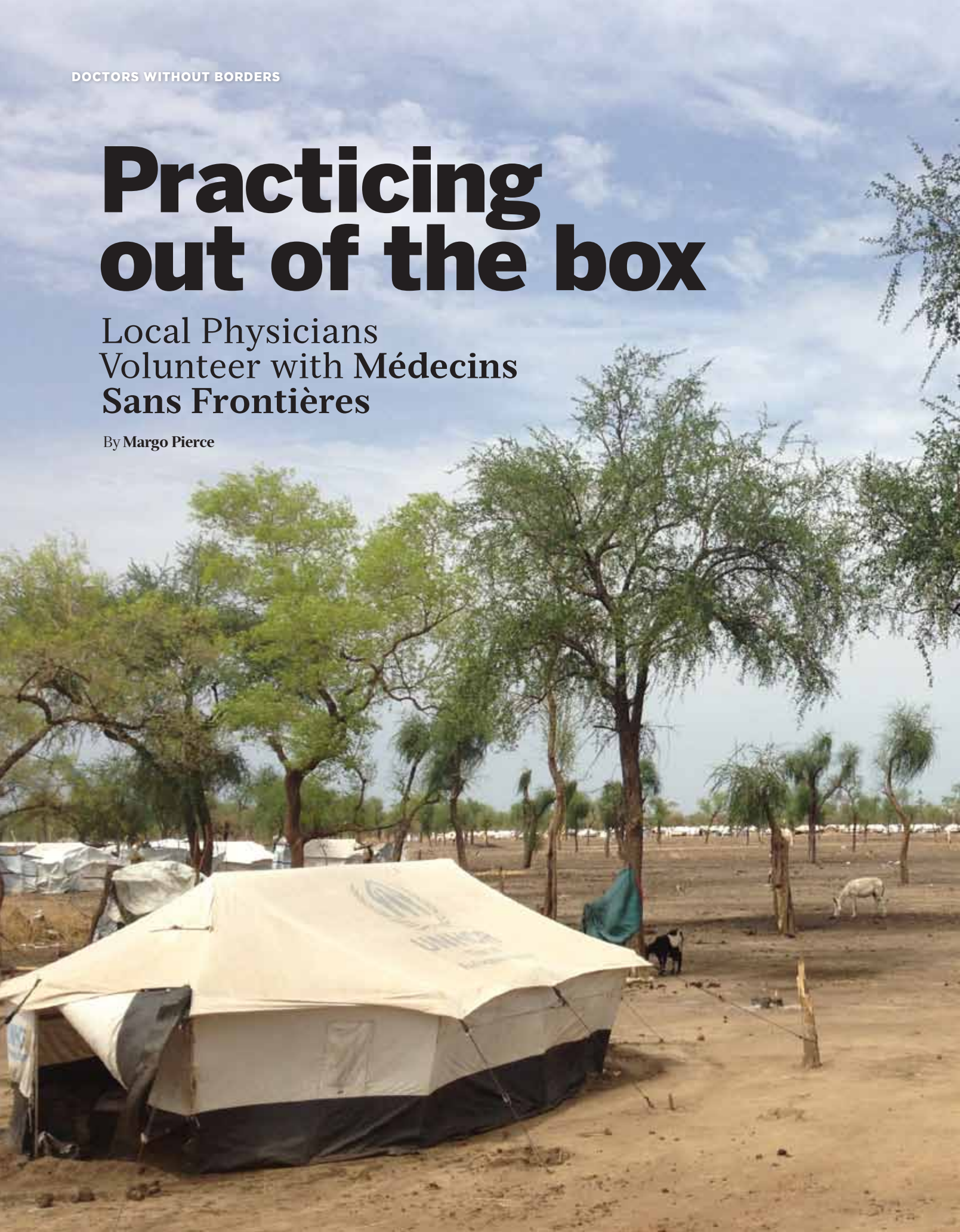
Practicing out of the box

Local Physicians Volunteer with **Médecins Sans Frontières**

By **Margo Pierce**



When a hospital is a tent without electricity or running water in a place accessible only by plane before or after the rainy season, practicing medicine might seem impossible. Yet that's exactly where Dr. Peter Reynaud, clinical instructor of internal medicine and pediatrics, and Dr. Monica Dhand, with Tulane University Health Sciences Center, wish to continue their practice. Some of those tents are in Darfur, South Sudan, and Bangladesh. The organization that gets them there is Médecins Sans Frontières (MSF) or Doctors Without Borders.

Dr. Monica Dhand with Nyat (a refugee trained and employed as a ward assistant).

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Reynaud has over 25 years with MSF and Dhand recently returned from her first assignment. They're among hundreds of medical professionals from around the world who volunteer to provide medical care for those who don't have any. Founded in 1971 by doctors, nurses, journalists, and others, MSF "was created on the belief that all people have the right to medical care regardless of gender, race, religion, creed or political affiliation, and that the needs of these people outweigh respect for national boundaries." MSF provides free medical care to anyone in need, often after a natural disaster or in a war zone.

"They're an organization that does go into a lot of conflict areas, a lot of disaster areas that other people are hesitant to enter," says Reynaud. "One of the big goals is not just to provide relief but also to bear witness to the situation of those people. What do they have to deal with on a daily basis? Coming in and participating with it, I think that's a great way of publicizing the plight of a lot of people all over the world."

Dhand worked for 10 months in two refugee camps in South Sudan. She returned "exhausted" and needing time with her family, but she wants to do it again.

"It puts things in perspective for me. It makes me take a step back and be really grateful for the things that I do have," she says. "There are no insurance companies in these places, so you're not practicing a defensive medicine; you're actually doing medicine-medicine, which is why I love being a doctor. The physical exam and talking to the patient – it's so fun."

Any medical professional and those with skills needed to support hospital operations can apply to go on short-term or long-term missions anywhere MSF has identified a need. Some projects offer assistance after a natural disaster until the damaged infrastructure is repaired. Volunteers on call for what Reynaud calls "the emergency desk" go into a disaster area and assess what's needed, as he did when a cyclone caused widespread damage in southern Bangladesh.

South Sudan.
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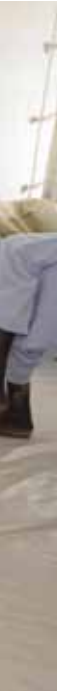
Medical care for IDPs in Mingkaman, South Sudan.
©David Di Lorenzo/MSF

MSF hospital in Agok, South Sudan. ©Valérie Batselaere/MSF



Haiti. ©Benoit Finck

Reporting to the main office in Paris, he offered observations about what other non-governmental organizations (NGOs) were doing, what kinds of medical attention were needed, and recommendations for how MSF might help.

"We set up mobile clinics to cover as much of the area as we could, and then we did a big project with water and sanitation because that was the most pressing need," says Reynaud. "There were a lot of children who were getting diarrheal diseases from drinking the impure water. So we could treat the diarrheal diseases, but the root of the problem was to get better water. That was a big part of our project, to address the problem and the cause of the problem."

The only constant is unpredictability, even with long-term missions, which require a 10-12 month commitment and are usually tied to an existing hospital or clinic. It can be in a place where MSF has an established relationship with the community and might be providing the only medical care in the area or in a place such as a refugee camp that shows no sign of closing. The assignment might start out as assisting a local doctor on the border of Darfur and Chad – but then life happens: That doctor has to leave because of family problems.

"Being the only doctor in that hospital, it can be a very overwhelming experience with all the responsibility," says Reynaud. "But at the same time (it's) a very exhilarating experience because you're able to manage running a hospital by yourself."

Both Reynaud and Dhand enjoy going to unusual places and meeting people from around the world. Translators overcome the language barrier among staff, but the cultural divide – especially with the native people – was sometimes exasperating.

In South Sudan an outbreak of Hepatitis E caused considerable tension. Locals there had a superstition about salt, according to Dhand, yet supportive care for patients with Hepatitis E required saline solution. The stress of living in a refugee camp compounded the frustration of the locals, who were discouraged from practicing their traditions and superstitions in the name of medicine they didn't understand.

"Do we lie to the patients and tell them it's not salt water when it is because we know this patient's going to die if they don't get fluids?" she says. "We would usually do a mixture of salt and sugar actually because their blood sugars would drop so low. They would taste the fluid that we were giving the patients; and if they tasted any salt, they would refuse it."

A native who spoke English helped a little. He would explain the medical treatment, why it was needed and the possible results. Sometimes he was able to gain permission from a patient or family. But with 400 to 500 patients entering the hospital per week, it wasn't practical to have such conversations

Right, a local ambulance. Far right, Batil hospital.

about every medication and procedure.

"When they brought the patients to the hospital and they got the salt water and they already had the suspicion about it and then they died, it seemed very clear to them that that was the cause. There was a tipping point where we had a whole ICU room of patients, and they all died in a span of 24 hours," says Dhand. "The next day I went into work in the morning. There was no one there, and no one came to the hospital that day. Then it was the job of our outreach team to go and convince these families that this person that's in this tent is clearly dying and is definitely going to die unless you bring them in. If you bring them in, they might still die, but we might be able to help them."

The outreach teams go into the community to visit people in remote areas – or, in the case of this refugee camp, try to work with people in their homes and convince them of the value of medical treatment. The facility had multiple wards – inpatient, outpatient, ICU, psychiatric, pediatric, maternity, and feeding center for malnourished children – and Dhand credits the outreach workers for helping re-establish trust.

Another important aspect of cultural sensitivity is respect for the established medical systems. MSF offers free medical care, but that can be a problem for local health services that rely on fees.

"We try to keep focusing on emergencies, and routine things we let the local health clinics take care of, because that's the way they can run," says Reynaud.

"Who else is going to do it? The people in those situations have so much need you can't even imagine. They're literally starving, and they just need help."

In addition to crisis care, MSF has an educational mission.

"For a lot of the (local) doctors we work with, it's often one of the first times they've been able to work with the equipment that we bring in – also the supplies," says Renaud. "They're able to do procedures and treat patients in ways that they've read about but never really had the facility with which to do it. That in itself can be a great education. When we were in Sudan, we were doing a big vaccination campaign against measles. (Some) of the people I trained had one or two days' work with other groups. I went through a training with them (on) how to become a vaccination team – what the role of each person was, how it would work, how to put things together. At the end of the training, we had six vaccination teams that we could

A refugee camp clinic in Kenya. Inset: A nutrition center in South Sudan.

send out. And each team could be completely self-functioning. The next time an NGO or the government is looking to hire people for vaccination, all those people now have experience and skills."

Considering the combat near some MSF mission locations, such as Sudan and South Sudan, and the targeting of aid workers by warring factions, the level of risk could reasonably give someone pause. How does the balance of risk and assistance level out for someone like Reynaud?

"Maybe I'm just kind of dumb, but I've never been in a situation where I was worried about my own safety," he says. "There's usually a team leader or a project leader, someone whose job is always monitoring the situation. If they say the situation is OK, then I'm fine with that. But if they say, 'Now it's time to go,' you drop everything and you go. I've never felt a situation was too dangerous for me to work.

"I don't think guns are going to protect you. I think you're safe without the gun. When they know you have no guns, there's no reason to shoot."

Dhand agrees. She volunteered for other, smaller NGOs and says MSF has a better structure in place to protect volunteers. No weapons of any kind are allowed in MSF facilities. The organization's impartial nature – providing care to anyone in need – gives it access to the people most in need.

"Who else is going to do it?" says Dhand. "The people in those situations have so much need you can't even imagine. They're literally starving, and they just need help."

She encourages anyone with a passion for that kind of work to pursue it.

"Even though it's called Doctors Without Borders, it is by no means just physicians," she says. "When I'm working, it's me next to the lab technician and the pharmacist and the mental health officer. People have very different backgrounds, but everyone is an equal, and I really liked that dynamic. People don't know that you don't have to be a doctor. If you're medical – an EMT, a pharmacy technician, a lab technician, then there's a place for you.

When Reynaud decided to establish a practice in the United States, he did so with the understanding that his employer would allow him to spend six months every year overseas on missions for MSF. Beyond the invaluable medical expertise he gained on the missions, he wants to make a positive impact with his work.

"There are a lot of problems in the world, and there's a lot of work to be done to solve some of these problems," he says. "It's a great thing to be a part of what I see as the solution ... every little bit you can do has immeasurable benefit for a lot of these people." ■

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