24 Hands Reaching Out

By Dr Chua Yao Dong

For four days in October 2011, a group of 12 volunteers, consisting of five doctors, six dental surgeons and one medical aide, headed to Zambia in southern Africa for a medical mission project. This was the second time the group, Global Clinic, was visiting the same local village. The team was led by an oral and maxillofacial surgeon, Dr Myra Elliott, who is actively involved with various medical mission trips worldwide. I am a novice to medical mission work, and this was the first expedition I had been on.

We were based in a village called Chitungulu, which is located in the district of Lundazi, 230 km away from Lusaka, the capital of Zambia. The village has been receiving assistance from Communities for Conservation Society of Cologne (CCSC), which is a German non-governmental organisation that aims to promote long term sustainable conservation of nature. They are involved in educating local villagers on establishing livelihoods without resorting to their traditional practices of hunting wildlife animals for subsistence. In addition to assisting with their daily needs, the foundation also collaborates with medical mission groups such as Medical and Dental Reachout to provide healthcare support for the Zambians.

Lundazi has a population of 11,105, and is served by a community clinic based in the village of Chitungulu where we worked from during our four days there. It is staffed by a single government doctor, Dr Hamusonde, who has been posted there from the city. His spouse, Doris, who is a qualified nurse, assists him with the running of the clinic. There are several other satellite clinics dispersed around the district, which are manned by trained nursing staff. The nearest referral hospital is more than 120 km away, or a four-hour drive on local road conditions. During the months of November to April, the wet season descends upon the plains and the village gets cut off by muddy roads and overflowing river banks. Transport becomes highly challenging and the clinic is unable to receive medical supplies during this period.

Accessing the village was no mean feat even during the dry season. It meant a 20 hour trip from Singapore, beginning with a 12 hour flight from Singapore to Johannesburg, South Africa. Subsequently, there was a 2.5 hour domestic flight connecting Johannesburg to Lusaka. From Lusaka, we had the assistance of Flying Mission Zambia, a missionary pilot and air transport organisation, who shuttled all of us and our equipment in single propeller Cessna planes on another 3.5 hour flight, landing on a makeshift airstrip in the plains of Lundazi. Capping the three flights was a 30 minute long road trip in Land Rovers into Chitungulu. With the seasonal weather conditions and inaccessibility of the location, it is evident that Chitungulu does not receive many foreign visitors.

Our medical team comprised of five doctors. Based on the list of conditions compiled by the previous team four years ago, we brought along medications of greatest relevance to the locals. We also included emergency equipment to allow us to perform resuscitation, as well as surgical instruments together with a portable autoclave for minor procedures. There was an O&G specialist on board and she painstakingly transported an ultrasound machine to the clinic. The ultrasound capability proved very useful, especially when dealing with suspected pregnancies, as there were no urine pregnancy tests available in the village.

The distribution of the cases seen during this trip was highly interesting. In total, the entire team attended to 1,000 patients, of which over 700 required medical attention, and more than 300 dental procedures performed. Malnutrition diseases such as kwashiorkor and rickets, and infectious diseases such as malaria were highly endemic in the region. Unfortunately we were unable to treat a number of suspected bilharzia cases due to difficulties in acquiring praziquantel, an anti-helmintic medication.

We had the opportunity to operate on 28 cases of lumps and bumps, mostly chronic cases of sebaceous cysts and lipomas. According to local beliefs, visible growths such as lipomas were viewed as curses and it was very inauspicious to be affected by such a condition. Unfortunately the local doctor did not have any instruments to perform minor surgical procedures. Initially the villagers were unaware that the team was excising lumps and bumps, but queues started to snake once word got around.

Eventually we had to turn away a good number of villagers as we ran out of both time as well as consumable medical supplies such as local anaesthesia. The O&G specialist dealt with various gynaecological complaints from our outpatient clinic, assisted a significant number of new patients to register their pregnancies for antenatal follow-ups, and attended to a patient with vesicovaginal fistula as a result of a traumatic delivery. As the clinic had several inpatient beds, we were able to admit some of the sicker patients for treatment and monitor their conditions subsequently. It was highly rewarding to be able to follow up on these cases and see them improving clinically even over the course of our short stay at the community clinic.

Apart from running outpatient clinics, we also organised a separate session where we directed patients with presbyopia to be prescribed with the reading glasses that we had brought along with us, as there was no optician available locally.

During our medical mission trip, all the team members were immensely touched by the spirit displayed and good work done by the local doctor, Dr Hamusonde himself. In the four years that he had been posted to Lundazi, he managed to set up a medical records system for the entire district, even with very limited resources and support. The community clinic did not have any inpatient facilities when the team visited four years ago. In comparison, it now has two separate wards of six beds each for both males and females, as well as a separate maternity ward for delivery. Dr Hamusonde was available to the villagers at all hours of the day and did not draw any distinction on his working hours. On the same night he received us at the village, he had to rush off on his bicycle to accompany the local police who were investigating the murder of a local accused of witchcraft. With the aid of staff from CCSC, Dr Hamusonde and his wife have been conducting weekly classes for mothers with malnourished children to teach them ways of preparing food and optimising food resources. In addition, he initiated other programmes such as the new pregnancy registration clinic, to provide better antenatal care. As a clinician, he displayed good bedside manners and shared a great sense of humour when interacting with his patients and fellow helpers alike. His wife, Doris, although trained as a nurse, also picked up microscopy skills and interpreted malaria films for patients. The couple's spirit of service towards providing healthcare for the villagers in such challenging conditions was definitely an inspiration to us.

We set off to Zambia with the intention to provide medical aid for the locals. In our four-day stay there, we were exposed to a diverse spectrum of medical conditions which greatly enriched our knowledge, while being humbled by the efforts of the local village doctor. Personally it has been an immensely rewarding experience, and I would encourage medical professionals to continuously seek opportunities to learn and serve our communities at large.

To find out more about Global Clinic, email Dr Elliott at elliott@singnet.com.sg. SMA

Dr Chua Yao Dong is a medical officer currently serving national service. He is heartened by the efforts of hospitals, welfare organisations and student bodies to make healthcare more accessible to the less privileged in Singapore and overseas, and hopes to contribute meaningfully towards such causes.

Arriving in Lundazi in single propeller planes

The community clinic where we worked from

Medical records system started by Dr Hamusonde

Dr Hamusonde (centre, in white coat), his wife Doris (in yellow) and Dr Elliott (holding a child), with the rest of the team