

## Doctor finds higher calling when death knocks

Meredith May, Chronicle Staff Writer, Sunday, May 4, 2008

Dr. Frank Artress looked down at his fingers. His nail beds were turning blue. He was running out of oxygen near the summit of Mount Kilimanjaro.

A cardiac anesthesiologist, Artress knew the signs of high altitude pulmonary edema. He knew there was a 75 percent chance that he would perish on Africa's highest peak.

Artress led his wife to a rock, and they sat together above the clouds. Then it hit him. He wasn't afraid to die; he was ashamed. He had lived only for himself - practicing medicine in a Modesto hospital, traveling with his wife, purchasing luxury vacation homes and collecting art. He felt as if he had nothing to show for his 50 years. He felt as if his life had been a waste.

In that moment, Artress and his wife realized they were living for the wrong reasons. In that moment, everything changed.

Some people dream of giving up the trappings of success and starting life anew, with a purpose, with a social conscience. For Artress and his wife, the idea suddenly seemed real.

That day on Mount Kilimanjaro would lead the Modesto doctor and his wife to leave their comfortable life in California to become bush doctors, dedicated to easing the heartbreak of Africa.

### **The mistake**

Their lives might never have changed if Artress had simply followed mountain guide Kapanya Kitaba's instructions and thawed out his drinking water.

Instead, on the fifth day of their six-day Kilimanjaro climb in 2002, Artress awoke early at Arrow Glacier Camp. His wife, Susan Gustafson, was still cocooned in her sleeping bag. The 22 African porters were just beginning to stir.

Artress had wanted to do something big for his 50th birthday. An amateur photographer, he had a new Nikon, and began photographing the sun rising over the snow at 16,000 feet.

He knew his drinking water was frozen but figured it would melt during the all-day hike up the steep rocky face to Crater Camp at 18,500 feet, where they would spend the night and acclimate before summiting at 19,340 feet the next morning.

The group trekked all day, but Artress' water didn't thaw. Embarrassed at his gaffe, he didn't tell anyone how thirsty he was.

After a stop for lunch, Artress began to lose his breath. His lungs were slowly filling with fluid. It felt as if someone was squeezing his throat. He turned to his wife.

"We are in a really, really bad place," he began. He explained what was going on, and that the only

cure was to descend.

But that was out of the question, Kitaba said. The climb up Shira Route's Western Breach they had taken that day was too rocky and dangerous to descend, especially at night. To make matters worse, the temperature was falling, and that increased the chance of a rockslide.

The only option was to make the 840-foot climb to the top and go back down the other side. Husband and wife held each other and sobbed.

"I thought how stupid it would be to die without ever giving anything back to society," Artress said. By midnight, Artress worried he wasn't going to make it. Shivering under a pile of blankets, he turned to his wife: "We've got to do something, or I'm going to be dead by morning."

Gustafson roused the camp, and they set off in the freezing darkness for the summit.

Kitaba and the porters took turns wrapping an arm around Artress and singing Swahili songs of encouragement in his ear. They sang about the mighty mountain and about resilience, and stopped with Artress every time he had to bend over and take deep breaths to get his heart rate below 200.

In case his heart gave out, Artress taught the crew how to give him a precordial thump - a closed-fist smack to the chest that simulates an emergency adrenaline shot.

After eight hours, they crested the summit. Kitaba sent a porter racing ahead to the Kilimanjaro National Park ranger station to ready a stretcher.

Artress made it down the other side to the ranger station at 14,700 feet, where he promptly passed out.

When he awoke, he was in his sleeping bag, strapped to a military cot with a motorcycle tire under it. Four porters were each holding a corner and running down the mountain, still singing Swahili prayer songs. These men who barely knew Artress had risked their own lives, climbing in the darkness, to save his. Artress was overwhelmed with gratitude.

Kitaba got Artress to a doctor in a clinic in nearby Arusha the next day. The doctor saw no heart damage.

On his way out, the doctor, a U.S.-trained Australian, planted a seed: "You know, Dr. Frank, we need doctors here in Africa way more than they need them in California."

Artress turned back.

"It's been a rough couple of days. Could I have a night to think about it?"

### **The decision**

The next morning, Artress and Gustafson met the doctor for lunch. They had been up all night talking about how to live a life of purpose. What better way to thank the people who had saved Artress' life by returning to their medically deprived village so he could save theirs? The next morning, they were ready with an answer for the doctor.

"We're in. We'll come work in your hospital."

They knew their decision was the right one when they returned to their creekside ranch home in Modesto. The things they normally missed when they were away - the matching silver sports cars, the signed Mirós and Picassos, the full-throttle espresso machine and the swimming pool - no longer had any charm.

“It looked like we were at someone else’s garage sale, looking at all their junk,” Artress said. That week, Artress quit his job at Doctors Medical Center in Modesto and Gustafson gave notice as an educational psychologist for the public schools. Then they sold everything - the Montana ranch, the condos in Colorado and Palm Springs, the \$40,000 garden sculptures - and made plans to return to the foot of Kilimanjaro to administer medical care as a way of repaying the community that saved Artress’ life.

### **A new life**

Their new African home was a tiny apartment on one of the noisiest streets in Arusha - with a Maasai market selling chickens, goats and cows, a boisterous nightclub, and a mosque with predawn calls to prayer. Their electricity was intermittent, their tap water brown and they had no radio or television. They learned to appreciate cold showers and goat meat.

And they were at peace.

“It was as if this Buddhist cloud has passed over us,” Gustafson said.

But the job offer hashed out over lunch never materialized. The doctor who had promised them work in his clinic had returned to the United States.

Artress found work with another clinic in Arusha, where he ended up in what amounted to a crash course in tropical diseases.

On his first day, a patient with a neck abscess the size of a baseball came in. The resident doctor handed Artress a scalpel.

“I am an anesthesiologist. I don’t do this,” Artress protested.  
“You do now.”

It was like being in a residency program all over again. Everything that walked in the door was foreign to him. The girl who fell in a fire and had her arm welded to her chest, like she was permanently saying the Pledge of Allegiance. Another patient had a foot overtaken by a fungal infection. Artress saw children with bugs in their ears, foot-long worms in their intestines and infected witch-doctor burns on their bodies.

Many of his patients walked for days to see him. They had been living with their pains for years, in some cases all their lives.

“They don’t know what it feels like to feel good,” Artress said.

Such is the state of medical care in northern Tanzania, where the patient-to-doctor ratio is as high as 60,000 to 1 in some of the more remote areas. Poverty, isolation and lack of dependable medical care mean most adults have never seen a doctor. Most don’t live past 40, succumbing most often to malaria, tuberculosis and routine infections from drinking dirty water. A quarter of Tanzanian adults are HIV-positive, and the majority has no access to antiretroviral medicines that keep the virus from

escalating to AIDS. Half of all Tanzanian children are malnourished.

With an 80 percent unemployment rate, and the other 20 percent earning the equivalent of \$1 a day, many can't afford bus fare, let alone a doctor bill. The lucky ones who get into a clinic often walk out with painkillers but no diagnosis.

"You can save someone here with \$1.50 worth of antibiotics - but the heartbreak of Africa is that people don't have access to that most basic care, so they are dying of completely preventable diseases," Artress said.

Unless Dr. Frank can save them.

He relies on a well-thumbed reference book, "Tropical Medicine and Emerging Infectious Diseases," and the Internet, which allows him to research and e-mail with experts in the United States about how to handle the bizarre cases - such as the man with a 5-inch horn protruding from his neck. About the shape and texture of a pumpkin stalk, it was some type of accelerated bone growth. After a few e-mails with former medical colleagues in Modesto, Frank had the patient come to his house and lie down on the dining room table, where he surgically removed it.

After two years at the clinic, Artress and Gustafson were ready to branch out on their own. They stocked their beat-up Land Rover with donated medicine and headed into the bush.

### **The bush**

They began conducting outdoor clinics at orphanages and tribal villages, where they passed out antibiotics, vitamins and bandages. From the back of their truck, they gave malaria tests and sewed up cuts. In 2005, they bought a 20-foot Mitsubishi bus, with four-wheel drive, running water and oxygen. They added solar electricity.

In mid-November, Artress and Gustafson, their interpreter, a visiting doctor and several volunteers drove to a Maasai village in Mdori to check on the villagers. They headed for an open plain, near a boma - a constellation of mud huts with weed roofs.

Artress and Gustafson spotted a lone acacia tree and parked in the shade. The bus doubles as the pharmacy and needs to stay cool so Gustafson can be inside to fill prescriptions.

A crowd started forming before they could finish brewing their coffee over a portable propane burner. First to arrive was a young boy with swollen, watery eyes, wearing a red shuka robe and carrying a spear.

Then came the women, of all ages, in bright blue robes with elaborate beaded jewelry on their necks, wrists, ankles and ears, making a soft clinking noise in the breeze. Many carried babies, who drank milk from gourds decorated with leather and small white beads.

Almost 100 people gathered on the ground before Artress. It seemed as if everyone was sick. Children had distended bellies. A few had malaria. Women had strained necks from carrying buckets of water on their heads, and high fevers. Several were sent to Gustafson inside the bus to receive an antibiotic shot in the buttocks to treat sexually transmitted diseases. It's likely they caught diseases from their husbands, who frequent prostitutes while working in Tanzanite mining towns for months at a time. Many of the women had ulcers. Artress treats about 20 ulcers a day in Tanzania, which he said is the result of so much worrying about where the next meal is coming from.

“When I first got here, and so many patients had ulcers, I thought something must be wrong - that’s an American disease,” Artress said. “But as I came to learn the culture, it made sense. Every day is a fight to get water, a fight to stay warm at night, a fight to find food for your kids. That’s got to be more stressful than worrying about getting a promotion.”

### **Breaking ground**

Artress and Gustafson’s friends back home began to realize their trip was not a midlife crisis. It was a mission. They pooled their resources and helped form a charity so they could raise money to build a permanent hospital in Karatu. One friend began collecting castoff hospital supplies and shipping them to Tanzania. Williams and Paddon Architects in Roseville (Placer County) designed the hospital. A volunteer created a Web site. Artress’ sister agreed to be accountant. FAME - the Foundation for African Medicine and Education - was born in 2004.

They raised enough to buy 18 acres on a gently rising slope with panoramic views of the terraced coffee plantations, lush jungles and purple jacaranda trees ringing the Ngorongoro Crater, a national conservation area. The air is soft, and the sound of songbirds quiets only when the sun goes down. First, they planted a perimeter of trees and hired a guard, an askari, to help shoo the elephants that come down from the jungle.

The property will include cabana huts for patients’ family members and visiting medical volunteers. Artress and Gustafson will live in a small house. They will add a medical training program, so Tanzanians can learn how to administer Western medicine.

At the newly built dispensary, patients can come for checkups and surgeries, and construction has begun on the 40-room hospital.

Rotary clubs and the Medical Relief Foundation in Modesto are paying for a well to serve the hospital and neighboring village. It will be Karatu’s first freshwater well.

When completed, the FAME hospital will be the first in Karatu, a city of 180,000.

“The medical need here is simply overwhelming,” said Artress, leading The Chronicle on a tour of the construction site.

Karatu has three doctors, with varying degrees of training. They are all generalists who are more known for handing out painkillers than actually treating patients. Back in Modesto, about the same size as Karatu, Artress was one of 20 cardiac anesthesiologists at his hospital. Karatu has no medical specialists of any kind.

### **Keeping his promise**

One of the first, and now a regular, stop on Artress’ rounds is the village where his Kilimanjaro mountain guide, Kapanya Kitaba, lives.

“Dr. Franki! Dr. Franki!”

Children are running alongside his Land Rover, waving and banging on the side, as Artress pulls into Kapanya’s village. Artress slows so as to not run them over.

He waves back at them like a beauty queen on a float, turning slightly red but liking the attention. Once Artress has parked in Kitaba’s driveway, the kids know the car is theirs for the evening. More

than a dozen pile in, and take imaginary trips to faraway places.

“For a mzungu - a white person - to come here and care so much is a really amazing thing,” Kitaba said. “When he comes, people ask me how much it will cost them and they can’t believe it when I tell them it’s free.”

Artress’ arrival inspires a feast - chicken cooked over a charcoal fire, rice and cooked bananas. Before dinner, Kitaba has a few patients waiting. First up is Abraham, a man in his 30s who looks 20 years older - gaunt, tired and listless. He has been suffering from an ulcer for three years. He has never seen a white person before and is a little reticent, but lets Artress touch him.

Artress pushes on his chest in various places, asking in Swahili where he feels the pain. Artress hits the right spot and the man sucks in air and closes his eyes. Artress pulls some pills from his black bag and prescribes them to Abraham. Kitaba runs into his house and returns with a digital camera.

“He thinks you are an angel who came with medicine,” Kitaba explains. “He wants a picture to prove it was true, because nobody will believe it. He will put it on his wall and remember you forever.” Artress hugs Abraham, overcome by the compliment. This is what doctoring was supposed to feel like. This is the moment he would think about, the next time death comes knocking.

*E-mail Meredith May at [mmay@sfchronicle.com](mailto:mmay@sfchronicle.com).*