Interviewing From the Shores of Lake Victoria: Medicine, Mission, and Meaning in Uganda Transcript

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Podcast Introduction and Uganda Trip

Welcome to the Doctor's Making a Difference podcast, where we help physicians to be empowered with the tools they need to be successful in medicine, in finance, and in life.

Join us as we highlight doctors and other professionals around the world who are making a difference. This week's episode is a little bit different. I was able to go to Uganda to work with Child to Youth Foundation at the beginning of June 2025, and the interviews in this podcast were recorded on site in Uganda.

You'll note that the audio quality is different because of being recorded on site. I hope you'll be able to detect the amount of enthusiasm and excitement in the voices of those who are interviewed.

The work being done with Child to Youth Foundation is amazing, and it's wonderful to return and work with this foundation that I've worked with off and on for the last ten years.

I invite you to listen and I hope you'll enjoy it. Today we're here with my friend Ronnie. We're in Uganda, on the north shores of Lake Victoria. The largest freshwater, the second largest freshwater lake in the world, second only to Lake Superior.

And we're in a beautiful fishing village here, next to the shores of Lake Victoria. And it's gorgeous. The birds you can hear are going crazy. They're so excited about being here.

Lots of people to live in this beautiful village that I was telling others on the trip. It's so beautiful here. If we were in California or somewhere in the United States, this would be the most premium property.

Because it's right on the shores of this gorgeous lake with a beautiful view. And here it's it's a remote fishing village, and people are privileged, privileged to live in this gorgeous spot.

But I'm here with Ronnie, who is one of the directors of the child's The Youth Foundation. I've known Ronnie for, what, ten years and years?

Ronnie on Child to Youth Foundation's Mission

Quite a while. We've had several adventures in in Uganda before. But, Ronnie, why didn't you introduce yourself to the audience? I guess you are. I'm Ronnie champ at the.

I work cause, a social worker or watch out to foundation and, child to Youth foundation. It's an, organization in the organization that was started in 2005 with, the knowledge of my dad, having, the knowledge of education.

We wanted to reach out to many children who need help with education. Being a teacher, he saw that so many, children were missing out of schools because of school fees.

So he initiated, the condition to be set up and, slowly. It has been growing slowly and slowly, but, one of the activities of our Child Youth Foundation, they have two programs or projects that, running.

One is, child sponsorship. We, the children are being sponsored. We get sponsors from all over the world. Those who are willing to sponsor children from primary level to university level or bachelor institution, those who would love actually to end in between.

They can go and again skills. So with this education, it doesn't apply only on school fees or that tuition, but it goes along with what the children will need for the school.

When we talk about, scholastic materials are provided, school uniform is provided. And also the shoes, the soles, the books, the pen and pencils, they're all provided so that, the children can be comfortable in class.

I didn't know that shoes and socks were part of that, because I know we've done child sponsorship for lots of students, but it's the books, the fees, the tuition.

The basic school supplies, the uniform, which includes shoes and socks. Yeah, yeah, we include we include shoes because at one point we saw that some of the children may not feel comfortable going, at school barefooted.

And, most of the schools, actually, at this moment, children put on shoes. So we found out that our children, they miss out a lot. Yeah. So we decided to provide shoes and also the school bag where they can give their books and us.

I've seen my wife and I have helped sponsor several students for the last ten years, through child to youth and I, the fee used to be about $330 per year.

I think it went up a little this year just to try to make up for inflation. But it's here by a US terms a relatively small amount, but it pays for a whole year of school fees and all that stuff.

Yes. Well, so one of the things I've thought about over the last ten years is you and I have interacted, but we come for a week and support you and do medical clinics.

You make a difference to maybe 2 or 3000 people. You know, we we impact the lives of of a small group and the foundation goes on. It impacts many thousands. Yeah.

And you have a presence in those communities every week, some in some communities every day. Yes. That's right. Because, you know, for us, as the foundation, we really want to go on the grassroots, way up to actually state level. Yes.

And, be in position to see that, that impact is being posed to the person. Is the last one the last person on the ground. We don't focus more on the leaders because, well, we work with them in order for us to, to have that harmony and, good relationship with them.

But, we've seen that so many people that work with the leaders and at the end, the impact may not be felt because most of the leaders, they really want to gain something out of that action.

Yeah. So for us, we try as much as we can to go to the grassroot right to the schools, right to the children. Yes. Right. So the direct sponsorship of a yes a child's a yes.

That's right. Oh, and if I'm right, Uganda doesn't have a large education system where children are automatically provided with schooling. Isn't that correct? Yeah.

Well, the government has, the I think they are going to stick to that, the sponsorship of children, but, they the schools for the government, they don't have, most of the, the facilities, they don't have most of the even the teachers, teachers there is poor quality teachers.

And so you found that most of our children go to private schools. Well, private schools, they take care of children. And, they have, the ability to see that, the children they have after their schooling, they can do something else goes back.

Yeah. Well, that's, you know, as I say, you can't spend your way out of poverty, but you can educate your way out of poverty. Yes. And that's what I've really enjoyed working with you these last few years, that the foundation has

been in place for 20 years now, the 2005 to 2025 now. Yes.

But the impact that's left on these children now, many of the sponsored children have completed university studies and are working in various fields of employment, and they pull themselves out of poverty.

These types. Yeah, actually, one of, our lab technicians was actually a product of, child do it. Yeah. And and he has graduated and is now working with us.

That's been a fun thing to he with Abdul. He has been a part of a product of the program and is now, serving back with child to youth and helping many people. Yes.

Well, one thing I wanted to ask you, Ron, is, as we think about how this the audience for the podcast or almost all physicians in the United States. And as I talk to people, sometimes people think like, well, how how would I get involved in something like that?

It's so far away from me or I don't I don't have knowledge of of another language or another land. How would I get involved in something like that and to to leave a lasting impact.

So I wanted to hear your thoughts on. But what kind of a difference does it make? Or how does it help you to have physicians from other countries come?

Or how would you suggest for people to get involved if they wanted to help? Yeah. Basically with, choked with foundation, the good thing that, charity, the Foundation Inc., is, is just started in Idaho.

Yes. And, that's the great opportunity, number one opportunity that we have that, to do that. So to use Foundation Inc., we can be in position to get more people to come on board because that impact that, we get when people see the 20 around and, they see the knowledge, then you to the industry think it gives, a good impact on them.

And, in this way, we try as much as we can to see that, this before they come, when they get exposed to the, like, people living in Uganda, especially kip up from the village.

So at the end, you see that, the impact is being felt. And, the people actually get, whatever. What do they need? And, the people like, what they are doing is really right.

It's really great when they come. Well, they can do so people, you know, the foundation will always use money. That's very helpful to sponsor children and yes, and progress of the work of medical care.

And yeah, we found a you have found the medical care and education must go hand in hand. You have the it because the children who have families, families with great poverty.

If the families in in great poverty and can't send their child to school, a child doesn't receive an education. So the health and maintaining their health is an important part of maintaining education.

Yes, but they have the child. So Youth Foundation in Africa and Uganda and Child to Youth Foundation Inc., which is a registered a nonprofit foundation in the United States and run is a part of both foundations.

And it's a way for people to to get involved monetarily. But like I think you said, when people come here on a on a service trip, we put them to work, but they get to see the impact that they're having in it.

It does leave an impact on those who are being served. And I think when we go home, people take home with them the knowledge of what it was like to to be in the in the village with the people, working with the families and with the children.

And yeah, it's very meaningful for both both sides. It's not it's not somebody coming from the outside saying we're better than you, therefore come do it our way.

It's an exchange of cultural ideas. And we we gained as much from it as we give. That's true. Yeah. Like how we believe that. Of course, to set up this service through of course, contribution needs to be done in order for us to, to, to invite the maybe into, to run here and there to get a registration.

But also, at the end of the day, we every penny that is being donated, do you account for it? Yeah. We do the accountability. You see that there's and everything and with the health with that jump to its foundation, we set up a clinic whereby most of these substitute thing and go and get to these services for those who are nearby.

So the sponsored children get the service for free. Yeah, they get service for health care for free. Yes. And, at the end of the day, even their guardian or even their students, you see that, they come and, be in position to get, these services and, even we have, every, stay there for the rest of the month.

That's when we get, other people with diabetes and pressure where they commune. And, did was to get treatment, which is not easy. We we've done actually this for the past, I think since.

Yeah, yeah, we've maintained it. And, you see that, the impact that we get, people always love to come to this because the medication that we give to them is always of quality, not quantity, whereby they feel like, yes, we need to go back to, to the clinic and we would give a medication because, you know, the medication where they provide it is really of quality of good.

Right. Well, we bring to them, I mean we've found of the last I have been here. Yeah. So many people that have never seen a doctor ever their whole lives or if they have, it's maybe been a long time and, and I this podcast include interviews from a couple of other folks and we talked to a clinical officer.

We'll do a lot of the follow up. And so the follow up care is really what moved the needle because people, they get the care they need. Now we identify those with serious, life threatening illnesses, and they'll get the follow up care, the surgeries or the chronic care or the referrals that they need, and otherwise the simply wouldn't have that.

That's right. Yeah. Well, Ronnie, it makes such a big difference. I flip what the child's the Youth Foundation is doing in this part of Uganda, and I'm excited to see what happens, you know, over the next 20 years.

Think about what's accomplished in the past 20 years and over the next 20, think how people take these services and they pull themselves out of the deep, poverty cycle, which is really impressive.

Yeah, that's true because, on top of that, also do, spring rolls protection and protect the water every spring. Well, and, water and sanitation for this project or program that we have this actually, so far we've done protected over 35 springs.

Oh, really? Between, district and Brooklyn. But I sure that people if you have 35 oh 35 large springs. Yes. Of course, there are so many people that have been, individuals and families that are benefiting from this because we believe that, in the communities cheaper house to to get clean water.

Yeah. These springs, I've been shared with unmask someone that and drink water and or something. So someone which was at that point that was cooking right for washing.

So we decided to protect those springs so that they can be able to get clean water, but not enough for that. Words. Not funny, but it's true this spring actually give us clean water that you can drink.

They lick you not from the springs, right? Directly from us. Yeah, but, most of the people actually do that. Especially the children. Yeah. You don't need to cook.

You don't need to. I said you don't need to boil water. You just to drink because it's just from. Well, it's the springs from the ground laws. Very well.

That's awesome. Yes. Yeah. Child the youth, there's so many things clean water, ag education, sponsorships,

health and live social workers that follow up with these children in challenging circumstances.

Yeah. You mentioned projects where people are given a cow. Cow? Send the cows, and after the cow gives birth and they have a calf, they send the cow on to another family.

And if the cow is another calf and that's a cow goes on to another family. And I know there are similar projects. The pigs, the pigs that goats and go projects.

Yes, this is more like that. Income generating activities for the families and the community members where, when, when they have a cow or they can get cows, go back to the village.

And there were two probably purposeful things for their children time. Oh, go to health services and give this idea of serving or even ten. Now they have electricity.

They can pay those mirrors. Yeah, sure. Yes. Well, that's what I wanted to spend. This podcast episode highlighting is the tremendous difference that this foundation has made for many thousands of people.

And over the past 20 years, there's been so many success stories, and I've anxious, interested to see what will happen over the next 20 years, in the next 50 years, next hundred years, as people do this kind of work.

You know, if, I guess, Ronnie, would you if somebody wanted to get involved, would would you welcome them to come to Uganda or how would you what how would you suggest for them to get it?

Well, Uganda being the parallel, what we call it Africa. Yeah, I mean, I, we really welcome anyone to come in and join us because we have a great cause to fight for at the end of the day, if we can give, a little bit to that, we have people will be blessed, children will be blessed.

Even the communities will be blessed. I myself, I studied women's studies as, I have a bachelor's in human studies, but, that one happened after visiting different countries like England.

You know, and, when I started my mission there, I saw that development, the same development that I saw. I know we cannot reach that level, but at least the idea that I can go to, I want that those same ideas to be within our communities so that we can develop together slowly.

And I've been position to see that, all people out there happy that I would be under their mindset is really positive. Yeah. And it helps. Again, they say a rising tide lifts all boats as we build as this kind of work happens.

Yeah. People, really they just gain opportunities that they would have never had. And so and I guess the final point I wanted to make with Ronnie is when we've come before, this is my fourth or fifth time to come and still work with child, the youth directly in Africa, outside of some of the sponsorship stuff we've done well, we've come.

We have not brought wealthy people by US standards. We just brought regular folks. And you made that point. People give a little bit of what they have, whether their time or their money or their resources to help somebody.

And you can't make all the difference, but you can make a little difference. And piece by piece, person by person, it's really impressive to see what can happen.

Yeah, that's true because we believe that if we work together jointly and create that impact through that. Yeah. Well, Ron, I want to thank you for what you do here so much.

I love you, and, thank you. We know that, every time you come here to Pastor Blitz. Thank you. Likewise. I have to say, I was delighted to see you. You and your dad and other members of the organization, because I know people are are blessed by the service, by the work you're doing.

We appreciate. And that we call upon all those who could be able to join us.

Medical Service in Uganda with Angela McKellar

Please enjoy your nights. And, they were to make an impact, to this great cause of, reaching out to our needy children and also the communities. Because at the end of the day, we believe that, the father lived to bless us in everything that we do.

This service is not for us alone. It's not us to benefit. It is actually the children and the community members to benefit from this. Absolutely, Ronnie.

Thank you. I am so appreciative of what you do, and I thank you for taking the time to do this interview with us. Thank you so much. Today we're in the town of C, spelled SSI, which is on the northern shore of Lake Lake Victoria in Uganda.

And I'm here with my friend Angela McKellar. We've been here for about four days doing medical service, and it's been kind of an exciting time, but I wanted to spend some time today with Angela.

Angela McKellar I'm a ER doctor in Salt Lake City, Utah and here with Peter for the week under him, Angela and I first met years ago. We were classmates in medical school, so it's kind of fun to reacquaint years later on a medical service trip.

And, we're in like, say, in Uganda. This is an organization I've worked with off and on for several years, and it's really kind of amazing to see what they've developed.

I specifically, I, we were talking before when I first started coming, they just weren't very self-sufficient. They didn't have very much stuff. And over the last ten years they've developed so much.

They've got more, health professionals. I don't know if they're doctors, but they've got health professionals, they've got more nurses, they've got better resource, a pharmacy.

They've really done an amazing job getting a good, good clinic going, going here for a portable clinic, I guess. Portable clinic. Yeah. I talked to, one of the chief health officers, I guess is what they call them at the other site.

And today we're at an outreach clinic in this town called C. It's actually quite beautiful. It's almost it's over 4000ft elevation right by that beautiful lake.

You can't see the lake because it's so misty and cloudy and green, but it is a just a really beautiful tropical place. But one of the questions for you, Angela, just thinking about this is why why did you come? Why would you do medical service?

And you think about all of us that are doctors, you know, have all these things we do at home and it's so busy. Why would you take time out of your busy schedule and fly halfway across the world to come and do medical service for people that are so far away from home?

Yeah, that's a good question. It's probably probably a complex answer. Honestly, I think it's really it's it's fun. I, I've always loved part of the time. Right.

It is fun. I've, I've, I've done stuff like this since I was an undergrad. But it's really fun to do it as a with a real training now to come and do stuff like this.

I think that it's, I love I mean, obviously there's needs all around the world, including in our own communities. But it's really fun to come, especially work with an organization that's in the country, knows the the ins and outs, knows what people need, knows how to make the system work in their own country, and they come and support as best as best we can.

It's been really fun to kind of come do that. I also think from a two other points, why I probably do at one is from a

medical for a nerdy standpoint, it's fun to actually see the diseases and think, yeah, it's not fun, but it's very interesting.

Interesting to see some of these tropical diseases that we haven't seen or thought about since medical school, for a lot of us, anyway. So I think just seeing how medicine has done and their different clinical guidelines for their specific needs, and then just just from a nerdy medical standpoint, it's been really fun and fascinating.

And, I think that it's good to kind of get a change of perspective, too. I think burnout hit a lot of us hard after Covid. And, seeing we have our we have our own challenges with our each individual systems and to be able to just sort of recheck in a place where most people never have access to any type of medical care, it really is a good reminder of just how lucky we are to even have been able to take out a loan, to get an education, and to come do this stuff.

It really just makes me feel way more grateful and kind of a shift in perspective, just to be able to say, oh, I do have something that might be helpful for someone, somewhere, because you don't always feel feel that at home for some reason.

Well, I think sometimes at home we're like part of the machine, right? You have to order the tests and you have to do this. You want to get sued and you and there's this expectation that when somebody comes in for care, they're going to get a whole bunch of tests and a bunch of care.

We're going to be really specific, which lends itself to more specificity in our diagnoses. Yeah. But it's really interesting here. Yes. The resources are so limited.

All we have is like point of care tests, and just a few of them and they, maybe they, they use those a little bit more than maybe I would, but they use them a lot and but they can't go order the CDC.

Right. You can't go order a Cat scan on somebody with abdominal pain. You have to go with your clinical diagnosis. And it seems different than what we have at home.

But it's also kind of fun to use those skills. And I think it really helps people, like we are working along these health officers in which they have some, training, but they're the ones who are doing the work.

And when we leave, this organization has got a long standing good reputation in these communities, in this district of Uganda, and they're going to do all the follow up care and the work and and the ones we identify that have, like, real serious health needs is going to be them that do the follow up.

And so they do. And they do come across a range of diseases we really don't see very much at home. And they're very self-sufficient. But it's fun to be able to help, to kind of help them get through bigger numbers with these bigger camps that we're doing together, you know, with them to kind of really reach out to more people than sort of the normal.

So it's been really, really cool. Yeah. And I don't think we could do that much good long lasting good if we just showed up with a duffel bag full of medicines, it just really wouldn't move the needle.

But we're working with this organization. Yeah, I love that. It's a Ugandan organization from people who live here and, you know, I just think it's they can they can make it be way more long lasting and more effective in the long term.

And we just are here to do what they want us to do and however they need it, need our help. We're happy to do it. Yeah. But I'm just reflecting what you said a minute ago.

Like, I mean, doctors are weird. We're such nerds. And so like us, and we each, talk to each other like, hey, come see this interesting, crazy thing. Have you ever seen this before?

And and so it's academically, you know, just personally fascinating. I think it's really interesting to see some of the

diseases you studied about. And now you are seeing them.

And it's also good, I think, to kind of escape the the craziness of the system at home, even though it's good, it's nice to just it's kind of pure. Yeah, it's way more basic and it's it kind of cuts at the heart of the matter, if you will, who really gets to what people really need right now.

And it's it's been really great. Yeah. Yeah. And you're not dealing with some of the stuff like in my world, especially on the outpatient side, prior authorizations and whether this is going to get paid for by insurance and, and the people here very much worry about money, like how much is this going to cost for.

But an extra chest X right here cost $2. I mean, a doctor that we hire to come and help these clinical officers, I think we're paying about $12 a day.

You know, it's just a yeah, it's just an incredible difference. And yeah, so we've raised some money from our local community to bring to help buy some of the medicines and stuff.

And if we leave them $1,000 that will fund what they do, their operations for months. I mean, it's incredible what they do. Yeah. The objective of the we talked about before, the organization is child to youth organization is to keep kids in school.

And what are your thoughts as you've observed the health side of can you see how that helps or what have you? What do you think? I mean, it's education is just key to key to everything, especially in a country like this for sure.

Because they're if they're talking to the the health worker that I'm working with today was telling me a lot about how they do a lot of health education in schools, even just basic hygiene and things like that, to to even prevent a lot of diseases being taught in schools.

So that's a part of their general education if they get the chance to go to school. So even that from a health standpoint is good, let alone, that's kind of the only way to a lot of the only ways to kind of make money is if they do get that education to get a little bit, a little bit of a head from that standpoint, to be able to pay for medications for their children or all that stuff.

It really just gives that that much of a huge advantage to to have that education. And we and we sound just, you know, even here this week, you know, the organization has done longer term just like everywhere.

You can't spend your way out of poverty, but you can educate your way out of poverty here and here where there's not much of like a there's not really much of an education system or a health system like we would think of.

Right. And so if the if these families can't send their children to a private school because they're unhealthy, then they just don't go to school, right?

And the kids are kind of stuck in that same poverty cycle. So it is quite neat to see what they're doing. Yeah, it's it's great. And I love that. That's the emphasis of it too.

And that this is sort of a appendage to it to kind of help with that medical stuff, because that can stop the schooling you can in its tracks if you get too sick or can't get, you know, the malaria medications or whatever you might need.

So it really keeps it moving forward. Yeah, it's pretty cool. What would you tell another doctor from home? And most of the people that listen to this podcast are physicians.

What would you tell another doctor who says, I kind of want to try that? Yeah. Like, is it worth it? Is it a waste of time? And what you've come on this.

So something like this. You've done multiple of these in other countries as well. Yeah. What would you tell someone who is considering. Just go. Just go do it. It'll it'll even you may have some expectations coming in doing

something like this.

No matter what, your horizons are going to get broadened and in ways you're not going to even think about before you go, whether it's just learning, meeting just wonderful people that are so different from you, but really not that different from you seeing how other people live.

If you, like we talked about the medicine and everything before, is that you really get a good sense of it's kind of weird how quickly you can build community on one of these things, which is I think half the fun is is really getting to know people, not just being a tourist in a country, but really going to where people live and trying to work with them as best you can.

So just go, go do it. You'll, you'll, you'll gain stuff that you can't even think about, like you can't even prepare for, I guess, or your accent. You couldn't expect it. You'll just see so many different things.

It's it's really a broadening of your horizons experience is really, really cool to do, I think. And I think, I think just reflecting on what you said, I think these kind of experiences are so much different than when I've gone just as a tourist to see the highlights.

The big difference, because the people are trusting us with their children. Yeah. I mean, the thing that's most important to them. Yeah. And they invite us into their homes and you're interacting with the people and the these other caregivers.

And we just kind of you're right there with them for, for days and days. And they welcome they for whatever reason, are so welcoming us in their communities.

And it's it's been really I mean, you just can't put words or value on that type of experience. This is really, really cool. Yeah. I've come several times.

I've just been surprised at the end of it how much I, I'm like restored by that. Yeah. Like really like my batteries are charged. Like I'm here ready to help you.

Yeah. Because you know, I want I need a job. I need to get paid to do the job at home. Right. But if you kind of go back to, like, why did I become a doctor? Yes.

I wanted to help you. Comes back to the core of why. Why we put ourselves through this. The right place, you know, and the long schooling and the hard, the hard hours that we have.

It really does come back to that kind of altruistic, the thing that we all had on our personal statements, you know, why did we do this? This is why we did this. So it is rejuvenating for sure.

And certainly we can find echoes of that at home. Yeah. There's lots of opportunities to help people. Yes, everywhere. And you don't need to travel to Uganda to to make a difference in your own community 100%.

But I agree with you. It's something. It's just unlike anything else. If you take yourself out of the US system for a little bit. Yeah, go help some people that have some needs that really aren't going to be met unless you show up. Yeah.

And we can't make all the difference. But every day we have found people that have stuff that it will kill them if they don't get the help they need. Yeah, we're able to set up those interventions and it's it's huge.

Yeah. Yeah yeah it's a good perspective shifter and nothing else. Yeah. And the little amount of money that we will leave that was raised, you know, as part of the funding for this trip and people that spent I mean, it's just really not that money compared to U. S terms that that will fund all these people that need follow up.

Yeah. If they need surgeries or specialist consultations or whatever, whatever it may be, it really will move the

needle. So that's what I found is working with this foundation is so helpful and and maybe it's selfish.

I love coming because I just helped me so much. I know it is. It's it's a two way street for sure. We get plenty out of this as well for sure. Yeah. Yeah.

Thank you, Angela, for coming up, because it's been so fun to kind of reacquaint with you over this little bit too long. I know we started medical school in 2004.

I was like, you're getting up there all those years. Go by. But it's fun. Like, we all can have that same core root of what we want to do. Yeah. That's awesome.

Well, thanks for taking time to do the interview. Come along. Yeah. It's awesome. And I think our listeners will really enjoy this because it's kind of fun to be on site.

This is what we're doing it. Yeah, we have our little lapel mic. So it's not not maybe not quite as the same audio quality as what we do with the normal podcast, but I think I think it'll mean a lot.

So thank you so much. Of course, of course, of course, of course. This is my friend Stephen. Steven has been working with the foundation for 20 years.

In fact, he is the originator of the Child's Youth Foundation. So I grabbed him for a minute in the middle of our busy clinic, and I appreciate him taking the time to sit down and talk about what this foundation is and why he started it.

So would you mind introducing yourself to our audience, Steve? Oh yeah. Thank you so much. Look at, Peter Green, senior. And you, Steven, the proprietor director of desalinization.

The essence. Why? I said this organization was based on my background. Where my parents were really 54. Right? They had no money to educate me, however, because I was right, the government sponsored me right from secondary up to university.

Then from there, I worked as a teacher, physics and chemistry teacher.

Stephen on Founding and Growing the Foundation

Then he after graduating, within two years, I was given to be a principal of a secondary school. So in that secondary school I met many children. So many poor children grew up poor, so I grew back, my background was so what I did, I used to edit with it out of my salary to pay the tuition.

And if the number became too big, too big to do by yourself, by the way. Well, I mean, think about that. Yeah. Even you you are. You had this gift, you were bright and you were able to become a teacher despite very challenging circumstances.

And instead of taking that, this is my favorite part of your story, instead of taking that and saying, well, I'll, I'll just keep for me and mine, you said these children are just like me. Yes.

You could see yourself in them. Yes, I should, and I can hear the emotion in your voice. But you you could see what the impact was that had been for you to have an education.

So with your own salary, which is by, you know, it's a small salary in Uganda, you were paying for the tuition of these children and then it got to be so many you couldn't do it on your own.

I could not, because the number of children that you have so big. So big. Yeah. So that I had to find the source of resources. I went to the government, the government said, no, we cannot do that.

So I had to start to an organization, Charities Foundation, where I would mobilize resources, talk to friends, talk to

partners so that they can bring in some money to educate these children.

Yeah. So in 2000, six, that's when I registered this organization. And the we started working good enough. I got a friend from Canada. Good. Tibetan. Oh, yeah, I know our. Yeah.

We did Uganda. And who was ready when I told you my my story was really touched and said, is sponsoring 26 children. Wow, wow. Yeah. So from there, we started moving forward.

So, as I was doing that, my son Ronnie, somebody went to serve a mission in Manchester, UK. Yes. Where he met, a couple of missionary quality. The the looks. Yeah, but but I look.

Yeah, I've been privileged to know the Lewis as well. Yeah. It's. No, they look so interested to know what I was doing. The father of running somebody.

So Ronnie told them what I was doing and they were very much excited. Yes. So, when they went back after their mission, they started to look for sponsors engaged in to help children through Child Institute Foundation.

And they really have done. And so doing a very good job. So from there, the program over sponsorship expanded. Many children are being sponsored. Then within these that what you do in families.

What we found out too that they are lacking even medication facilities. Right. They didn't have Medicaid. They didn't have Medicaid, they didn't have education.

They had nothing. They grew up just like you did. Yes, I did very, very poor, very, very poor. So I took too much burden of Canada and the immobilized through sister, the Sisters of Saint Joseph, who donated funds to construct the clinic.

Sisters of Saint Joseph Clinic. So in support of child sponsorship then also from their funder that they the, the villages had poor water sources. So we said what we call water and sanitation.

So we also had to be helping people, committed people to construct water sources with clean water so they can have a clean water. Then we suicided another project called the committed, project, where we give the families of these children e community projects.

We are giving them pigs, goats and cows. And the project is also producing better way because in the family you cannot sponsor all the children. No, you. Maybe you can take 2 or 3.

Then the remaining. Also they need to have education and it is a plus. It's so with that now the program is moving forward well and I'm so grateful to people like Luke to Green who has really participating helping us a lot with this.

It is a facility. So it's my honor, my privilege to be a part of this. And like I said, Stephen, the thing that I was so impressed with when I first knew about the organization and met you is this wasn't a group of outsiders just coming in and deciding to to try to make a difference in Uganda?

Yes it was. It was Stephen who grew up in a village. And who Oh at, at that out the border between Jesus and so. The reason I was so impressed is because it was, it was Stephen and your people who grew up in the village who are from here, who say we're going to make a difference for our communities and do it in a way that that's sustainable and ongoing. Yes.

And that's unique. It is unique because many people go to the service organizations and they'll they'll come in with outside people and outside money and outside resources.

And certainly you need those. But it this is taking care of your own community, your own village, your own people. And and I love it. I think you've dedicated your life to this and I'm seeing changes and.

Yeah. And you're seeing these changes. Yeah. People are changing. Yeah. I know, for example, in their organization, no, we are employing two people whom we solicit education.

Yeah. Now you're employing that we employing them. One of them is the other with the club. Yeah. And there's many others that have not only finished primary but secondary and now now university level education and and those folks.

Yeah. You couldn't have paid them the money. But you can give them the education and they now have risen above that poverty and they, they can bless so many others for sure.

Oh, Stephen, thank you for what you're doing. I just I just love what you're doing and I find yours. This is not some made up story. This is this is the real deal.

And and when we when I come, I always. And I see you, Steve and I. I always know that I'm in the presence of greatness. This is someone who walks the walk, for sure.

So thank you so much. Thank you. We thank you so much, doctor Kristen, thanks for certifying us as people. Yeah. Well, thank Cheering thank you. Somebody say their money their time to come to Uganda.

And they treat people free of charge. Thank you so much. Of course I'm really so grateful. Thank you. Keep up the wonderful work I love what you're doing today.

We are here with Maureen. I'm going to have her introduce herself here in rural Uganda, that the Sisters of Saint Joseph Clinic pretty excited to be here.

I want you to introduce yourself. So you're saying your name correctly? Because I want to make sure I do it right. Thank you so much. I'm such a marine.

Yeah, I'm my medical clinic officer. What thing? That said Joseph medical Clinic located in Bongo in breakaway district. It's awesome. So I've been coming to this same place in Uganda off and on for about ten years, and it's been really fun to get to know, the Child to Youth Foundation and the team, and I've loved getting to know you, Maureen.

You've been able you've been the one that's kind of been taking care of this patient population. We're kind of north of of Lake Victoria, in the rural areas of, of Uganda, where there are tremendous needs.

And whenever I've come here, I've observed that there are things that people, the ones who work here, are very good at treating tropical diseases, things that I don't see very often.

And Irene and I've been taking care of people a lot the last couple of days here. What diseases do you see the most here? Yeah, mostly here. The commonest diseases. We have malaria, we have pneumonia.

And in elderly, mostly we have hypertension and diabetes. Yeah. I've been surprised at how much hypertension and diabetes. A lot of the things that we see at home.

Yeah. This podcast is mostly for doctors. And they'll agree, you know, they'll recognize all this stuff. But when we talk about global health and being able to extend your reach beyond where you normally practice, this is a place where Maureen has tremendous experience treating malaria, HIV, diseases that we may not see quite as commonly at home, but it sounds like you see those every day.

Yeah, but the highest percentage we see is their deaths and hypertension. But sometimes we also get those tropical diseases. We have the helmet dialysis. Yeah.

We have helminth diseases. We have typhoid I have malaria, as I said. Sure. Transmitted infections. Yeah. Syphilis let's say with gonorrhea they are also common Noah area.

Yeah. We have a lot of that stuff. Well, so, another question that I think is relevant to people who listen to the podcast is why do you think it's important to bring a clinic like this?

You know, it's to a rural area. If we do it at home, we have in the United States, we have people that work in rural areas, but we're in a very rural area, in a in a country that, you know, has some places with excellent medical care, in other places that doesn't.

What do you think the benefit is to have a clinic located here? What are some of the challenges that people can like? Like in the shower district? Most of the clinics, the heavy loads, the hospitals are really far from the rural settings because now the nearest hospital is very far.

In fact, it is not. You can the transport from here to the hospital is like 20,000, 20,000 shillings. Right. So it is very expensive and very far from the lowest setting.

So this clinic has really helped and serve the local people. In fact, it has managed emergencies. It has delivered mothers all over because they some could afford to walk right to the hospital because of that setting.

Maureen on Rural Clinic Care and Community Impact

That transport means you should use motorcycles most of the time, and the motorcycles are also few. Yeah, so we enjoy the medical facilities this way because at least we can afford to get cheaper things at a cheaper price.

Yeah, I mean most services are almost free here. So this facility has really helped the local people to get medical care much better antenatal care to get mothers who can deliver from here.

So it has really saved the community from the burden of traveling to verify where the hospital is located, to get medical services. But I think it's saved lives, too, because like you say, if if it's if it's thousands of shillings and a long distance to go to a hospital, antenatal care, prenatal care is something that's so important.

So that's one service outside of all the infectious diseases that you treat. Everything here brings it close to home. And and like you pointed out, there's not an ambulance service.

People have to go where they want to go. Typically on the back of a motorcycle or a boda boda. Yeah. So it has really helped the community in getting access to medical care services, especially those people who really need urgent care.

Those are the conditions that can't wait, right? Yeah. So we can manage those emergencies from here before they are referred to a bigger hospital. And we make proper referrals at least seven lives of people like those ones who have really chronic conditions, and they should be able to identify early before setting it, sending them to a bigger hospital for further investigations.

Right. And ideally, if we catch them early enough, we try to keep them out of the hospital so they don't need the big resource. But in a small in a small clinic like this, you've been able to help lots of people.

And I thought it was interesting. The comment about the motorcycle. Earlier today we had a child who presented who was very ill, very dehydrated and sick, and at home we would call an ambulance to transfer, but here there's not an ambulance service.

So the and the child would have been very hard for the mom to just automatically take the child directly to a hospital. But by being here, you were able to see the child along with me today because I'm here.

But we were able to identify a very sick child and and then the mom hopped on the back of a motorcycle taxi, the boda boda, to take the sick child to the bigger hospital.

And then the foundation that we work with can help, help cover some of the costs. Sure. Yeah. It has done a great

job in this place because surely people here, most of the time, even the source of employment, they do a lot of digging and then the source of income isn't there.

The standing source of income. Poverty is too much. So sometimes the medical services we bring closer to them, they really help to at least to save lives of these people.

Yeah, these communities and the villages. Well, and I just want to highlight you in like we sometimes people will criticize, mission based medicine where you go to go to do a medical service because we can't be here all the time.

But you are you're here frequently and you able to really we're here to kind of support your efforts so that you find people who are the sickest and help keep them so that they stay out of the hospital based care and try to do your very best to keep the population very healthy.

So you're the ones who have the boots on the ground who's here frequently following up with those people. Yeah, the best we do most of the time we give health educations to the community.

How to prevent malaria. Sometimes we even give out mosquito nets. Oh, yeah, we give out mosquito nets. Yeah, they give out mama kits for those mothers, mothers.

And this we try to health and good to them. Yeah. To a day to come in case of anything else. Seeking of medical care. Yeah. Preventive services. We always offer so.

Well yeah. What do you think the value is of. Will you partner with the foundation child to use foundation. And then you have outside groups like us come in and help.

What do you think the benefit is for. For what you do of having, foundation or, or groups like, like us from the United States who come and help these groups today, like they do a tremendous work.

They do some good work, surely, because sometimes these people they come out with, like cancers, they present with those chronic, serious cases like today.

Identify the patient of ectopic pregnancy. Yeah, she can topic pregnancy. And if anything could happen. Yeah. But because she just came and she was taking it lightly but it was a serious condition.

And in so it was an emergency. But she had no transport to the site. So this foundation had initially supported her to get the best medical care because she has she has within the funds for the transport up to the facility where she can do the abdominal address and scan.

So these foundations are really doing some good work and supporting the communities. The vulnerable people are really benefiting from this foundation.

Yeah. Well, and I think that when you're trying to build something that's going to produce a long lasting result, will you really help people get out of that horrible poverty cycle and lift themselves back to where they can care for themselves?

Health is one of the big things. And so the Foundation Child Use Foundation, which we work with, helps with education, clean water, health care systems.

And then they do projects like with cows and pigs and goats so that people can build sustainability. And it just makes a tremendous difference for people that you're it influence influences, I mean, tens of thousands of people.

And this week we'll go to multiple communities. And I know that will serve so many people. Yeah, surely it does help because we are doing because most of the students from the schools, they have some infections.

Yeah. But once they are sick and they get proper medical care. Yeah. The organization is really doing some good

work assisting those children, right? From poverty, from home.

The school, then from school medical care also accessible. So they are doing well. And yeah, it's awesome. It's the services they offer. Well Maureen, thank you for taking the time.

I just want to commend you for what you do, and I appreciate you letting us work alongside you this week. And I, I would invite any of our listeners who are interested in international work to look into it.

There's lots of opportunities to get involved with organizations that extend this type of care, to communities, and they have very mission focused on health, education and good outcomes for people who are living in a low resource environments.

And it's been my privilege to be here many times over the last ten years, and it's been a great to work with you these last couple of days. Thank you so much. You're welcome. Thank you too.

Thank you ma'am I appreciate you're welcome. Thank you okay. Welcome. Thanks for tuning into the Doctors Making a Difference podcast.

Closing Remarks and Podcast Outro

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