

MERCY SKYLIFT

Africa-Style 'House Calls' Saving Lives

BY DAVID LAMB
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ITALAL, Kenya—Dr. Michael Wood hopped into the pilot's seat. He checked his gauges—"We've got oil pressure. That's good"—and headed down the runway, his single-engine plane climbing slowly into the choppy early morning breezes, then banking south out over the African plains.

"If you want to be a good doctor in Africa," he was saying a few minutes later, "you go to your patients. If you wait for them to come to you, they simply die."

The city of Nairobi faded from view and Wood, 59, picked his way up through the puffy clouds to 9,000 feet, until finally the giraffes and zebras below were only specks and the snow-capped peaks of Mt. Kilimanjaro ahead grew larger and larger.

In the seat next to him, with an aerial map spread out over his khaki shorts, was Dr. Tom Rees of New York City. Both are noted plastic surgeons, and 22 years ago, over a bottle of Scotch shared on a farm not far from here, Wood and Rees came up with a remarkable idea that would influence the lives of many thousands of Africans.

That idea—also nurtured by another plastic surgeon, the late Sir Archibald McIndoe—resulted in what became known as the East African Flying Doctors Service, an organization that brings medical services to people who may never before have seen a doctor, much less an airplane.

The Nairobi-based organization, supported largely by private donations from throughout the world, has eight full-time doctors and nine planes. Since 1960, the Flying Doctors have flown more than 4 million miles in Kenya and Tanzania and treated more than half a million patients. They have operated on patients by the light of lanterns alongside bush airstrips, have flown thousands of ambulance cases back to Nairobi for surgery and countless times performed the more mundane tasks of bringing basic health care to rural Africa.

"When you fly into these bush hospitals, you never know what you're going to find," Rees said. "A rhinohorn wound in someone's stomach, a snakebite on the top of someone's head. You just never know."

By the time Wood swung low over the settlement of Italal, 140 miles southeast of Nairobi, scores of Masai were already lined up at a mobile health unit that had arrived a day earlier. Wood landed his Cessna 182 in a nearby field and brush was cut to protect the plane's wheels from hyenas, whose fondness for rubber has left more than one pilot stranded.

The Masai are among Kenya's most primitive people, and on this particular day they had trekked many miles across the plains to reach the makeshift hospital. Among them were women with their sickly babies wrapped inside red robes, elders so ill with malaria that they collapsed at the door of the examination tent, like teen-age warriors with spears who had killed lions as part of their initiation in manhood, but who were too timid to accept a smallpox inoculation.

"You're dealing with people who are half dead—or half alive, depending on how you look at it," said Wood.

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HEALTH LESSON—An aide to the East African Flying Doctors Service lectures to Masai tribespeople gathered in Kenya bush country near field where plane landed. Besides bringing medical treatment, the team teaches the basics of hygiene and health care.

Photo by Sandra Northrop

Flying Doctors Practice, Teach in Africa



IN THE FIELD—Medical team vaccinating children in Kenya.
Photo by Sandra Northrop

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the Flying Doctors' director general. "Health in Africa today is at the stage Europe and the United States was in the pre-industrial revolution, about 1830."

The infant mortality among the Masai is so high that children are not named until they are 2 years old. Malaria, Vitamin A deficiencies and eye diseases are as common as the winter flu in developed countries. Less than 20 years ago, the annual governmental allocation for health services to the 86,000 people in Masailand was \$600. Today the Flying Doctors spend almost that much for fuel in a single day.

Wood maintains that the thrust of health care in Africa is often misdirected. What is needed, he says, is not necessarily more hospitals and doctors but a program to teach the people the most basic elements of hygiene and preventive health care. He estimates that 80% of the patients the Flying Doctors treat would not have become sick if they had cared for themselves properly.

"What good does it do to keep dispensing antibiotics if no one ever cleans the water supply?" he asks.

Much of the Flying Doctors' effort accordingly is devoted to health education and training village health workers. Their job is to teach the people about sanitation—that dogs and humans should not eat from the same plate, that inoculations can save their children from diseases like smallpox, and that they should not drink from the same polluted water-holes as their cows when fresh springs are available nearby.

By midafternoon, when Wood and Rees had returned to their plane, a breathless heat hung over the plains. Their mobile unit would remain here for another week or so, treating the Masai who would continue to come each morning. Among the six workers with the unit are two English nurses who have spent the better part of 10 years in the African bush with the Flying Doctors.

Wood took off for the district hospital at Oloitokitok, where a Flying Doctors surgery team had arrived earlier in the day. That team would perform a dozen operations, ending up with a 6-year-old boy with a 30-foot tapeworm in his stomach.

"You look around at the work that has to be done," Wood said, "and you can't help feeling that we're doing something worthwhile. Right now we may be running to catch up, but there's no doubt that the next generation is going to be healthier."