HEARST EXCLUSIVE

A CONNECTICUT DOCTOR IN AFRICA Part II: House of Death

Inside Mulago Hospital, Sohi’s dream hits a ghastly reality

By Mackenzie Rigg

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 bodabodas, 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.

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.

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. mrigg@newstimes.com

A 5-part series

Each year, the Western Connecticut Health Network — comprising Danbury, New Milford and Norwalk hospitals — sends a group of clinicians to practice medicine in impoverished countries. This is the story of one Connecticut doctor’s journey to Uganda, where his lifelong dream of healing the sickest of the sick will be put to the ultimate challenge.
Dr. Sohi Ashraf, center, looks on during a visit to Nakaseke Hospital in the rural town of Nakaseke, Uganda.

Families gather in the courtyard of Mulago Hospital in the capital city of Kampala.

A woman puts the finishing touches of paint on a coffin across the street from Mulago Hospital.
Danbury Hospital Global Health Department Director Dr. Majid Sadigh, left, University of Vermont first-year medical student Mary-Kate LoPiccolo, of Newtown, and Dr. Sohi take a look at a patient during clinical rounds at Mulago Hospital in the capital city of Kampala.
Dr. Sohi looks down upon the courtyard at Mulago Hospital in the capital city of Kampala. Friends and family of patients must be present at the hospital to tend to their loved ones who are unable to get food or bathe themselves. Food, hygiene services and even blankets are not provided to patients at the hospital.
Coffins are sold across the street from Mulago Hospital in the capital city of Kampala. Folks construct the coffins on site in a high-traffic area directly across the street from the hospital's mortuary.
A 44-year-old patient winces in pain as she is examined at Nakaseke Hospital in the rural town of Nakaseke. When she was admitted to the hospital, she was unconscious, so she was given IV fluids and tested negative for HIV and malaria. After further physical tests, a scan was ordered.

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.

*Tyler Sizemore/Hearst Connecticut Media*

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