A Connecticut Doctor in Africa

Story by Mackenzie Rigg, photos by Tyler Sizemore  Updated 12:05 am, Sunday, November 15, 2015

Part I: Sohi’s dream

The Airbus A380 slices through mountains of white clouds as the iridescent silver-blue of Lake Victoria comes into view, then gives way to ethereal plains of muted green.
It’s hard to believe this is the Uganda of blood, war and everyday desperation.

**Sohi Ashraf** is a child of bloodshed himself, having fled a battered Iran when he was just 8 years old. It was back there, on the streets of Tehran, that the boy first dreamed of practicing medicine in the world’s most destitute places.

Dr. Sohi Ashraf is 33 now, in his third year of residency at **Norwalk Hospital**. He is a critical care junkie, driven to save those on the threshold of death, to cure “the sickest of the sick,” as he puts it. Where better to satisfy his craving than one of the poorest countries on Earth?

Just 24 hours ago, he left Connecticut, where the life expectancy is 81, and the medical facilities are state-of-the-art, to practice in a place where, on average, people die before they turn 60.

He is minutes away from landing in a world where hospitals smell of urine and burning garbage, where walls are crumbling, where there is no modern technology. There aren’t enough IVs, oxygen tanks or bags of saline to keep the sick alive. There is barely enough room for the dying to lie down.

The airport comes into view. For many, **Entebbe Airport** is synonymous with the murderous regime of President **Idi Amin** — “the Butcher of Uganda” — and the site of the 1976 rescue mission led by Israeli commandos, after a French airplane was hijacked by pro-Palestinian militants. Dozens, many Ugandans, died on the tarmac.

But for Sohi, touching down at Entebbe is a dream realized, a childhood dream and now a doctor’s dream. It is a chance to become a special kind of healer, one without modern-day medicines and machines, with only determination and will.

Sohi is an exceptionally handsome man, worldly, charming, not just highly educated, but unfailingly confident. He has seen so much, come through so much. He exudes a persistent calm and a kind of relentless optimism born of gratitude.

Uganda will be his ultimate test.
A woman walks along a dirt road in the rural Millennium Village of Ruhiira, Uganda.

It is the mid-1980s. Four-year-old Sohi stares out at the familiar Tehran streets while his father, Noozhan, drives the family home after dinner at a friend’s. His mother, Mehrzad, is in the backseat with Sohi. His older brother, Rahi, is up front next to their dad.

Suddenly, the black night is shattered by bombs exploding over the city. They hear the shrieking of anti-missile sirens.

Mehrzad shields Sohi with her body.

“Keep your head down!” she screams over and over.

Sohi tries to wrest himself from his mother’s hold, desperate for a peek at the fireshow. His father careens through the streets until they are back at their three-bedroom apartment in a towering high-rise.
Iran has been at war with Iraq for nearly six years, so missile attacks and airstrikes are common — so common and so frequently fatal as the war drags on that from time to time Sohi notices a classmate has gone missing.

Several doctors, friends of his parents, have sacrificed jobs and family to care for wounded on the border. Sohi wants to be like them.

The war, one of the bloodiest and longest in the 20th century, ends when Sohi is 6. More than a million people are dead, many from chemical warfare. Sohi’s parents move the family to Vancouver, seeking a safer life for their children.

For Sohi, bombs give way to basketballs.

His family lives first in an apartment in the city, and later, when he is 14, in a peach-colored house in the suburbs. He spends hours shooting hoops with friends, wearing his cherished Toronto Blue Jays baseball cap.

The family is secure. But Sohi’s father, an optometrist, and his mother, an office manager, are careful to make sure their boys remember where they come from, to never take safety, stability — life — for granted.

In high school, Sohi becomes a rabid competitor, playing soccer, basketball and baseball. He’s addicted to challenge.

At the University of British Columbia, he studies science and psychology. He does a year of research at UBC in neuro-ophthalmology before enrolling in medical school at St. George’s University in Grenada, where he meets a group of like-minded dreamers.

Together, they start a nonprofit that raises more than $200,000 for charity in its first two years. Everyone has different priorities. Some want to work in inner-city America; Sohi’s plan is broader, to heal the sick in impoverished, underserved countries.

Sohi is bound for Haiti after the devastating and deadly 2010 earthquake when his trip is abruptly canceled. He’s crushed. But his life is rapidly unfolding. He’s interviewing at U.S. hospitals for his three-year residency.

He lands at Norwalk Hospital, one of several in the Western Connecticut Health Network.
Dr. Sohi walks off the plane and is greeted by enormous blue letters: WELCOME TO ENTEBBE INTERNATIONAL AIRPORT.

He meets two University of Vermont medical students he’ll work with during his six weeks in Uganda: Mary Kate LoPiccolo, of Newtown, and Alexandra Miller, of Bethel, Vt. Their van begins the four-hour journey to Nakaseke, a rural town about 40 miles outside of Kampala, the country’s capital. The group will spend two weeks there before traveling to Kampala to work in the country’s largest national referral hospital.

Red dirt roads gradually leave the chaos of Entebbe and Kampala behind. The landscape turns a lush green of undulating hills and cultivated fields. High-rises turn to tiny cement homes and shops, painted blue, purple and red. And slowly, dusk turns the sky a brilliant orange.
Sohi is delirious from lack of sleep. And he is deliriously happy.

He’s here. He is in Africa.

**Part II: House of Hell**

Patients lie in their beds against a wall of peeling paint in the infectious disease ward at Mulago Hospital in the capital city of Kampala, Uganda.

The coffins are handmade on the spot, finely crafted by carpenters on patches of dry, red dirt just outside **Mulago Hospital**.

They come in an array of colors, shapes and sizes, some small enough to hold the bodies of babies. Some are decorated with intricate details — hammered-metal crosses and plaques with “RIP” engravings.

Amid the din and dust of cars, vans and boda-bodas, Uganda’s ubiquitous motorcycle taxis, a customer opens the top of one coffin to inspect the inside. Horns blare, long
and constant. Humanity packs the streets of Uganda's capital city of Kampala, home to more than 1.6 million people.

Dr. Sohi Ashraf makes his way to the entrance of Mulago, six stories of bland, fortress-like concrete. He passes a billboard that reads: Torture Is Illegal.

Dr. Sohi is overwhelmed by the hospital’s sheer size. There are nearly 330 beds at Norwalk Hospital; Mulago is built for 1,800, but normally holds 3,000 to 5,000 patients. They cram hallways, waiting rooms and wards, lying on mats or on the ground. They will get only the care they pay for; there is no health insurance in Uganda. The median annual income is about 1.3 million shillings, the equivalent of about $380 in the United States.

A woman puts the finishing touches of paint on a coffin across the street from Mulago Hospital.

Adding to the crush of patients are the families: mothers, fathers, siblings and even children, who are responsible for much of the clinical care provided by nurses and orderlies in American hospitals.
The families administer patients their prescribed medications, push makeshift gurneys and wheelchairs to other wards for tests, inject food into feeding tubes, give sponge baths at the bedside, change sheets and clothes soiled by urine, feces and vomit.

The odor of decay hangs in the air. The temperature is in the 80s. There is no air conditioning. There are no fans.

The sick suffer quietly here. No one cries out in pain. No one calls for a doctor. People speak softly to one another.

From the fourth floor, Dr. Sohi gazes down on the outdoor courtyard, an oasis of bright colors and lush plantings against the backdrop of death and dying inside. Relatives sit in neat lines on vibrantly colored blankets.

He says little, silently absorbing the enormity of what he is witnessing.

He wades through knots of people — patients, families, the very occasional clinician - as he approaches the pulmonary ward. Outside two swinging doors, he knocks and shows the security guard his name tag, identifying him as a doctor from the United States.

He walks down a dark dungeon of a hallway, then heads to the left. His eyes scan the 30-odd patients squeezed into one large room. There are several large oxygen tanks, each with five lines. None of the tanks has a regulator, so there is no way to adjust the amount of oxygen each patient receives.
Families gather in the courtyard of Mulago Hospital in the capital city of Kampala.

The patients are in their 30s and 40s, and most have tuberculosis, which is rife in Uganda but rare in the United States. Dr. Sohi has seen TB before, especially when he worked at a Brooklyn hospital during medical school. He's never seen this many cases in one place.

He joins a Ugandan pulmonary doctor on rounds and for the next hour and a half, a green mask clings to his face. That's about the total time he's had to wear a mask in nearly three years of residency at Norwalk Hospital.

He stares at the ward.

“This is insane.”

The fourth floor also houses the infectious disease ward. This room holds even more of the sick and dying — 60 patients suffering from a wide range of ailments, including HIV, meningitis, tetanus and toxoplasmosis, which causes lesions in the brain.
Paint is peeling off the walls, exposing the crumbling concrete underneath. A single unlit light bulb hangs from the ceiling. The stench of urine wafts from the two bathrooms that all of the patients use, as well as the families and friends who stay day and night to care for them.

Water and urine flood the bathroom floors and spill out into the ward, creeping toward the patients’ beds.

Sick as these patients are, their beds are set just inches apart. In one, a frail elderly woman coughs hard and spits frequently into her sheets and a small blue bucket on her bed.

Dr. Sohi examines a man with HIV and cellulitis, a bacterial skin infection easily treated in the United States. The man is taking an antibiotic, but Dr. Sohi knows that another drug — one readily available back home — would be much more effective. It’s a little thing, compared to the omnipresence of death. But little things accumulate.

Dr. Sohi’s dream hits hard against Ugandan reality. End-stage AIDS, opportunistic infections, bodies battered by all manner of horrific illnesses are so common here. If a patient came into Norwalk Hospital with such a condition, doctors would converge to observe the anomaly.

Dr. Sohi is shocked. But his adrenaline is pumping. This is why he came here.

*See video interviews with Dr. Sohi Ashraf and his Ugandan colleagues.*

*Story continues below.*

**Part III: The Power of Pathos**

A scrum of doctors and medical students bends over an emaciated 42-year-old man curled on a mattress on the floor, sandwiched between two hospital beds, his head propped against an unpainted gray cement wall.

The only light comes from the sky, through the wall’s open geometric lattice. A single broken bulb hangs from a nest of exposed wires.

The man is HIV-positive. He’s had a cough, chest pains, headaches and diarrhea for weeks. He has edema; the cavities of his legs are filling with water. A doctor listens to his lungs with a stethoscope. He may have asthma, COPD, lung cancer. There is no
Discovering Uganda
Connecticut Post

Dr. Sohi Ashraf
Norwalk Hospital Resident Physician

Discovering Uganda
Horrific hospital conditions in Uganda
A health system stretched to the limit
A doctor's dilemma
Minutes before she dies, a 27-year-old woman is bathed behind a blue sheet, a bright yellow blanket crumpled at her feet.

treatment plan yet, no diagnosis.

The group — an amalgam of Ugandan doctors and medical students from around the world — moves on to the next patient, one of thousands crammed into Mulago Hospital in Uganda’s capital city of Kampala.

A woman, presumably the patient’s wife, kneels on the ground, a baby bundled in a cloth on her back, and helps him take a sip of water from a plastic cup. Almost immediately, he vomits. None of the other doctors or medical students seem to notice Dr. Sohi Ashraf does.
Dr. Sohi looks down at the man, whose bony legs are covered by a tattered white sheet. He keeps looking until they make eye contact.

Dr. Sohi gives him a small smile. Neither says a word.

“I just want him to know he’s not alone.”

In America, Dr. Sohi’s goal is to cure. Here, in a place where death has the upper hand, he’s learning the power of compassion, how the littlest moments of comfort may be the strongest medicine he has to offer.

A touch, a glance, a smile, an ‘It’s okay’ or a ‘Thank you’ spoken in the patient’s native language are his powerful weapons.
Small gestures of respect amid the raw intimacy of the hospital also take on deep meaning. An elderly woman pulls her long dress up above her knees, so Dr. Sohi can examine her tiny legs for signs of weakness. When the exam is finished, Dr. Sohi delicately helps pull the dress back down to her feet.

Intern Dr. Alex Kayongo, left, and Dr. Sohi Ashraf lift a patient who fell from his bed at Mulago Hospital in the capital city of Kampala.

The doctor is acclimating. The shock and disorientation he felt upon arriving at Mulago have morphed into a new way of delivering care. He is adjusting to a different value system, and developing a different set of tools. He has reset his expectations.

Not far from the man with no bed, a young woman beneath a bright yellow blanket struggles to breathe. A frothy translucent liquid drips from her mouth, creating a small pool on her mattress.

The 27-year-old has been in Mulago for weeks, dropped off and abandoned by her
family. She’s dying of HIV and meningitis. When she was brought in, her lips were glued shut with the cheesy white fungus caused by thrush, an opportunistic infection common in people with HIV.

Her loud wheezing attracts the doctors’ attention. They fear she might choke to death on her own vomit.

Dr. Sohi and Dr. Alex Kayongo, a 26-year-old Ugandan, move to her bedside. Dr. Alex dabs the fluid from her mouth and mattress with a piece of white gauze.

Dr. Alex adjusts the feeding tube coming out of her left nostril and re-fastens it to her cheek with a piece of white medical tape. She continues gasping for air. Her eyes flicker open and shut, but she is unresponsive. There is no resistance when doctors lift and move her limp limbs. They order morphine to ease her pain.

The other doctors move on to the next patient. Again, Dr. Sohi does not walk away.

He has tried to get used to the prevalence of death here. But death with such pain? That is unacceptable.

He makes a decision. He turns and walks briskly out of the ward and down two flights of stairs, searching for a social worker who can authorize palliative care for the dying woman.

At the end of one dark hallway, he asks a woman sitting at an old wooden desk if she’s a social worker. She says no.

Is there one on the floor, Dr. Sohi asks?

Again, no. But there might be one on the third floor, she says.

He climbs to the floor above, asks another nurse, but to no avail. A female doctor appears and leads him back to the ward where the frantic search began.

Dr. Sohi at last finds the social worker and insists that she come with him to see his patient. She walks to the young woman’s bed, glances at her and walks away without saying a word.

There will be no palliative care.
But to Dr. Sohi’s amazement, a volunteer nurse practitioner from Australia appears at the young woman’s bedside. She hangs a few sheets around the bed so she can clean the woman’s raw red bedsores. She empties the catheter, which is so full of pus and urine that it has backed up into the woman’s body.

She turns the woman over and tucks the bright yellow blanket tightly around the tiny still body.

“No one should be treated like this,” the woman mumbles.

Dr. Sohi looks at the dying woman.

“Hopefully, she goes today.”
He rejoins the group of doctors and medical students who have moved on to another patient.

The woman’s gasping ceases. Dr. Sohi walks back to check on her one last time.

He looks around the ward at the sea of silent suffering.

“Half of these people are going to die,” he whispers.

Minutes later, an orderly wheels a bed through the crammed ward, bumping into other beds as he makes his way through the maze of patients.

On the bed is a huddled form covered head to toe by a bright yellow blanket.

**Part IV: Saving Abdul**
Abdul is a rare sight in the infectious disease ward at Uganda’s Mulago Hospital. The 19-year-old has defined muscular arms and a full face, accentuated with chiseled cheekbones.

When doctors ask him to sit up, he can.

Abdul’s sister explains that her brother has had several episodes of headaches, high fevers, amnesia and aggressive behavior. He’s been here before. Two weeks ago, doctors insisted on a brain scan. When his family learned that it would cost 120,000 shillings — just $33 in the United States, but three months’ income for Abdul’s parents — they went home.

Now Abdul is back, and the doctors are again pushing for a scan. Again, Abdul’s family can’t pay. No scan.
Two days later, Dr. Sohi Ashraf and a colleague from Norwalk, Dr. Sahand Arfaie, are about to start their afternoon rounds when they spot a sea of white medical coats around Abdul. He is having a seizure, his eyes rolling back in his head as his body violently shakes. His sister wails at his bedside.

Dr. Sohi listens to Abdul’s chest and hears a wet, rattling noise. Abdul must have vomited into his lungs. He is barely breathing. His airway is blocked.

“We’re too late,” Dr. Sohi thinks.

Abdul needs to be intubated or he’s going to die right there in front of his sister. Dr. Sohi’s adrenaline kicks in as he and Dr. Sahand push Abdul to the elevator, leave him with a Ugandan doctor, then sprint to the floor below to wait for him.

Time slows as their anxiety intensifies. The elevator doors remain closed. Anxiety turns to horror. Minutes pass — five of them.

What is taking so long?

Where is Abdul? Is he alive?

When the doors open, they rush Abdul into the unit, struggling to maneuver the bed through the narrow doorway. They kick aside a piles of shoes left by patients’ family members, who are given blue plastic sandals to keep the unit sterile. At last, the doctors insert a flexible plastic tube into Abdul’s windpipe and hook him up to a ventilator.

A process that would’ve taken mere minutes at Norwalk Hospital has taken more than an hour at Mulago.
Intern Dr. Alex Kayongo, left, examines a patient as Dr. Sohi Ashraf and Alexandra Miller watch during clinical rounds at Mulago Hospital.

Later, sitting alone in the small room he’s staying in on the outskirts of Kampala, Dr. Sohi’s mind is racing. He is overcome with self-doubt.

Did he just a save a life? Or did he starve a family?

Abdul is one of eight children, the son of a butcher and a sweet potato peddler. A week in the ICU could cost 500,000 shillings, close to what Abdul’s parents make in a year.

“Should I have let him die?”

After a night of restless sleep, Dr. Sohi returns to the intensive care unit — still questioning over what he’s done.

A wave of relief comes over him. Abdul is there — one of just four patients on the ward. He’s on the ventilator, sedated, wearing nothing more than a paper diaper. His
eyes are closed and he’s not moving.

He’s unconscious. But he is alive.

“He’s 19,” Dr. Sohi says, affirming the difficult choice he made to save Abdul. “He deserves a chance at life.”

As it turns out, Abdul had tuberculosis, left untreated and compounded by multiple infections. Within three weeks, he makes a full recovery and returns home.

The cost to his family is enormous. His parents lose two week's pay so they could stay at his bedside. His two younger siblings couldn't attend school because that costs money, too.

The parents scrape together a small fraction of Abdul's medical costs, leaving a balance of 700,000 shillings or about $200.

Dr. Sohi is right. The bills will starve Abdul's family.

But they are paid by an anonymous donor.

Part V: Epiphany
Dr. Sohi Ashraf leaves his small, one-bedroom apartment at 7 a.m. for the short walk to Norwalk Hospital. Rounds in the intensive care unit don’t start until 9, but it’s his first day back at work since returning from Uganda three days ago.

He wants time to read up on his patients, quiet time to review the neatly filed tests results and clinical notes on the sickest of the sick at Norwalk.

The hospital sits on a hill. The sun is still rising over the chestnut-colored cityscape and the labyrinth of black paved highways and narrow alleyways below. In the far distance, a blue sliver of the glistening waters of the Long Island Sound cuts across the horizon.

He walks toward the sleek building of brick and glass and enters through an automat sliding door. The speckled white floors are gleaming. The smell is familiar: antiseptic

He takes the elevator to the ICU on the ninth floor, with a cup of tea and oatmeal in
hand, purchased at the hospital cafe. The 16-bed unit is nearly full, with patients suffering from heart failure, seizures, pneumonia and gastrointestinal bleeds.

Most of them are old, in their 70s and 80s, not 19 like Abdul or the three 30-year-old who took up the mere four ICU beds at Mulago Hospital, the largest public referral hospital in Uganda.

At Norwalk, each patient has his or her own room. One nurse is assigned to two people. There are doctors everywhere. The shelves here are stocked full of central lines, catheters and pain medicines.

Dr. Sohi thinks of Dr. Alex Kayongo, the 26-year-old Ugandan who cares for 60 patients day and night in the infectious disease ward at Mulago, doing what he can to save - or soothe -- the masses on the edge of death.

Dr. Sohi Ashraf, left, and Dr. Robert Kalyesubula tend to a 44-year-old patient at Nakaseke Hospital in the rural town of Nakaseke.
And Dr. **Robert Kalyesubula**, whom Dr. Sohi met on his second day in Uganda. When Dr. Robert was 8, he escaped bullets and bloodshed during the Ugandan Bush War, only to become an orphan on the streets of Kampala.

Now, 38, Dr. Robert runs a nonprofit that offers free health care to orphans and children with HIV/AIDS. He works endless hours at two hospitals, even with a wife and family at home.

“These doctors are heroes,” Dr. Sohi says.

Dr. Sohi sits down at the nurses station in the middle of the ICU to read his patients’ charts. He’s wondered how he’d feel when he returned to work, once the adrenaline faded and he had time to think about the death and desperation he saw every day in Uganda -- and to reflect on the profound lessons he learned there.

Lessons about scarcity, about the power of compassion and the inevitably of death.
About his own limits as a doctor. And about his path forward.

Dr. Sohi went to Uganda filled with hope. True to his nature, he is neither angry nor frustrated by the horrific conditions he encountered there. He's extremely grateful to be back in a country where people live into their 90s, where death so often comes without pain and with dignity. But the contrast is astounding; reconciling the inequity is impossible.

He wrestles with how he can possibly make a difference amid the overwhelming despair of Mulago Hospital. Yes, he managed to keep Abdul from the coffin-makers. But Abdul was an anomaly: Abdul lived. This truth is that Sohi’s dream of curing "the sickest of the sick" turned out to be just that — a dream.

He keeps asking himself: "If we can provide this kind of care here, why can't we bring it to places like Mulago, to places where there's nothing?"

Ultimately, he does find an answer to his question. But it is not at all what he would have imagined a few months earlier. It is not at all what the ICU junkie of Norwalk Hospital would ever have considered.

Sohi thinks back to his fifth day in Uganda, when he went to work at the diabetes clinic at Nakaseke Hospital, a rural facility about 40 miles from the capital city of Kampala. He was curious to see the clinic, but diabetes is not a disease that excites him in the States. He lives for the rush of working in critical care, not managing a chronic and largely preventable illness.

But as he listened to a nurse describe Nakaseke’s protocols, Dr. Sohi was immediately alarmed. Some of these patients were in imminent danger. All of them were given insulin, although none of them had a glucometer — a device that allows them to monitor blood sugar levels. Too much or too little insulin can be harmful, even fatal.

Dr. Sohi had an epiphany: If he could devise a simple protocol for screening, treating and managing diabetes - routine in American clinics - he could make a difference in Uganda. He could save lives.

As he left Nakaseke, Dr. Sohi vowed to return.

Within days of returning to Norwalk, he sought the expertise of an endocrinologist. He hopes to have a draft of his Ugandan diabetes protocol finished by the end of
December. He plans to be back in Nakaseke by early next year.

For now, he dreams of that moment — the moment he steps off the plane at Entebbe Airport and embarks again on a life-changing Ugandan adventure.

He can see the rolling green hillside dotted with small houses of brick and mud, and Dr. Robert’s warm and welcoming visage.

He can hear the chaos of Kampala fade to quiet.

He can feel the bumpy red dirt road that will lead him back to where he became a very different kind of doctor, with a very different dream.

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