

DON'T SEND DOCTORS

Saving Third World kids by training the doctors already there

BY CATHY GULLI • Joseph Mucumbitsi is desperately needed in his native Rwanda. He's one of only 12 pediatricians caring for more than five million children. But Mucumbitsi has just left the capital city of Kigali for Canada. It may be the best way for him to help the people in his homeland.

Mucumbitsi is the latest physician to come to Toronto's Hospital for Sick Children as part of its Healthy Kids International (HKI) fellowship. The program, which launched this summer, turns the usual model of international medical partnerships upside down. Instead of parachuting Western doctors into the Third World, HKI brings physicians here to gain expertise they can export to their place of origin. For one year, Mucumbitsi, along with three other HKI fellows, will practise with renowned pediatricians, use cutting-edge equipment and hone clinical skills. He won't earn a salary, but Mucumbitsi will get an apartment and a laptop, and his expenses will be covered. The caveat: when the fellowship is over, Mucumbitsi must return to Rwanda to improve his country's health care system.

HKI fellow Karunakara Puttaiah, who arrived at Sick Kids in July from Bangalore, India, says the program will succeed because it bolsters the role of Third World medical workers. "A Western doctor is not a concept everybody accepts," he says. "Coming into a developing country and trying to [establish] a system is nearly impossible." He believes it's much better to empower local people who share a history, language and culture with the community.

Each fellow is focusing on a speciality. For Mucumbitsi it will be cardiology and catheterization. Tapas Kumar Som, who came



DR. PUTTAIAH came from Bangalore, India, to learn at Toronto's Hospital for Sick Children

from Kolkata, India, to Sick Kids in July, is doing neonatology. Puttaiah says respiratory, gastrointestinal and viral infections are severe in India, so he's learning about breathing and ventilation methods and advanced technologies that are scarce in Bangalore.

Mallipatna Ashwin, also from Bangalore, has been at Sick Kids since 2005 on another fellowship that ended just in time for him to join HKI. His focus is pediatric ophthalmology, especially retinoblastoma. It's an eye cancer that's rampant in India—there are 1,500 new cases a year compared to 24 annually in Canada. "It's high time Bangalore gets control of its eye cancer care, and that should happen with my fellowship," he says.

To make change happen once they go home, every fellow will get funding—\$20,000 a year for at least four years (besides the \$100,000 their time at Sick Kids will cost), thanks to additional support from several philanthropists: Joey Adler, president of Diesel Canada and founder of the One X One charity, is covering Mucumbitsi, while the Indian government and nationals living in Canada, the U.S., and the U.K. are funding the other three. Each fellow has a plan. Mucumbitsi is going to open the first pediatric cardiology program in Eastern Africa; Puttaiah hopes to take back some new high-tech equipment and teach better ventilation techniques.

Michael O'Mahoney, president of the Sick Kids Foundation, which is providing funding for the program, says there's no other like it. An important side effect of HKI, he says, is that Canada will learn from the fellows too. "We're recruiting the very best physicians from parts of the world where health care is very challenging. They're bringing those skills to us," he says. "They treat a huge volume of children, and we're learning how to do that." HKI is hoping to have 25 fellows by 2010, and 75 within five years.

Another potential benefit of the program is that it may help foreign-trained doctors receive accreditation to practise in Canada more easily, as our medical community becomes more familiar with their unique skills. "People coming from developing countries require some exposure to get used to the system and new methods," Puttaiah says, "but at the end of the day, everybody should be able to work comfortably."

But that doesn't mean Puttaiah and Ashwin want to stay in Canada. "Not if my work in India is going to be as exciting as I think it's going to be," says Ashwin. After all, he'll have a huge impact in his home country: HKI estimates that over 25 years, each fellow will impact 17 million children. "It's always been my interest to go back and work with the children again," he says. **M**



SCOUR YOUR STOMACH WITH RED WINE

Red wine may be the solution to the "French paradox"—how a nation of saturated fat eaters avoids sky-high rates of cardiovascular disease. A new study in Israel has found that digestion of red meat releases harmful compounds such as asmalondialdehyde (MDA), which can accumulate in the body, leading to arteriosclerosis. Red wine contains polyphenols, which destroy MDA in the stomach. Researchers say that grape juice works just as well.