



## From the Editor

Gretchen Birbeck, MD, MPH

Without Borders recently interviewed Dr. Benjamin Warf, a professor of neurosurgery at Harvard Medical School and Director of the Neonatal and Congenital Anomaly Neurosurgery unit. The focus of the interview was his work in Uganda: how he started, what was accomplished, what has changed, and what we might expect moving forward.

In the interview, Dr. Warf tells us how he started his work in Uganda: “In 2000, I left my position, where I was the pediatric neurosurgeon at the University of Kentucky, which is my home state, and moved my wife and 6 children to Uganda to help start a hospital there with an organization, which is a Christian nonprofit, called Cure International. Cure builds and operates surgical specialty hospitals for children in developing countries. This was the second hospital that they had done. The original vision had been mostly for orthopedic-type hospitals, but I had managed to convince the founder and director of the organization at that time that a pediatric neurosurgical hospital would be very beneficial.

“We went to Uganda and started this hospital, and I wasn’t really sure what we were going to be doing there, but I knew there should be a fair amount of hydrocephalus. There was a shunt that I was using, had used for years, which is produced and used in North America. At the time, it cost about \$650. I told my organization, I’m probably going to need a substantial number of shunts and this is what I would like to use. So, they bought 50 of them, and they said, ‘That’s all we can afford. This is all you get.’

“At the same time, I became aware of an organization called the International Federation for Hydrocephalus and Spina Bifida, which is based in Belgium, and they had just started a program of providing shunts to certain sites in developing countries for places that didn’t have shunts. The shunt they were providing was made in India—it’s called the Chhabra shunt—and at the time it cost \$35. I think now it’s up to \$40. [laughs]

“I had basically an unlimited supply of these very cheap shunts and I had 50 of the shunts I was used to that were used in North America. I said, ‘Well, you know, kids are going to get one or the other eventually, so let’s just compare the two. We did a prospective, randomized trial’...”



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*Neurology* 2019;92;227

DOI 10.1212/WNL.0000000000006889

**This information is current as of January 28, 2019**

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