

key points

he turn-of-the-year cholera

new clinical sign - the 'Nokia sign' means that once they are back on their mobiles the patients are no longer dehydrated.

B ut Haiti has well documented long term woes too, and health training may be set back a generation. CMF opportunities for overseas service are described.

ne year after its catastrophic earthquake, Haiti suffered a further devastating blow - a cholera outbreak which saw over 200,000 cases and claimed over 4,000 lives. Samaritan's Purse, an international agency which has been working in Haiti since the earthquake, asked CMF in November to find some doctors to help in their cholera treatment centres, where the numbers of patients were overwhelming. At one point they were receiving 30 patients per hour, brought in by wheelbarrow or slumped on the back of a

We used our newly created STAT list – a database of doctors willing to help short term - to send out an email alert. Ten CMF members took up the challenge and went out to help during December and January, mostly for two week stretches. Alex Bunn was among them, and says it was one of the best things he has ever done. While there, he wrote a blog for the CMF website:1

21.1.2011

'We're up at 5am each day in order to arrive before sunrise at the cholera camp, and not back until 7:30pm. We avoid the roads in daylight hours partly for security, as there has been rioting and unrest since the failed elections in November. It was quite unnerving on the first day to see a couple of guys on motorbikes speed past our Land Cruiser

brandishing shotguns, until we realised they were our armed escort, recruited from local slum gangs.'

The 'Nokia sign'

'So what is it like to treat cholera? I had only read about it before in textbooks - a devastating diarrhoeal illness which can render a person semiconscious within hours through dehydration. We use the infamous cholera beds, with a hole in the middle to allow the passing of 'waterfall stools' without the patient having to mobilise - dangerous when they are so fluid depleted.'

'One patient required 90 bags of Ringer's Lactate in just over two days - he was losing his whole body weight in diarrhoea each day. I had never before seen sunken eyes in an adult, dough belly skin, nor jaw dislocation secondary to vomiting. But cholera is very satisfying to treat, as 99.5% recover if they get help, even those who present without a palpable pulse. Another sign that seems quite useful is the Nokia sign: even the poorest appear to carry phones, and once they are on their mobiles, they are home and...not so life-threateningly dry!'

'One abiding memory of the camp will be the ubiquitous bleach. We have to splash through a soggy tray of bleach on leaving every ward - my trainers have never shone so white! And there is a tank of 0.2% bleach stationed at every gateway, where an attendant shouts 'Wash!' at all who pass perhaps the NHS has something to learn here!'

I know who holds the future

'I am also impressed by the chaplains who welcome us each night armed with bleach brushes, to decontaminate our shoes. A very necessary take on washing one another's feet, I suppose. It is just one illustration of the integrated role of the pastors in every aspect of the work.'

'At the clinic, the pastors lead a rousing worship time in the courtyard waiting area, as the medics scout out the sickest who can't stand up to sing, and bring them to the front of the queue. A surprising number take up the offer of pastoral support after seeing the doctor. Despite their circumstances, their requests for prayer are not usually desperate, but a quiet reflection on the obvious fact that none of us

has total control of events. 'I don't know what the future holds, but I know who holds the future' seems less trite in a context where the ground might literally open up sometime, but where faith makes some sense of the bigger story. And it's a rebuke to me to hear the conviction and joy of the worship on the cholera wards. If Haitians can remain thankful despite post-colonial destitution, earthquakes and cholera, what's my excuse in the UK?'

Supporting local people

Jill Wilson was another CMF volunteer who was pleased she had joined the team:

'I am so grateful that God gave me this opportunity to serve. Although our time there was short, I think we did make a difference in an acute situation most of the people we saw would have died without our intervention but they made complete recoveries. The Haitians didn't have enough staff to manage the centre by themselves and they didn't have the experience to manage such acutely unwell patients, especially the children. We gave as much training and support as we could, because when patient numbers decline, the ex-pat team will be reduced and they will be in charge.'

Abi Boys returned home after her two week stint with hope, despite the enormous problems facing Haiti:

'The chaos and corruption in the first election, the grinding poverty and the piles of rubble across the country make you think progress is still decades away. But when I see aid organisations empowering a community; when I look at an individual or a family collecting safe water, finding shelter, kids going to school – there's a feeling that the grassroots people may just be the ones to turn things around.'

Just the latest fire

Sadly though, cholera is just the latest fire that needed putting out. The chronic woes of the country are well documented. Seventy per cent of the economy has been wiped out. Only about a tenth of the rubble has been cleared. The university was literally flattened, and its clearance has been hampered by the difficulty in identifying corpses that rats have disfigured. Health training may be set back a generation. Haiti will be needing external support for a while to come. Do pray for those who remain there to do the slow and less rewarding work of reconstruction.

STAT - Short Term Able to Travel

How can we help overseas if we live in UK? Our survey showed that many CMF members are involved, in a variety of ways. 23 Some 350 signed up to the newly created STAT list for those who might be able to fill a short term gap abroad. Those on the list will receive email alerts of specific needs relevant to their specialty, which might be urgent, like the crisis in Haiti, or might be for a planned trip a few months away. Opportunities might include:

- Specialist help for a teaching trip
- Locum cover for a long-termer
- Extra help in an emergency
- Extra support where staffing levels are low

Abi has been on several short term trips as a junior doctor. She says

'People often think you have to be a consultant to be able to help but you don't. My role in each of the trips I've done has been different and the learning curve often huge! But as long as I remember that it's God's job to save the world - not mine – and that I just have to be faithful in doing the bits he calls me to, it's not overwhelming. My skills, management and prayer life

have all grown each time. My eventual aim is to be abroad long term and involved in international health, but I would encourage everyone for whom it's possible to go on a short-term trip: Just do it.

If you would like to be on the STAT list, email vicky.lavy@cmf.org.uk. Short and long term needs are advertised on the international job opportunities page of the CMF website www.cmf.org.uk.

Vicky Lavy is CMF Head of International Ministries



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references

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