By Gor Ogutu

Mwalimu Henry was a respected man of my little village of Genga stuck deep in the valleys of South Nyanza, where the rolling Gusii hills meet the plains that extend from Kanyada to the shores of Lake Victoria. Genga village folk still epitomize the traditional ideal of communality. You are the son of every granny in Genga, each one insists on feeding you if you so much as stray into their homestead.

Mwalimu Henry was a wise fatherly figure with a missionary education teaching background. He was pious, disciplined and a bit of a colonial relic from the good old days when success in life was directly attributed to academic meritocracy. I knew Mwalimu Henry long after his retirement from the civil service back in the 90's. I literally grew up under his wings and patronage.

Mwalimu Henry earned a reputation as a vocal proponent of education as the primary means of uplifting a community. He was a constant fixture at fundraisers for students joining the university. It did not ever matter whose child it was that needed funding for higher education, or how many times a school was fundraising for one classroom. He believed in the principle of education as a human right for all.

For his zeal, Mwalimu got elected as chairman of the local secondary school, leading the Parents and Teachers' Association (PTA) and he championed the interests of poor parents of the village.

I remember a fundraising committee meeting I once attended. The child's mother was dirt poor and could not raise the mere basics for her boy's upkeep, leave alone school fees after admission into a university in western Kenya.

That afternoon, a huge rainstorm kept members of the committee marooned in their homes, except one. Mwalimu Andrew showed up, saddled up in gumboots and clutching a broken umbrella ravaged by the storm. The chilly conditions began taking a toll on him the very moment he arrived at the venue. His legs were swollen and he could not take the tea offered to wade off the cold. He did not look well.

For all his enthusiasm, the good teacher was just a stubborn invalid who had lived with diabetes since early the 1980s. His resilience had kept him going through the decades. Sometimes he would collapse while walking, fall ill and get bedridden for days but he always bounced back to his feet.

Mwalimu Henry was diagnosed as diabetic only a few years before retirement from the teaching service. I had been accustomed to seeing him on insulin medication literally my whole life. In his house, he maintained a mini-pharmacy of bottles of medicine, tablets, needles, syringes and cotton wool.

Despite his diabetic condition, he always wore a brave face, with intermittent periods in between hospitals and doctors. His adherence to discipline extended to his diabetes medication regimen.

I had checked on him while home in the village in the month of October, 2016 to announce my upcoming graduation. He exuded his usual confidence and we reminisced how far we had come. It was a sunny afternoon and as we posed for pictures, he confided that his immobility was becoming a concern. He could no longer attend meetings and church on Sundays as he grew extremely tired and his legs would swell after a long walk.

"I am not sure if this disease would be merciful enough to let me see you graduate." I dismissed his concerns.

In November, a month after our talk, I received information that he was not doing well. I was very worried since it coincided with a protracted doctor's strike that had brought the public health sector down to its knees. This meant that Mwalimu faced the dire prospect of a daily commute to far-flung private hospitals for treatment.

As fate would have it, the medication he badly needed was suddenly unavailable. That meant he had to travel 20 kilometers to Kisii town to see a medic only to find long queues at the District hospital and empty doctor's parlors. Then he would be forced to try his chances in different Kisii town pharmacies. Too many times, insulin supplements and complementary medication on which he had survived on over the years were not issued and there was no doctor at hand to write a prescription or conduct a clinical examination.

The irony was that a man who had spent his entire life trying to supplement the broken public education system had become a statistic of a dysfunctional public health system. Mwalimu was the unlikely victim of his own generosity.

The long trips and queues at public hospitals in Kisii town became unsustainable. Growing concerned, the community fundraised for Mwalimu Henry to relocate him for medical care in Kisumu in late December 2016, where it would be affordable.

His health deteriorated fast and the intervention to private hospitals was a little too late. The damage had been done in two straight months of a lapsed treatment regime. On January 29, 2017, I received the heartbreaking news of Mwalimu Henry's death and my disbelief quickly degenerated into bitterness.

A generous man, who spent his entire life mobilizing funds to educate young minds for a better

society, had suffered at the hands of a broken system. A government on a warpath with its healthcare givers was taking casualties of its own in collateral damage. Mwalimu Henry died at the hands of a healthcare system defined by economic profiling, inequality, greed and prejudice.

Little did I know that I would become a victim of the same system preceding the birth of my son. I came to face to face with the viciousness of economic profiling and prejudice when two Eldoret private hospitals flatly refused to admit my heavily pregnant wife a couple of months after we laid Mwalimu Henry to rest. She was categorically denied outpatient examination twice on account that my health cover paid for by a private company was not of the public service category even though she had been allowed a choice of those hospitals for inpatient services.

Both of these hospital facilities did not even bother to inquire if we could settle the bill by other means, other than the insurance cover the moment we mentioned that we did not work in the public sector.

The said private facilities in Eldoret did not care that doctors in public hospitals were on strike. The need to grant a clinical check-up for my pregnant wife was secondary to financial guidelines that ensure non-public servants do not get out-patient services on the National Hospital Insurance Fund (NHIF).

Such a money-first-life-later approach to provision of healthcare services by private hospitals who are key players in provision of healthcare services in the country is clearly one of the reasons so many lives were lost during the doctor's strike. The 100-day nightmare came to bear on me the morning my son was born mid-April 2017.

On Easter Monday morning, I had travelled back to work in Nairobi and an emergency scenario was the last thing on my mind. My wife had slept very well, only reporting the usual occasional and slight abdominal contractions of pregnancy.

We had not anticipated she would go into labour so soon. The doctor's estimation had placed birth at three weeks ahead so when it happened unexpectedly at the height of the doctor's strike, our first instinct was private facilities, in event of any unfortunate birth-related complications.

This time we opted to try a different private facility. By the time my wife arrived via a taxi ride through bumpy and potholed roads of suburban Eldoret, her condition was aggravated, the waters broken and in no position to listen leave alone negotiate financial details and payment modes.

One private facility laid down multiple terms and conditions including down payments before admission that we did not object. They came up with loads of paperwork, to be signed, beforehand by the spouse. The papers contained financial agreement terms and conditions and medical consent forms running into tens of pages.

No amount of pleading would grant my wife the option of signing and filling in the details later since her husband was stuck in Nairobi trying to catch a flight. This point worked me up immensely. Fortunately, a relation in the medical industry suggested an alternative facility and we rushed her to the Moi Teaching and Referral Hospital (MTRH), well aware that it was a dicey prospect with the doctors on strike. The gods were kind and my wife delivered a healthy boy through normal birth in the MTRH maternity wing

Lady luck was clearly on our side for the conditions of the maternity ward left me bewildered when I finally arrived a few hours after the birth of my child. In the hallway comprised 8 beds, each shared by two new mothers, lying side by side, facing away from each other on a two by six inches bed.

The newly-borns were lying precariously on the edges of those beds either feeding or asleep, as their worn out mothers struggled to keep them from falling off the edges of the tiny beds.

The ward was congested. Imagine new mothers coughing right into the face of the other and trying to shield a newborn from any possible mishap. No doctor was on site. The only single nurse doing rounds kept reprimanding new mothers whose babies would not stop crying. I still recall what my wife said the moment she saw me: *"Am either coming home with you right now or if they won't release me, be sure to take us home first thing in the morning when it's daylight."*

Our healthcare system in Kenya is akin to a war-zone, where the sick pay the ultimate price in collateral damage due to government negligence, corruption and the greed of health profiteers. In our public healthcare system, to be poor is like a punishment for a crime you did not commit. Health care should not be a privilege enjoyed by the upper classes. It should be a right that is as fundamental as giving every child a chance to a good education. But what we have in Kenya is not even a system. It is a gamble with life.

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