

On a Mission to Save Lives

An Interview with Dr. Solomon Orero

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Photo: Kirsten Sherk/PPFA

Dr. Solomon Orero is a Kenyan gynecologist who has spent his career saving women's lives by treating—and teaching others to treat—unsafe abortion. Unsafe abortions kill approximately 5,000 women in Kenya every year, and account for the majority of emergency room visits by women in some areas. Abortion is illegal in Kenya, except to save the life of the mother, and is punishable by imprisonment for both the woman seeking an abortion and the person providing the abortion. In spite of this danger, Dr. Orero feels a moral obligation to end a cause of death and illness for so many women in his country.

Early beginnings

In his third year of medical school, Dr. Orero's sister—who was in her last year of high school—became pregnant. She was terrified and thought their parents would throw her out if they found out. She tried to commit suicide, but fortunately didn't succeed. At that point a friend of hers called Solomon to come help. He convinced her to tell their parents, who sent her away to deliver, but didn't kick her out. "Supposing I hadn't appeared on the scene? What would have happened to her?"

During his gynecology rotation in his fourth year of medical school, he saw firsthand the impact unsafe abortions were having on the women in his country. Every day at Kenyatta National Hospital (the main teaching and referral hospital in Nairobi), 30-60 women presented with complications from unsafe abortion.

The turning point came during his internship. He was treating a young woman he knew, a nursing student in her last year of study. She was deathly ill from the infection caused by what he was sure was an unsafe abortion—but the student refused to admit it.

"It confused me: here was this very senior nursing student—only three months to go—and I could see that her injuries were consistent with complications from unsafe abortion. I consulted my senior colleagues and they agreed, but still she denied it."

Days passed and Dr. Orero and his colleagues worked to save her. They removed her uterus and repaired her intestines, which had also been damaged. Finally, when it was clear she wouldn't recover, she admitted to the abortion. She said she couldn't tell him earlier because if her college officials learned of it, she'd be expelled. She was the first child in her family; she needed to finish her education and get work so that she could support her siblings. Finishing her nursing diploma would ensure a future not only for herself, but

for her whole family. In spite of all the efforts to save her, she died three days later.

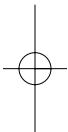
"Why did she die?" Dr. Orero exclaims now, 25 years later. "She didn't have to die. She died because the school would have kicked her out [if they knew she was pregnant]. She died because doctors would report her abortion to the police and her school. She died because she was poor, and because she was ignorant, and because she couldn't access safe services."

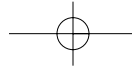
In the early 1980s, Dr. Orero's old friend Dr. Khama Rogo started talking to him about women like this one, and how their care could be better managed. They were the *last* priority in the hospital—operations to repaired damaged organs were scheduled for the end of the day after a surgeon had been on call for many hours. Dr. Rogo was a lecturer at Kenyatta and head of the gynecological ward, and he was training other lecturers to perform a procedure called *manual vacuum aspiration* (MVA), a simple method of abortion that did not require surgery or electricity. With an MVA kit, doctors could treat incomplete abortions, reducing the risk of infection and eliminating the need for surgery.

Armed with their new skill, a team of doctors including Dr. Orero and led by Dr. Rogo revolutionized the way women with incomplete abortions were treated. The patients were treated quickly and immediately and released. In one day, four doctors could treat and release 60 women.

Not the whole problem...

In 1991, Dr. Orero took over the acute gynecology ward at Kenyatta Hospital. He noticed that even with the new treatment regimen for unsafe abortion, the number of women presenting at the hospital wasn't declining. In fact, many patients were returning for the second or third time. So the ward started offering family planning counseling to





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the post-abortion patients. Many of the patients did start using some form of contraception as a result; the ward tracked those who declined to see if there was a difference in behavior. Thirty percent of those who had left without family planning returned later for another abortion. “By this time,” Dr. Orero remembered, “I was hooked.”

He talked to his old friend Dr. Rogo at length, and they agreed there needed to be help for these women *before* they got to a hospital; and clearly, using family planning was the key to avoiding future abortions. The two doctors started thinking about how to decentralize their work, bringing in nurses and health officers based within communities. If they knew how to treat incomplete abortions and offer family planning, many more lives would be saved. Dr. Rogo and Dr. Orero conceived of a program that would seek opportunities to prevent unsafe abortion. They invited a third member of the team to join, Monica Ogutu, a nurse who met Dr. Orero while attending a program teaching health care providers to train others to provide post-abortion care.

Overcoming the stigma

“I started getting interested in these women, and I started asking them, ‘What happened?’” Dr. Orero recalls of his efforts to get inside this problem. “They would all lie to you, even when they were dying they would lie to you.”

While he was still at Kenyatta Hospital, he treated a teenage girl whose parents brought her in because they thought she had a bad case of the flu. In fact, she was going



Dr. Orero, along with a family planning doctor, in the family planning room at the Suba District Hospital, Kenya.

septic from an incomplete abortion, but she refused to tell her parents and begged Dr. Orero not to either. “You are a doctor—tell them anything but that I am pregnant.” Unfortunately, she required surgery, he told her, and there was no hiding that.

During an examination of another patient, he found a green stick, about six inches long, protruding from her uterus. “How did this get here?” he asked.

“Where did you find that?” she replied, pretending shock. She tried to make excuses; she fell, she said, and must have fallen on this stick without noticing.

Dr. Orero saw through her tales, but remained plagued by the same question that haunted him from the very beginning: *Why did she have to lie?* For one thing, in Kenya in the 1980s, one simply did not talk about abortion. It was a criminal act for a woman to seek one and for anyone to help her, much less for a doctor to provide one. If a woman talked about seeking an abortion, she could be jailed, so she would deny any abortion

with her last breath, as Dr. Orero saw all too frequently.

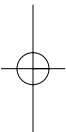
One of the worst cases Dr. Orero treated during his training taught him a great deal about the lengths women would go through to end an unwanted pregnancy. A 16-year-old girl was admitted nearly dead from toxic shock syndrome as a result of a botched abortion. Whatever instrument was used to end her pregnancy literally tore her apart, destroying not just her uterus, but her anus, rectum and small intestine. Dr. Orero had to remove her uterus and small intestine and install a colostomy bag, which she would have to wear for the rest of her life.

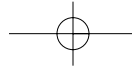
She spent three months in the hospital, and refused to talk about her abortion. Finally, after one more try, she lashed out at Dr. Orero.

“Do you know what it means to carry a pregnancy you don’t want?” she asked.

“Of course not,” Dr. Orero replied. “I’m a man, I’ll never know.”

“Then, doctor,” she said, “Shut your mouth.”





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Creating a life-saving network

Since the early 1990s, Dr. Orero has created a network of providers to train doctors, as well as nurses and health officers (who are generally the first to see any patient), to recognize and treat unsafe abortions. The shared

knowledge has saved thousands of lives. In the district hospital in Kisumu, the third-largest city in Kenya, there has not been a death from unsafe abortion in three years. Before the medical staff received their training in “post-abortion care,” there were several every week.

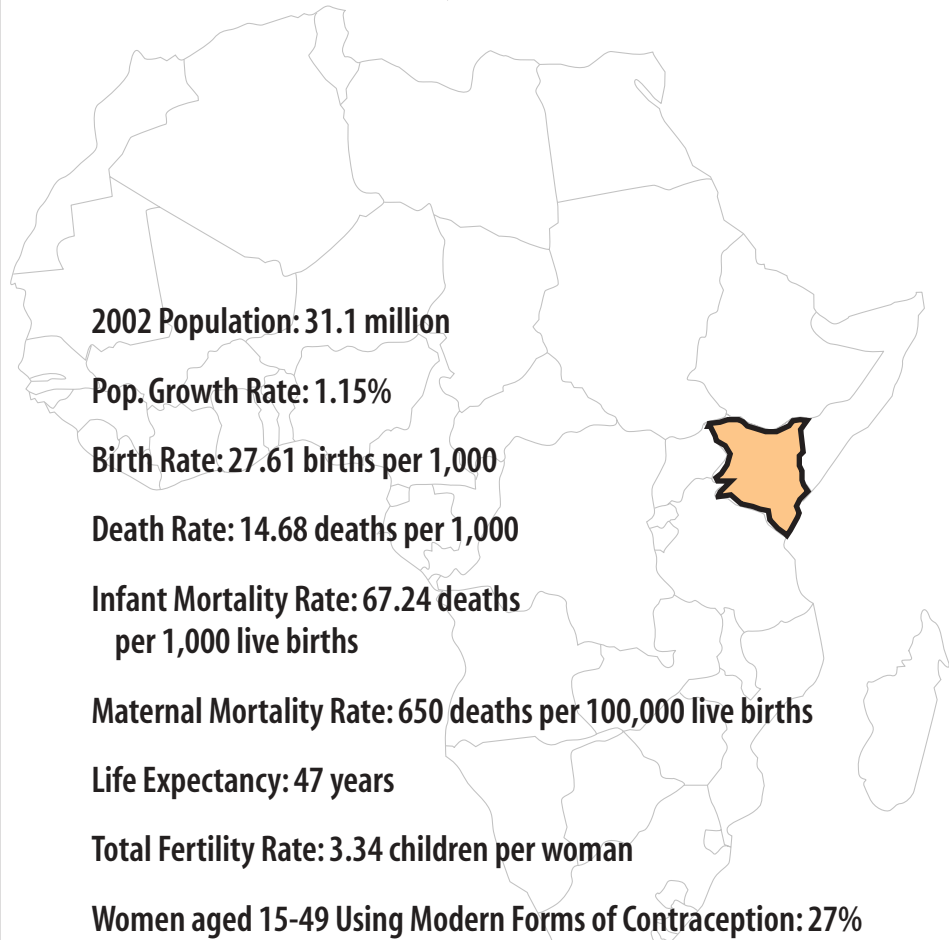
For Dr. Orero, turning his career to addressing the wreck of unsafe abortion hasn’t been easy. It’s been all-consuming and perhaps not always obviously successful. “It’s not something you go into if you want to marry, or to make a lot of money, or to be a ‘nice guy’” to politicians and religious and traditional groups he says. “But we have to do something to help these women.”

He’s frustrated by how religious leaders have tried to interfere and assert a moral authority over what he does. But Dr. Orero does not see his calling as inconsistent with his very Christian upbringing. Churches have been preaching against abortion “since time immemorial,” he says, but it hasn’t helped. “Jesus came for the wronged. If I have helped the wronged then Jesus will be happy.”

“When a woman gets pregnant in the developing world,” he explains, “she may see no choice for herself [but abortion] if society or her family decides she should not be pregnant.” Sexuality is a completely taboo topic – never discussed. “Yet when a young girl becomes pregnant, those parents who never talked to her about sex will be the first to crucify her.”

Dr. Orero has trained hundreds of providers throughout Kenya to recognize and treat unsafe abortion, significantly reducing the maternal death rate in Western Kenya, where the network is most extensive. Through K-MET, women and young people in some of the most isolated regions also have greater access to the information and services to prevent unwanted pregnancy, and plan for a better life.

Quick Facts on Kenya



Sources: CIA World Factbook 2002, International Planned Parenthood Federation

