

## Perspectives

One of the joys of my job as CMF Head of International Ministries is that I meet people who are working all over the world. It's a privilege to hear about their different challenges and learn from their different perspectives.

### The tip of the iceberg

At last year's Developing Health Course I met Jachin Danielraj, an Indian doctor now based at the famous Christian Medical College in Vellore. However, she hasn't always been in this big centre. She spent 13 years in a rural mission hospital, working hard to serve the poor, but then saw a child who changed her perspective. She told me the story:

*'We admitted a child with post-streptococcal glomerulonephritis – a common complication of scabies. He did very well and I discharged him after two weeks, feeling very pleased with myself. But as I chatted to his family about the village they were returning to, I heard that their son was just one of six children with the same condition. Two died soon after developing oedema. The remaining four went to the traditional healer in the village, who chanted mantras, sacrificed chickens and applied herbs – and two further children died. The remaining two went to see a quack doctor who gave IV fluids and several different drugs – and another one died. The child in front of me was the one who had survived these ordeals, and thankfully was now better. But what about the other five who I hadn't even seen?'*

*'I realised that the patients I was seeing are just a tiny fraction of all the people needing medical help. I stopped to look up from my hectic clinical work – was this really the best way to help? My husband and I sat up late into the night, struggling with this new perspective. There are very few health workers in the rural areas, but there are many churches, and they send evangelists into the villages with the gospel. Why couldn't they take basic health care as well? It's not difficult to treat scabies – if those six children had been treated in the village, none of them need ever have got glomerulonephritis. And so it was that I moved to Vellore and started a training programme for village evangelists. We have now trained 800 – imagine how many people they can reach.'*

Globally 1.3 billion people have no access to basic healthcare – that's one fifth of the world's population! In Ethiopia, 75% of the population live two days' walk from the nearest road, which may then be many miles away from a functioning healthcare facility. It's not surprising that most of these people will never see a health professional in their whole life. Working in clinics and hospitals, it's so easy to forget that we are only seeing the tip of the iceberg.

### Not as simple as meets the eye

Mary Cusack and Catherine Morris are paediatricians working with vulnerable children in Orissa, one of the poorest parts of India. They told me about some of the struggles that have opened their eyes to the realities of life for these forgotten children who have no one to speak for them.



*'Ramesh is a boy who presented with swollen glands in his neck. A biopsy confirmed TB lymphadenitis – both common and curable. India has a World Bank-supported nationwide TB control programme providing free treatment, but we didn't realise how difficult it might be to treat just one child in the area where we live.'*

*Ramesh lives in a "low intensity conflict" area, where there is rebel activity. The government healthcare system barely functions, as healthcare professionals are unwilling to work there. So we ordered Ramesh's medicines from the health centre nearest to him, but it took two weeks for a government doctor to come to the clinic to approve the order. The drugs then took another couple of weeks to arrive and when they did, they were the wrong dose and out of date. So we sent them back and asked for the right ones, but then learned that there were no paediatric TB drugs to be found in our whole district or the neighbouring one. It seems that there is so little active medical care in the area that no diagnoses are made and no children have the chance to receive the therapy before it goes out of date! So we waited once again for some in-date adult drugs to arrive and spent an afternoon splitting six months' worth of different medicines into individual doses that Ramesh could take, and packaging them into little envelopes. At last he started treatment...six weeks after the diagnosis was made. What should have been a simple process was not at all simple – that's the reality of life in a place like Orissa.'*

### We can't do everything, but we mustn't do nothing

What are we to do in the face of such challenges? Jachin has come up with a creative way of reaching thousands of people who would never make it to a hospital. Mary and Catherine fought for Ramesh, living in a place with complex, chronic troubles. We will never solve all the problems, but these three doctors are doing all they can where they are.

*'We can do no great things; only small things with great love.'*

Mother Teresa

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