

## Volunteerism Spotlight – Pamela Tipler, D.O.

The Georgia chapter of the American College of Physicians recently spoke to **Pamela Tipler, D.O.** about her volunteering in Uganda.

### How did you get started with international volunteer work?

After I was in the army for 12 years, I wanted to do mission work, and I went all over the world for a while with a few organizations. But in September 2017, I ended up in Uganda, and I just fell in love with it. Currently, I pretty much only go there. I work with a local organization in Uganda called Raising Up Hope for Uganda. It was started by a local man whose parents died when he was young, and he saw a need to get other children off the streets. The organization has been around for ten years, and the primary focus is to give them an education and a future. We have three orphanages — a boy's house, a girl's house, and a baby's house.

### How often do you go to Uganda?

I make three extended trips a year or five months out of the year. But COVID grounded me. I just started going back. However, during COVID, I took on a role as an academic advisor at the Medical College of Georgia, so I will be making five two-week trips a year.

### What does a typical day look like when you are in Uganda?

I get up at usually 5 a.m., and I live in a village called Nakuwadde, where the schools and the orphanages are. I will do my workout, and then if it is just me, I will ride a little motorbike to the slums or local outreaches. If I have residents or students with me, or if it is long-distance, we take a van to one of the different villages. The clinics range from a one-hour drive to a four-hour drive. We start the clinic around 10 a.m., setting up with little plastic tables and chairs. We can see anywhere between 150 and 300 patients a day. The clinic usually lasts four to six hours, depending on how far away we are, because we need to be sure we are home before dark. We will have supper and some fellowship, and then I will visit with the kids at the boys' house or the girls' house.



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### What kind of care do you provide?

We set up makeshift clinics in the slums and in different rural villages where they don't have access to or cannot afford medical care. I buy all the medicines, and we provide the care and medication for free. Our clinics go to the same places to provide continuity of care. I worked with two local Ugandan doctors so that even during the pandemic, they were still doing outreaches when I could not physically be there. In Uganda, we see a lot of tropical diseases. The chief complaints we see are malaria or typhoid, which



means that they have a fever, and we have to figure out the etiology of the fever. I speak medical and conversational Luganda, so I can understand what they tell me. I have translators for some different dialects in different portions of the country. We also see many respiratory complaints, headaches, joint aches, and poor vision, especially in older people. It is more fungal infections, diarrhea, and other skin things with the kids.

### What in your medical career prepared you for what you face in Uganda?

I did a tropical medicine course, and I have my diploma in tropical medicine. When I was in the Army, I was deployed as a flight surgeon, so I have some experience with trauma care. I do kickboxing and have combative training to know how to be vigilant in my surroundings, but I don't worry too much about my physical well-being. Additionally, working in Georgia at a public hospital, many of my patients do not have insurance or are underinsured, so I am used to doing workarounds, recognizing that I cannot always use the medications that are the standard of care for the patient cannot afford it. That perspective helps me as well when I am over there.

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### On the flip side, what do you learn abroad to bring back to your practice here?

One of the things I teach my students and residents here is that it helps to look at cost-effective management of patients. What is the MRI going to do? Is it going to change your management, or will it just give you more data? If it is not going to change your management, why spend the thousands of dollars that the patient may have to pay out of pocket. Taking students to Uganda helps me teach them cost-effective management and how to try to minimize labs and radiology studies.



### What compels you to keep volunteering?

My faith is central to my life, and Uganda is where I feel called. I love the people, and it is where my heart is. The people are lovely, and they are so appreciative of everything. I feel that as doctors, we have been given a special calling in this world, and we are also blessed with our compensation. We have opportunities to pay that forward, whether it is physically or monetarily — we can donate our time and our talents to help serve others because we have been so gifted.