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Out of Africa

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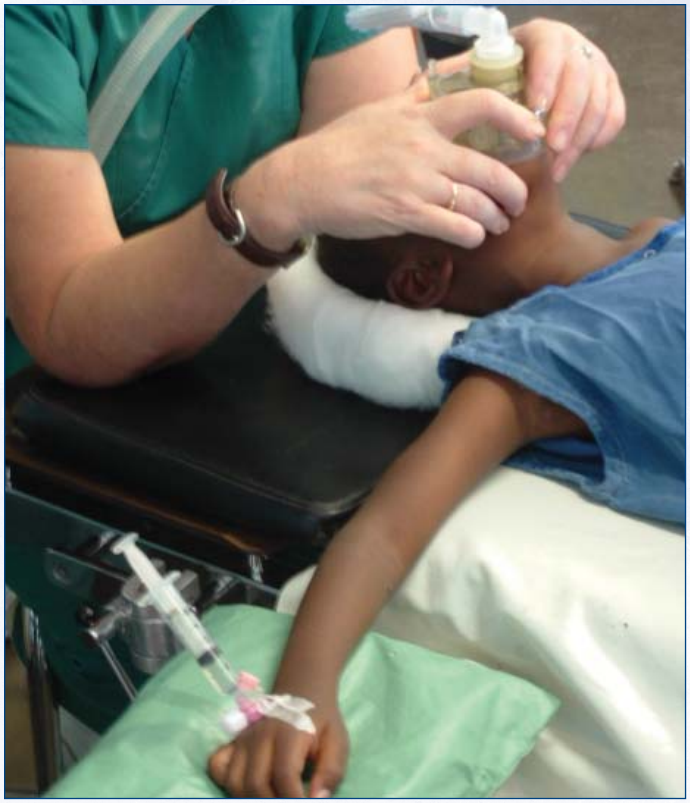
Out of Africa

Gay Pratt, RRT

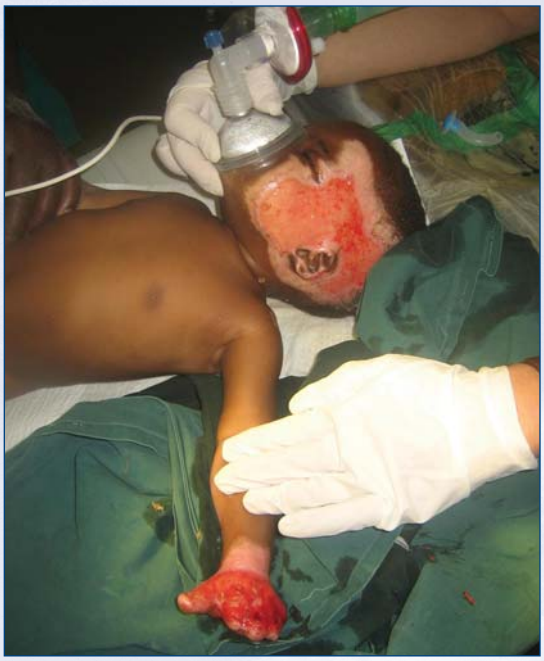
How does a respiratory therapist wind up as a volunteer in a rural hospital in Zimbabwe? A while back, I felt it was time to take a break from my position in respiratory research at Ottawa General Hospital — mainly for myself — to put life into a bit more perspective. What better thing for me personally to give my time, to volunteer for some project overseas?

When I volunteered, I had no plan to do any kind of medical work, just to volunteer somewhere building houses, teaching English or washing dishes. I inquired with my church and received an invitation from the Salvation Army Howard Hospital in Zimbabwe, asking if I would be interested in coming to volunteer at Howard Hospital. Dr. Paul Thistle, the medical director felt he could use my medical background in respiratory medicine at Howard Hospital. I packed my stethoscope and off I went.

I arrived in a developing country, with some idea of what I was getting into. My sister had been a missionary in South American for three years, and had briefed me on what to expect. I was still shocked at what I was seeing. Howard Hospital is a rural hospital, an hour outside of the capital Harare. That one hour makes an enormous difference.



Antiquated equipment and scarce supplies make simple operations much more complicated.



Children are often burn victims, coming too close to cooking fires.

The hospital has been administered by The Salvation Army since 1923, serving the needs of the Chiweshe villages and surrounding area. It is 85 km north of Harare and consists of about 35 villages. The hospital has a catchment area of more than 250,000 people, predominantly poor, subsistence farmers.

The Shona people who live and work at the hospital stay in small houses on the hospital grounds. The hospital is in need of major cosmetic repair. Inside however, there is a major difference. Here no one is turned away. If there is no bed on the wards, then a mat is placed on the floor for the patient to lie on.

Here in the middle of nowhere, the hospital is providing care to hundreds of patients a day, without any of the modern equipment that we in Canada take for granted. There is no piped in oxygen. Oxygen is in limited supply and is used sparingly. Medical supplies are at a premium, as is any medicine. Antibiotics are down to just a few choices. Only 10% of operating costs are supplied by the government.

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Recycle and reuse are the most important means of getting the most out of limited hospital supplies. Here are some examples of what I mean. The information papers that come inside a medicine box that most of us toss out are used to wipe ultrasound gel off a patient. When we ran out of ultrasound gel, it was made out of cornstarch and water. Suction tubing was washed and reused; used IV bags are recycled as catheter bags. These are only a few of the examples of what is being done to keep a hospital running in a country with limited supplies or no supplies at all. Often there are not even any films for x-ray.

So, what is a respiratory therapist to do with no equipment, no supplies and no one to call if supplies run out? I adapted. I learned to rely on basic medical knowledge. I started working in the Theater (Operating Room) and recalled as much information as I could from my years as a student. I assisted the one and only anesthetic nurse. The anesthetic equipment was older than me, but it got the job done.

There is no job description that could illustrate the various tasks I was requested to perform. At Howard Hospital everyone does what he or she can to help. It may even involve learning new skills outside your comfort zone.

I have acted as a midwife, taking a newborn from a C-section to be placed under the heat lamp, to suction and clean, cut the umbilical cord and give oxygen if required, then wrap the baby up and present it to the mother. All babies born here are breast-fed or cup-fed, using the medicine cups that I would throw out if I were

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CSRT member, Gay Pratt holds a newborn at Howard Hospital, where there are 2,400 deliveries a year.

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at home. There is no money for formula and if there was, formula is non-existent.

I learned IV setups; how to give injections; assisted the physicians in the use of ketamine, the local anesthetic for patients; LP's (lumber punctures) and para senthesis. I learned very quickly to pitch in wherever an extra hand was needed. Here everyone shares his or her knowledge and is prepared to teach their specialties to any willing staff member. The more you know, the better it is for the staff physicians.

There are three staff physicians and if they are lucky, one other visiting physician from Canada or some other country. So, the more you can do to take the pressure off the permanent physicians, the better. These physicians see high volumes of patients a day. They also have theater time, and do call.

Here in Zimbabwe, the Shona patients generally wait till they are in acute pain or are extremely ill before seeking medical aid. Death is an every day occurrence. Most Shona patients walk many miles to come to Howard Hospital. Transportation is limited. Gas is almost non-existent and prohibitively expensive. The Shona live in huts with no running water or electricity. Most people are living a substandard existence.

It is not uncommon to see children that are burn victims. Third degree burns over their entire body. Because meals are cooked over a fire and the nights are cold, children are often placed near the fire to keep warm. Young children learning to walk fall into the fire or their clothes catch fire. At Howard Hospital they do what they can with very limited resources, to put these little lives back together.

The majority of the patients have AIDS or complications of the virus. AIDS education is of great importance in a country where the population is dying in epidemic numbers. Grandmothers are bringing up their grandchildren. The average life span of a male is 34–37 years of age. This country is losing its young people — the future is dying along with its AIDS victims.

Did I make a difference? I would like to think so, perhaps a small dent in the over-whelming tragedy that has become Zimbabwe.

I get to come home. The real credit goes to those physicians that have chosen to forsake the prosperity of lives elsewhere and dedicate their future to helping the people of Zimbabwe. There are no words to say, to these physicians only — God Bless You.