



Cindy Bickley

SW Uganda Disaster

Response Team Member

May 20th – June 14th



Our Mission To demonstrate the love of Christ to people affected by disaster, conflict and poverty around the world.



5-30-2010 Hi Everyone!!!!.

In case you do not know I am serving with Medical Teams International in Uganda.

I have been here a week and finally get a chance to sit down and write a few lines of reflection! It has been a WHIRL WIND of a week. OF course, we are 10 hours a head so that means I missed some sleep not to mention the 20 plus hours on the airplanes! Ok,,, the good stuff.

I am serving with a very smart pleasant and helpful doctor from Maryland in a refugee settlement of about 45,000 people. We get up early in the mornings and pack our medical equipment and head off to the camp. Which, is a bone rattling experience in the least! It takes us about 1 1/2 hours to drive on bumpy red clay road. (DID I tell you that there is virtually no rules to the road.?) "The most aggressive wins" Our driver/security man is very good and very careful butttttttttttttt that does not take in account the motorcycles, banana trucks, people, goats, and long horns herds of cows that we are constantly swerving to miss. Now, to put the land cruiser on a slippery clay ,You can sort of get the picture!!!!

I have not been able to get any good walks in but I assure you my core is being over worked from hanging on..... I do want you to remember me in prayer because I do have a sore neck! It is small in comparison of what I see everyday! Some days our ride takes 2 to 2 1/2 hour s to get to home. This makes our sleep very deep....and sweet. We have a 2 marvelous workers who stay at the MTI house and serve us beautifully. Everyday they prepare our meals and pack us a lunch of breakfast leftovers. Then when we drag ourselves home they are there to greet us with a dinner with their traditional bent of cooking on some familiar dishes. Our needs are met very beautifully. I could really use them on the farm!!!! Of course, I could transport my family here and I would be happy too.

Now to the camp,,,,, Oh do we have so much to be thankful for!!!! As you drive up to the camp, you pass by short squatty square huts with no windows a small opening for a door covered with mud and sticks. For the roof they will use anything that is man made with sticks, plastic any grass and woven papyrus mats for the roofs. These huts are their living spaces for as many bodies that they can squeeze into at night. That keeps them warmer! The first time we drove into the camp, all you could see was beautiful dark and thin people dressed in their best sitting on the roughly cut boards underneath a huge tarp. Probably around 200 in the morning! Most families were wearing their best. Theses refugees really take pride in what they are wearing. Most of their clothes looked very warn, stained but clean and Neatly PRESSED. I could not believe what I was seeing crease marks in their shirts and clothes. They do not have electricity, running water. SO,,, I asked How???? The interpreter said they use a iron that they put coals from the fire and iron their clothes. Amazing, all this time I thought the iron was something that sat on a strange looking table (ironing board) It is sad to say I use the iron maybe a couple times in 10 years! Well, to get back to the story...

Sooo first thing is,,, I was escorted into a large tent like room where there was a one examination table a large desk and a few chairs. The other DR. was escorted into a room similar to mine.... We met the National Ugandan Health Officer and promptly introduced to our interpreters and jumped in with both feet. One of the first patients that was brought in was a small child having seizures in front of me. Talk about being doused with cold water, I thought I would get the easy patients to warm up to the fact. NOT!!!! " I did not know what to do..... Ok,,, I did call out to H.O. Joshua HELP!!!!!!!!!!!!..... So we ran the child over to the "procedure tent" Which I was not familiar with at the time..."NOW I am." and started giving him a rectal med to stop the seizures. Repositioned him and I started PRAYING!!!!!!!!!! His fever was so high..... Long story short we had many more like that! Sooooo many cases of Malaria, Typhoid, Brucillosis and such..... I need your prayers for wisdom and strength. I am so thankful we have a lab that does some basic test to confirm some of these diagnoses. My guess-timate of people that we see and treat is about 250 to 300 that is between 3 and sometimes 4 clinicians a day. It amazes me how patient the refugees are.... Most of the refugees in this camp are from one area so they speak the same language. Our interpreters are also refugees! I have gone over to the procedure tent/ICU.... (It is where they are getting some life saving measure or they will die and prayed with many of the patients. There is at one time 5 to 8 patients in 2 single beds with some on the floor. They have their iv's hanging from a nail on a wooden pole, most of the time they are barely conscious, their families squeezed also in the tent with them.... The Clinicians or HO is a mighty man. He usually is working alone breaking the vials drawing up the meds and starting the IVs in some of the most dehydrated humans on the planet!

His name is Moses and he matches his name Meek, Humble and Powerful. He loves Jesus and loves his patients. I am sure the Lord is giving him extraordinary grace and talent. All said, It pretty much has been the same kind of stories all week. we are a little more tired each day but manage to make the ride home with gratefulness and peace that we did the best we could and the rest is up to the Lord. I sure appreciate your prayers for Wisdom and for my family back home I miss them! Love you all, Thank you for praying for me!!!!!!

Cindy

CURRENT CONFLICT:

The International Committee of the Red Cross reports that 5.4 million people have died since 1994 in the Democratic Republic of the Congo from long standing tribal, militia, and government fighting. Experts are calling the current fighting in DRC the deadliest conflict since WW2. An estimated 45,000 civilians are dying monthly, mostly women and children, deaths due primarily to disease and lack of medical care, malnutrition, lack of safe water and sanitation. Rape, mutilation, and assault are used as weapons of war targeting women and children. In north Kivu district alone, one million civilians are displaced – one-quarter of the population.

Fighting escalated in October 2008 in eastern DRC, north Kivu district, just west of the Ugandan border. It was clear that there were inadequate resources to provide for the estimated 200,000 refugees seeking safety at the border. In December, UNHCR decided to resettle 40,000 refugees in Nakivale Refugee Settlement, 200 km from the border in southwest Uganda, just north of the border with Tanzania.

PROJECT INFORMATION

In December 2008, Medical Teams International entered into a Memorandum of Understanding with UNHCR, GTZ, Office of the Prime Minister, Ministry of Health, and ICRC, to provide comprehensive health services to Juru 'B' sector with an unserved population estimate of 27,000. Critical needs: safe and adequate water supply, sanitation, food, acute medical care for malaria, pneumonia, sepsis, diarrhea, dehydration, malnutrition, antenatal care and midwifery services, HIV testing and counseling, immunizations. Pregnant women and children are most at risk.

The goal for the volunteer teams and our national staff is to reduce morbidity and mortality of Congolese refugees living in the Juru refugee camp and associated Nakivale settlement. MTI is providing a fully equipped and staffed semi-permanent medical facility at Juru 'B' providing medical and health services, including treatment of acute and critical pediatric and medical illnesses, minor surgery, antenatal care twice weekly, obstetrical assessments and referral, HIV testing and counseling, partnering with MOH for a biweekly immunization day, and referral with transportation to referral health centers (Nakivale health center and Mbarara University Regional Referral Health Center). Expanded services will include health promotion and education, distribution of insecticide treated mosquito nets, training of community health workers, monitoring-assessment- response to any disease outbreaks, and psychological services to refugees.

STAFF

Current Staff includes a clinical officer, 2 comprehensive nurses, 2 registered nurses, 2 nursing assistants, 2 drivers, 7 interpreters (1 is a nursing assistant), and 2 MTI volunteers.

Facility: 6 room pole building with plastic tarp sheeting; 1 free standing tent.

Vehicles: 1 ambulance, 1 double cab pickup.

Pharmacy: generally well stocked for acute medical needs, no chronic disease medications, no TB meds.

Minor surgery/parenteral fluids/meds: suture and drapes limited or unavailable, IV supplies and fluids adequate; pediatric NG tubes available.

Ortho: insufficient supplies .

Testing: UA dips, urine preg tests, HIV, glucometer.

Clinic days: Monday – Saturday, 150 – 300 patients per day.

Prayer: Protection during travel to and from refugee camps, wisdom and knowledge in treating patients. For my family back home.

