

'I don't really see it as a sacrifice': Creighton alum works as surgeon in Kenya, where resources are scant

By Rick Ruggles / World-Herald staff writer | Posted: Tuesday, May 10, 2016 12:30 am

Dr. Rich Davis performs surgery in a place where monkeys scramble over roofs and giraffes, gazelles and zebras roam a short drive away.

Davis and his family have spent nine years in a town in Kenya, a remarkable place to reside and a challenging place to work as a surgeon.

Surgical tools aren't always ideal and the power occasionally goes off during a surgery — at night.

Davis and his wife intended years ago to work in a developing nation, and that wish hasn't been altered by reality. Their efforts demonstrate what some international health experts believe is a big need: competent surgery and anesthesia in low-income nations.

Five billion people lack access to safe and affordable surgery, the Lancet Commission on Global Surgery reported last year. Another report said that adding surgical services to areas with little access to them now could save 1.5 million lives a year.

Davis and his wife, Stacy, a schoolteacher, are doing their part to raise donor support and recognition of the need. They and their three children now are in the United States for several months to raise money for their work in Africa and to re-energize.

Together, they make less than one-fourth of the mean annual wage for surgeons in the United States, which was about \$250,000 last year, according to the federal Bureau of Labor Statistics. They raise their own compensation through donors. And Davis increasingly must find contributors to help fund the general surgery residency program at his hospital.

He denies that these are hardships.

“I have the satisfaction of knowing what I'm doing is really making a big difference,” he said. “I don't really see it as a sacrifice most of the time.”



Davis

Dr. Rich Davis and Dr. Morgan Otido, general surgery resident. Besides being a general surgeon at AIC Kijabe Hospital, Davis heads the general surgery residency program, training African physicians in that specialty.

A mentor of his, Dr. Richard Bransford, spent decades in Kijabe, Kenya, where the Davises live. Bransford said the Davises have stayed longer than many.

“People going into that setting — four years is considered long-term for many of those,” Bransford said in a telephone interview. Bransford, now 75 and living in North Carolina, spent close to 35 years in Kijabe.

“Rich,” he said, “has found his peculiar, great niche in teaching surgical residents and working with them at the table.”

The Davises’ religious views play a major role in where they are and what they are doing.

“That’s what my faith is about — service to people who need it,” said Davis, a graduate of Creighton University med school and the Creighton residency program. “It’s not about hitting you over the head with my beliefs.”

Besides being a general surgeon at AIC Kijabe Hospital (AIC stands for Africa Inland Church), Davis heads the general surgery residency program, training African physicians in that specialty. Stacy Davis teaches at the nearby boarding school, Rift Valley Academy.

Davis recently spoke to about 50 faculty members, medical students and others at Creighton University Medical Center. He called his talk “a foot soldier’s story.”

He said billions of people on the planet don’t have access to surgical care when they have a complicated labor or need a procedure for a fracture or a burn.

“It sort of boggles the mind when you think about what happens to those people when they need surgery,” he told the audience. Some end up crippled or disfigured. Some die.

As it is, he said, people show up at his hospital from many miles away by car and on the backs of flatbed trucks with advanced cancer or other diseases that have progressed to life-threatening states. He showed photos of patients with swollen stomachs, breasts and faces.

Davis doesn’t minimize the challenges.

“When it goes well, it is really exhilarating,” he said during an interview. “When it goes badly, it is really disturbing and depressing.”

Seeing a resident doctor do well and help a patient is the best part of the job, he said.

The hospital has 275 beds, including five intensive-care beds. Kijabe Hospital has nine operating rooms and relies largely on 30 doctors, half of whom are surgeons. About half of the medical staff is African, the rest Americans, Brits and Aussies.

The Davises, who are in California at the moment, spent several weeks this spring in Omaha, meeting with friends and donors. Although they are employed by Africa Inland Mission, which started AIC,

they raise the money for their compensation. Another organization, Pan African Academy of Christian Surgeons, supports the residency program with salaries for residents, textbooks and other items.

But PAACS increasingly requires donor support for the residency program, so the Davises and colleagues at the hospital raise money for that, too. Most of the Davises' contributors are in Omaha and California.

The Davises stayed with Jennifer and Paul Yoder while in Omaha this spring. Paul Yoder said they are evangelical Christians who admire the Davises' work. Yoder, 33, who owns a small software company in Omaha, said he and his wife contribute to the family's efforts "because we believe in them, and we believe in what they're doing."

Rich Davis described himself as a former mediocre student in English literature at the University of San Diego, from which he graduated in 1991. He was more interested then in camping in nearby Mexico and hanging out in Tijuana, he said. His grandfather, a physician, offered to pay for medical school for Davis, who had little interest in it.

Then Davis volunteered at a trauma center in a San Diego hospital. He said it felt like "the pieces of a puzzle were coming together." He loved the way the physicians combined scientific knowledge with dexterity, and the fact that they helped critically ill and injured people.

Somewhere around that time he became a Christian, he said, and met his future wife, who worked with a charitable Christian organization called Youth With A Mission. Davis took additional science courses, then applied to numerous medical schools.

Creighton, he said, put him on a wait list, and he worked as a bicycle messenger in 1995 while he waited.

He and Stacy married and he entered med school at Creighton in 1996. They fully intended to go outside the United States when Davis was finished with med school and his residency program. They wanted to do some kind of Christian service.

As a Creighton surgery resident, Davis made the unusual effort to connect with Dr. Bill Lydiatt, a head and neck surgeon at Methodist Hospital and the University of Nebraska Medical Center. Davis knew he would need those surgical skills in a developing nation.

"He was technically good, and he was one of the most — how would I say it? — he was one of the most goal-oriented residents I have ever had," said Lydiatt, who attended Davis' talk at Creighton last month. "He was just very specific. He really seemed to understand what he was going to need."

The Davises met Bransford, who had been a UNMC medical resident in the early 1970s. Bransford, a surgeon who was visiting in the United States at the time, worked at Kijabe Hospital. He invited the Davises to join him there.

Davis finished his surgical residency and the family moved to Kijabe in 2007, without ever having visited. The first year was rough. They lived in a new culture. Most Kenyans speak English to a degree, but many speak Swahili or tribal languages.

The work in the operating room was hard, in part because Davis didn't have all of the surgical tools he'd had in Omaha. He also was doing surgeries with which he hadn't had a great deal of experience. He went home and read at night about the procedures he'd be doing the next day.

"It was really stressful," he said.

The hospital sometimes has eight patients to a room. Kijabe doesn't have the luxury of putting heart-rate, oxygenization and blood pressure monitors on many patients.

A report backed by the Bill & Melinda Gates Foundation and the World Bank, and coordinated by the University of Washington, said places where people can't get essential surgeries would improve — in health and finances — if they gained access to cesarean births, appendectomies, bowel-obstruction procedures, hernia repairs, skin grafting and other such procedures.

Such access would cost wealthy nations \$3 billion annually to provide and would yield a benefit 10 times that amount, says the report, "Essential Surgery: Key Messages from Disease Control Priorities."

Davis said he is a mere foot soldier in the movement but wishes the world would apply its brain power to providing better access to surgery in developing nations.

He and his wife together are compensated at a level similar to one middle-class person's paycheck in the United States. But he said his family lives in a beautiful place. His children — Adam, 14, Gabrielle, 13, and Lydia, 8 — receive good educations at Rift Valley Academy.

At this time, Davis said, he and his family have no intention of leaving.

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DAVID SHIRK

Dr. Rich Davis, while riding his bicycle outside Kijabe, Kenya, where he has worked for nine years, encountered Mzee Francis, a former patient at the hospital where Davis is a general surgeon.



RYAN SODERLIN/THE WORLD-HERALD

Dr. Rich Davis talks to faculty and students at his alma mater, Creighton University Medical Center, about working in a country where surgeons are badly needed.



AIC KIJABE HOSPITAL

Dr. Rich Davis and general surgery resident Mark Waithaka perform an abdominal procedure.



DAVID SHIRK

Dr. Rich Davis and his wife, Stacy, with their children, from left, Gabrielle, Lydia and Adam. Davis and his family are back in the States for several months to raise money for the African initiative and to re-energize.