt, MS-1, Georgetown :

"I felt a sense of ownership in the work I did in Uganda. We students weren't just following the outlines of some lecturer or obeying a treatment algorithm; we were discovering solutions on our own and working through the problems that unfailingly arise out of any great solution. I would highly recommend Omni Med to anyone interested in global health. The staff and leadership provide a great structure and framework to help the community, but still allow freedom to take initiative and find creative ways to augment that mission. I have never participated with an NGD that was able to balance meaningful organized activities with independent idea development as well as Omni Med did. I wish that I could have spent more time in Mukono and am grateful for the friends that I made there."

### Mallette Asmuth, MS-1, George

Washington: "This was a great opportunity to learn about public/ community health and sustainable health solutions, to gain exposure to tropical diseases, and to see from the ground the social, political, economic, religious, infrastructural and technological challenges to solving the problem of inadequate health care. I feel that many of the lessons that I learned in

# Omni Med-Uganda and Climate Change

What? Yes, we are very much involved in this issue. There is no longer any doubt as to the impact of humans on the climate; 97% of climate scientists are in agreement, and 200 countries just came together in Paris to address this issue. What is becoming increasingly clear is that global temperature elevations over 2° C will likely reverse all of the developmental gains made in poor countries since 1948. Rising ocean levels, spreading deserts, habitat destruction, and food shortages will lead to increased poverty, massive refugee movements, and conflict. It is true that 75% of carbon emissions now come from rich countries, and China, India, and Indonesia. But these last three

# ICATCH Grant Initiated In Bunakijja Parish

Last year, we informed you that Omni Med had won the ICATCH grant from the American Academy of Pediatrics. This is a three year grant that will help us establish a bed-net (insecticide treated net—ITN) program in Mukono District. Under the leadership of Dr Alan Penman and our staff, several volunteers, including Corinne McNichols of Tulane School of Public Health initiated a study of ITN usage patterns from rich countries, and China, India, and Indonesia. But these last three Inakijja Parish in Bunakija Parish within Mukono district. We hired 7 VHTs to monitor the program and then hung 236 new ITNs. As of our second round of checking in August, the number of new ITNs hung properly was 206/236 or 97.7%. Monitoring is ongoing. The long-term goal is to ensure high compliance with

life-saving ITNs in Mukono. We are seeking to hang and monitor many more ITNs this year. /End

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Uganda can be translated to work in the United States. The healthcare infrastructure is disjointed, there is gross inequality and there are social, political and economic challenges that I am now more equipped to face."

Stephen Stone, MS-1, U-Miss. "I'm grateful for my time in Uganda and am hopeful that I can use what I've learned to truly make a difference in the future."

Sara Porter, MS-1, U Mississippi, wrote about her experiences teaching school children about malaria and talking with the school headmaster afterwards, He told Sara that the volunteers were great role models, motivating the children to succeed. The volunteers taking time to learn about malaria and then travel all the way from the US to teach about it, "was an act of encouragement and solidarity with the people of Mukono District... Sara added, "We inspired the

countries have grown rapidly in recent decades with similar growth projected for at least 17 countries in sub-Saharan Africa in coming decades. 98% of current population growth occurs in developing countries, driven by a lack of social safety nets like Social Security, Medicare, etc. Fertility in Uganda is 6.2 children/ woman, vs 1.9 children/ woman in the US. Families in Uganda are large because when you get old there, you rely



Omni Med Staff and VHTs Trained in ITN Use & Monitoring; T-shirts read: "ICATCH, Stamp Out Malaria." Tshirts, umbrellas, gumboots (and leadership) donated by Dr Alan Penman.

students that want to be doctors to work hard, since they got to see how doctors can help the community. As a future doctor and a Christian, this struck me as the core to everything that public health and medicine can do... By encouraging and uplifting one another, we have an even greater impact. What we give above everything is a relationship that can be a light in a person's darkest times. Fir this insight, I am completely grateful for the opportunity to have worked with Omni Med in Uganda."

*Corinne McNichols, MPH-1, Tulane:* "I was quite impressed with the way Omni Med was designed... focused on training VHTs and building up expertise and capacity from within the communities... the main emphasis is how to supply Ugandan village members with the information and resources to help their own communities and maintain long-lasting health objectives that are going to make a difference in their villages."

on your kids. And if your kids die at rates 30 times higher than in the US, you have more of them. Each child, in turn, requires food, water, and, as economies grow (Uganda grew at over 5% last year), cars and fossil fuels.

This will increase the carbon in the atmosphere, further warming the earth, making the poor world the true battleground for climate change in the coming decades.

By training VHTs, constructing cookstoves (with our partners in the Cookstove Project) protected water sources, hanging ITNs, and building up health infrastructure, we are improving health in Mukono District and its 650,000 inhabitants. Better health means smaller families and less carbon used. We are one small NGO working in one district in a sea of need. But what we do works, is proven, and crucial to the larger goal of staving off the worst effects of anthropogenic climate change.





## **Please Provide Support**

Omni Med is a 501 (c)(3) non-profit organization. We rely on donations from individuals, companies, foundations and governments to fund all of our efforts. Most of our services are donated, but we still incur significant costs training and maintaining the VHTs, building the protected water sources, cookstoves, hanging bednets, and maintaining our ever expanding staff in Uganda. Virtually all of your funds go directly to Uganda to save lives, with only a small amount used here to maintain an office with an all volunteer staff. Your contributions help us make a difference in the lives of those who need better health care. In rural Uganda, a little goes a long way! Please consider supporting this work. Thanks

If you would like to make a tax deductible donation to Omni Med, please make check payable to:

Omni Med 81 Wyman St #1 Waban, MA 02468 There is a return envelope enclosed with a slip so we know you are. All of your support helps!

Omni Med comes from the Latin, loosely translated as "health care for all." Our mission is to reduce global disparities in health care, primarily through health volunteerism and education. Recognizing the interconnected nature of this shared human experience, we heed Dr. Albert Schweitzer's "ethical imperative," calling all health providers to bring quality health care to all the world's people—including those not in our traditional realm of concern. During our eighteen years of operation, Omni Med has run teaching/ service programs cooperatively with indigenous health providers in Belize, Kenya, Guyana and Uganda, helps health volunteers develop ongoing relationships with host providers, and works collaboratively on other projects deemed important by host providers or governments. We have also published books on global health, poverty and health service that prepare prospective volunteers for service opportunities throughout the world. Over 7,000 copies have been sold, helping thousands of health providers serve where they are most needed. Our current work focuses on using US health volunteers to train and maintain community health workers in rural Uganda, while improving quality of drinking water through construction of protected water sources, reducing indoor air pollution by building cookstoves, and reducing malaria through a bednet program. We have demonstrated that these efforts are life saving through two large clinical trials, with more planned. As our work expands, we will save still more lives. None of this work happens without you. Thanks for your ongoing support.

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# Omni Med

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