

Dr Ray Toweys work

Dr Toweys has volunteered at St Mary's Hospital Lacor, Gulu, Uganda since 2002 (part time since 2008). He had previously been in Tanzania for 8 years.

St Mary's is a not for profit, church supported, general hospital of 476 beds in northern Uganda. For many years it has had a small four-bed Intensive Care Unit near the operating theatre, which was upgraded to an eight-bed unit in 2005. It is a teaching hospital for anaesthetists, medical students, nurses and laboratory technicians and it is attached to Gulu University Medical School. The majority of the patients are the rural poor and can come from remote areas up to 100 miles away from Gulu.

Since 2002 Dr Toweys has been involved in the training of anaesthetic officers, nurses, and medical students. He is now a part time volunteer and is focusing on the development of the intensive care ward.

How African Mission can support St Mary's Hospital in 2023

Dr Toweys writes:

The Covid pandemic has had a major impact on the hospital but as I write now in January 2023 I can report that the Covid ward has closed and that the worst of the pandemic is over. The hospital is now rebuilding its capacity. Looking back Uganda did not undergo the severe



impact that we saw in Europe. The reasons for this may be that Uganda has a younger and therefore more resilient population and that its climate is warmer and indoor congestion was less prevalent reducing cross infection. The outstanding items that we are needing for 2023 will be the continued support for good quality tracheostomy tubes with inner cannula to facilitate safe nursing care and with our new donated syringe pump we need catheters to sustain their continued use. Education is an ongoing need and we plan to print several books to maintain the ICU as a place for good ongoing

education for all the staff. A new venture of using peritoneal dialysis was started in 2022 and we are planning to support this practice and when needed we may purchase special catheters for this important work to support kidney failure. See the photograph of the physician initiating this important work. This may cost up to £1,000.

The cost of the transportation of central intravenous neck lines will also be an important item which must continue. We continue to consider the best way to support patients with severe infections in the ICU who cannot afford extra antibiotics and this may cost several hundred pounds. We thank all our donors that enable the staff to be effective health care professionals and show that the hospital in this post conflict remote region of sub-Saharan Africa is a sign of compassion and hope.