

# A Healthy Serving of Reality

I never thought I would be on the receiving end of gratitude until cancer happened. This show of kindness has kept me on the other side of Kenya's health care system. I consider myself lucky. I am able to afford chemotherapy drugs, monthly tests and doctor's visits and supplements.

It is common knowledge that cancer is not cheap and this is universal. At the height of my treatment, I was spending 140,000 shillings a month on treatment, the cost of my bone marrow transplant has more zeros and commas. It is thanks to family, friends, colleagues and strangers that I was and still am able to afford my treatment. Acknowledging this fills me with a sense of humility. I struggled with the kindness that was showered my way. My therapist who helped me grapple with the many twists and turns of this journey told me to be 'open to kindness'. Pride stood in my way, but the bitter truth was that I could not have done this alone. We as a family, could not afford this alone.

Our healthcare system is us! It will be us, the people, holding one another until we have a public healthcare system that will be able to provide universal, affordable and quality healthcare services. My diagnosis gave me new eyes to accompany this new normal. I was hugely aware of the shortcomings of our public healthcare system and once you experience it, it scares you. And if you have private medical insurance, you will appreciate the cover. But these health covers are not bottomless pits. If anything, they cushion and if it's excellent, it offers restful nights. During the two weeks of my hospitalisation, I spent over six hundred thousand shillings of my one-million-shilling in-patient cover. Thankfully, NHIF, knocked off another 100k. My outpatient cover was going to be blown in sixty seconds and I was tapping into my savings.

Alice Membao Tawa, was my *nyanya*, my grandmother. Sometime in 1999, she was admitted to the burns unit of the Kenyatta National Hospital (KNH). She spent many weeks there until she passed away. The burns unit is not pretty, but we made our visits to the hospital hoping *nyanya* would get better. That period introduced me to the harshness of our public health system.

It is functional, though not wholly efficient. Kindness doesn't come easily for some members of staff. There is a tough-love, *ji-sort*, *hii-ni-kazi* and *uta-do* attitude that

is harboured by some of the staff. I witnessed patients lying on mattresses on the floor, and there were patients sharing single beds. Beds were currency. There were no three-course meals like the Nairobi Hospitals, Matera or Aga Khans, the food was bland, stodgy and uninviting. It provided the most basic of nutrition. The hospital and the wards had a beaten and drab feel to them. They didn't offer comfort or healing. I've been to Kenyatta many times after that, for several reasons, and there have been vast improvements, but it is far from perfect.

We work hard to be able to afford private healthcare, but sadly not everyone in Kenya can access this. I don't take this for granted. I was saddened by the many stories of patients being turned away or dying due to the lack of medical personnel during the doctor and nurses strike. I heard medics being described as selfish for downing their tools. I bet these critics made sure their health premiums were up to date nor had they slept or walked into a public health facility.

Let us not deceive ourselves, as we live in Kenya, we are not too far from experiencing the 'other side' of our health care. I keep on imagining what if I was to have an accident in public either in Nairobi or elsewhere? I would probably be rushed to public health hospital before my insurance provider is notified. I have thought about it constantly. What if the only place that I would have been able to afford or receive treatment for my cancer would have been from a public health facility? If I had to receive chemotherapy intravenously and not orally, I'd be making an early morning pilgrimage to KNH and camping on the hospital grounds as I wait my turn. It would be a process of waiting hours to see a doctor for minutes and hoping that on that day they would show up.

Over the last 24 months, I have met other cancer patients who have lived that experience of waiting, wondering and hoping. There was six-year-old Waithera who was scheduled for surgery on the day the doctors' strike began. She was only able to get badly needed surgery when her father was informed about the [Faraja Cancer Trust](#), but before this, the hospital in Nakuru had become a second home.

I learnt that it was faster and cheaper if you got admitted as an overnight patient at Kenyatta for chemotherapy treatment. I hope the new equipment at Kenyatta will reduce patient waiting times. I was told that it was faster for patients in the western part of the country to go to Uganda for radiotherapy treatment rather than coming to Nairobi. Yes, Uganda, whose only radiotherapy machine hit the

global headlines when it broke down last year. Yet, there is a radiotherapy machine in Kisumu lying idle because there aren't enough numbers to justify the cost of operating it. Apparently, there aren't any oncologists in Kisumu. One must go to either Eldoret or Nairobi for treatment.

In rural medical centres, there are numerous stories of misdiagnosis because of some patients (some now deceased) were tested and treated for malaria or typhoid before the discovery of cancer or either a preventable or treatable malady. I still get angry thinking about this. Early diagnosis of breast, cervical and prostate cancer make these three cancers treatable and affordable. Being diagnosed with cancer doesn't necessarily mean death.

Our healthcare system is us. '*Naomba serikali*' does not cut the mustard anymore. The mode of referrals for specialists, surgeons, pharmacies, and hospitals both in Kenya and abroad is word of mouth. I created a spreadsheet of the different outlets that I could source my medicine from and the phrase, '*naenda kutafuta dawa*' became real. There was one time I went to three hospitals looking for a drug because it was in short supply. That was when I realised that there are many of us on this journey. A journey to find the best possible healthcare that our money can afford to buy.

I followed the doctors and nurse strike keenly, read the Collective Bargaining Agreement (CBA) and cried tears of joy when an agreement was reached. We need to put more into our public health system. I am sure we know of cases of patients being transferred to KNH from private hospitals because it was cheaper cost wise. Remember those bottomless pits? They don't exist. We have a cadre of men and women who are passionate about their work in public health. We can only reward their duty by making sure that they work under the best possible conditions. I have seen it work in the UK, through the National Hospital Service. It is not perfect, it has its critics, but it works. I look forward to the day when we will have a system that we too can boast of. One can dream, right?

But until then, our healthcare system will continue to be us. Where we look out for one another, attend medical *harambees* or give towards *Mchanga* campaigns, share a referral or WhatsApp messages on cancer, diabetes and blood pressure cures! We cannot afford to have a health system that 'others' individuals or provides care that is dependent on the size of one's purse.

For we all know that death and disease do not discriminate.