

Save One Life and Mt. Kilimanjaro

For many of us, living with (or around) hemophilia or von Willebrand disease becomes a way of life. We attend our local chapter events, educational symposiums, sponsored golf outings and Christmas parties. When we have a bleed, we infuse with supplies that we have stored in our closet or refrigerator. If we have an emergency, we hop in our car and drive 10 minutes, 20 minutes, or even an hour away for an appointment with highly knowledgeable clinicians. Having all this information, resources and supplies at our disposal makes us appreciate how fortunate we are to live in America.

But how often do we think about those in less fortunate countries who are coping with a bleeding disorder? The majority of third world countries do not have the same resources. Patients with active bleeds might have to travel 4 or more hours by foot, bicycle, motor car, bus, or other means just to get to a clinic. Once there, the clinic may not even have factor or the supplies needed to infuse.

In August 2011, a group of 10 people set out to Kenya and Tanzania to climb Mt. Kilimanjaro as a fund-raiser for Save One Life, an organization that raises money for children and adults with bleeding disorders

in developing countries. The team consisted of Laurie Kelley (founder and President of Save One Life), her daughter, Mary, Eric Hill (co-founder of BioRx), his son, Alex, Julie Winton (registered nurse and BioRx employee), Jeff Salantai (BioRx employee and person with severe hemophilia), Neil Herson (president of ASD Healthcare) and his two daughters, Kelly and Brittany, and Kara Ryan (family friend of Eric Hill and a pre-med student).

The week prior to the climb was spent in Nairobi where several members of the group attended patients' homes to see

first-hand the struggles of living in poverty. They visited Nairobi as well as rural, mountainous areas outside of the city. Each family provided personal stories of the struggles they have encountered without treatment. The team also visited several hospitals and clinics, including the MP Shah hospital in Nairobi where patients gathered to tell their stories and learn about the visitors from America and why they were there. After visiting with local residents, hearing stories about children dying because they could not get an infusion of factor, Julie decided to host an impromptu infusion clinic where she taught family members how to infuse, and even administered a few infusions herself.



Julie hosted an impromptu infusion clinic where she taught infusions to local residents.



The team reached the summit at Uhuru peak, the highest point in Africa.

The second leg of the trip took the team south to Tanzania where the 19,340-foot monolith, Mt. Kilimanjaro, stands. The team headed up the Machame route which took them 5 days to ascend and 1 day to descend. They trekked through all types of climate zones including jungle, high desert and alpine. Each day consisted of more than 8 hours of hiking. In order to properly acclimatize, the team hiked to a higher elevation each day and then back down several thousand feet to sleep. This process increases the red blood cell count and, therefore, oxygen levels in the body. It also helps prevent altitude mountain sickness (or "AMS"). On the evening of the fourth day, the team set out for the summit at 11 p.m. They hiked all night and into the early morning until celebrating their success atop Uhuru peak, the highest point in Africa.

As a result of its efforts, the team was proud to announce that it had raised more than \$66,000 to help people living with a bleeding disorder in Kenya and surrounding countries.

To learn more about the climb, please visit <http://blog.kelleycom.com>. Click the August (2011) link in the left-hand column to access the African trip details. For more information on Save One Life, or to make a difference in the life of a child with a bleeding disorder, please visit www.saveonelifenet.