

CENTRAL HEALING

DR. DOMINIQUE CORTI OF THE PIERO & LUCILLE CORTI FOUNDATION ON PRESERVING THE FUTURE OF AFRICA'S LACOR HOSPITAL

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Dr. Dominique Corti was born into a medical legacy. Only child to two of this century's greatest healthcare icons, the work of her parents, Italian pediatrician Dr. Piero Corti and Canadian surgeon Dr. Lucille Teasdale, has spanned over decades — years marked by war, harsh dictatorship, rebel raids, the discovery of AIDS and epidemics including the horror of 2000's Ebola outbreak. Motivated by the belief that all countries, regardless of stature, politics and economic factors, deserve the right to provide their citizens with a healthcare facility comparable to those typical to patients in the western world, Corti and Teasdale moved from Europe where they were both working and relocated to Africa in the early sixties. In Uganda's capital town of Gulu — precariously located on the border of war-torn Sudan — the two began the process of building up the small Italian missionary hospital named Lacor; a 30-bed dispensary that under their stewardship would become one of the continent's largest general hospitals and amongst the globe's most earnest entrepreneurial success stories.

Corti and Teasdale's time at the hospital saw their marriage, the birth of their daughter Dominique, the growth of Lacor to a 500-bed hospital, the creation of an onsite nursing school, the founding of satellite clinics and, eventually, each of their deaths — Teasdale's tragically to AIDS contracted in the operating room. The couple's tenure saw hope planted in the face of poverty, civil unrest and vast human suffering; an optimism nurtured by determination and an operating philosophy rooted in the hospital's native African soil.

Today, with a staff total of roughly 600 Ugandan employees servicing more than 300,000 patients annually, and a celebrated reputation as a training centre for graduates in medicine, Lacor Hospital has realized the husband-wife team's

dream to establish an institution that would feed back into the greater community.

Dr. Dominique Corti — who was raised in the hospital until leaving for boarding school at the age of 10 — has dedicated her own life to preserving the accomplishments of her parents. The president of the Piero & Lucille Corti Foundation in Italy and the honorary president of the organization's Canadian-based division, Corti leads the mission to raise the funding necessary to ensure the hospital's present and future operation. As Dr. Corti shares in a recent interview with *LUSH*, this heavy task is joined hand-in-hand with the effort to sensitize the western world to the critical needs of an area in constant human crisis.

Q. WHAT WAS IT LIKE GROWING UP IN LACOR HOSPITAL? YOUR PARENTS MUST HAVE BEEN VERY BUSY.

My parents were never separated from the hospital; we lived in the house compound there. I would come in with my mother and watch her do the rounds, and that was something that allowed me to see the hospital as something that I never had to be jealous of. It was my house. I used to feel sorry for the poor little Italian and Canadian children who did not grow up in a hospital — it's strange!

Q. THOUGH YOU ARE CURRENTLY FOCUSED ON THE PIERO & LUCILLE CORTI FOUNDATION, YOU ARE IN FACT A TRAINED MEDICAL PHYSICIAN. WAS THIS CAREER CHOICE IN ANY WAY INFLUENCED BY YOUR PARENTS?



My parents never really asked me to go into medicine, and that's why I did it in the end. If they had forced me, I would never have done it! Once I got my medical degree, I had to decide where I wanted to be. But after choosing Lacor, it didn't make sense to do what I wanted to do, which was be a doctor, because the hospital had no real need for me. We have 35 to 40 Ugandan doctors, so what I am doing now is the best way for me to help the hospital.

Q. HOW MUCH FUNDING IS REQUIRED IN ORDER TO KEEP DAILY OPERATIONS UP AND RUNNING?

Very little, according to European or North American standards. Think of it like this: the major cause of admission and death in our hospital is malaria. So we have more than 7000 admissions for severe malaria [annually], where you don't get admitted in a hospital for a little bit of a fever. Malaria costs more or less \$10 for each life saved — for every life saved.

Q. SO IN TERMS OF AILMENTS, WOULD IT BE CORRECT TO ASSUME THAT PATIENTS ARE BEING CHECKED IN FOR VERY DIFFERENT CONDITIONS THAN HERE IN THE WEST?

It's absolutely different from here in North America. We

have a lot of infectious diseases because of poverty, while here you have a whole different sort of category of diseases. In Africa, you have more or less the same sort of thing you had here in the 1800s before the Industrial Revolution. Just take into consideration last year's admissions: of the 37,000 admissions, 50% were children... children means under 6. More than 35 children last year died in our hospital just from malaria or severe anemia, which is due to malaria.

Q. KEEPING IN MIND THE RAPID SPREAD OF INFECTIONS, OVERCROWDING MUST BE AN ISSUE AT LACOR.

At any one moment we have 750 people admitted, and we have under 500 beds, but you cannot turn them away. And then there's the fact that more than 70% of the people are under poverty standards. And if you live two to three days walking distance from the hospital, which used to be a war zone up until two days ago, you're not going to go in for a slight problem, sometimes you won't even go for a serious problem. It can be just too dangerous. You could be risking the lives of all that you take care of and you have to calculate which is more worthwhile.

Q. ARE THERE OTHER COMMUNITY ORGANIZATIONS THAT ACT AS A SUPPORT SYSTEM FOR THE HOSPITAL?

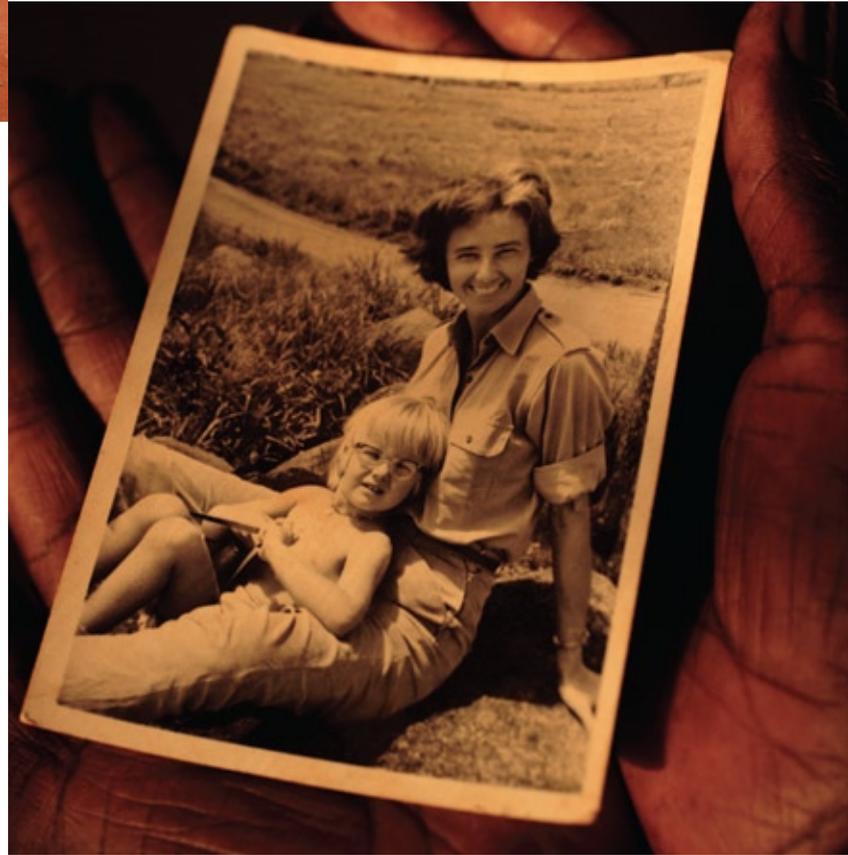


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We do have community support, though there was a long period of time where Lacor Hospital was the only institution for the two or three million people in the area. But that was our responsibility. Our mission is to be where we are most needed and if somebody else can do it as well as we can, then they should be working there and we should move on. For example, in the '70s there was no government system in place to treat AIDS, there was only us. Now we are in the opposite situation, where we are cutting down our AIDS unit because the government has set up programs.

Q. BACK TO THE MONEY ISSUE, I UNDERSTAND PRIVATE, NOT-FOR-PROFIT HOSPITALS ARE SUFFERING FROM A LACK OF DONATIONS. IS LACOR STRUGGLING FINANCIALLY?

Well, it's always running after money. I mean, my parents used to work [at] the hospital during the year, and take one week or up to one month holiday to try to raise money and projects to cover the hospital for the next year. But then the hospital got too large for this, so that's why in 1993 they established a foundation in Italy and a foundation in Canada. The role of the foundation is really to help with the running cost of Lacor. The big donors, the big organizations, won't give you that funding consistently; we're a limited-time



project. The difference is made up by the foundation.

Q. DO YOU THINK THAT GIVEN THE DIFFICULTIES REGARDING FUNDING, LACOR HOSPITAL IS UNABLE TO COMPETE WITH THE MEDICAL INSTITUTES IN THE WESTERN REGION OF THE WORLD?

The interesting thing is that my parents left Europe and decided to go to Africa not just because they wanted to work for small hospitals; they wanted to go and offer the same kind of care at those hospitals as they had been providing back home... for the most number of people, at the most affordable cost. But you can't keep up even *here* [in Canada] because there's this perverse way of always running after technology. This means you're spending increasingly larger amounts of money on technology for a smaller and smaller amount of benefit in terms of finding diseases and curing them. So you're spending huger and huger amounts of money here for less and less benefit, when over there you have so much you could do with just a very small amount of what you're spending here. In the end, what really upsets you is this — this race for technology. ✨