

13 Feb 2015

Where to begin..... I have lost all sense of time and date. The frantic departure from home to Boston and the Boston blizzard all seem to be a light years in the past – was that only a little more than 2 weeks ago???

This is probably going to be a lengthy email – so grab a cup of coffee, get comfortable, and bear with me as I bring you along on my journey thus far.

The days here are marked by if you are working (which is 5-6 days a week) or are you off. The first of this week I was working in the treatment unit. A typical work day in a treatment unit: The day starts early, just as the sun peaks over the horizon, there is a quick breakfast then change into your scrubs (you can't wear them in the dining hall) and you're on the bus by 0730 headed to work. The medical staff is made up of Drs and nurses, yet we function as equals, we are all clinicians. There are no titles, no pretense...we are all in this fight together.

Arriving at the unit there is an 0800 sign off where you get your assignment and a report on all the patients. This is also when you find out when someone did not make it through the night. A quick check of any new lab results tell you if any of the patients are now "sick" – you pray they are not. There are 2 main sections to the unit: "unsick wards" – those who are awaiting test results or are not "sick" but are not medically ready to go home and the "sick wards" for those who are "sick".

The staff is broken into teams and your team meets to review the plan for the day. Who needs an iv, fluids, medications, or anything else. The team prepares all the medications and gathers all the supplies needed for when you go into see your patients. You see, because once you are "in" the unit there is no running to get something – if you don't have it the patient goes without – and you have a 90 minute window to complete as much nursing care as you can before you have to leave the unit. You may also have to move a patient to the "sick" unit ☹ or discharge a patient home ☺. At home I am able to see and talk to you patients continuously throughout the shift. Here that is not the case and the patients are left by themselves the majority of the time, therefore every minute is precious and so important to their healing and recovery. We do have national staff that take in food and provide cleaning of the wards and patients in between our time in. They, as well as other patients, are wonderful at letting you know if there are any urgent needs – which then means you are going back in early and all plans are adjusted accordingly.

The teams have their assigned times to go into the "unit," most of which is dependent on the national staff who have to ensure the environment is "safe" for us to enter, work, and de-gown upon exiting. This also allows us to be able to tag team and help do those things the prior team did not have time to do. Prior to going in you are drinking as much water as you can, it gets up

to 110+ degrees F in the suits and being under hydrated can be dangerous and very unsafe for you and your team. Bottom line is – If it's not safe for us to go in, we don't. No matter what may be happening in the unit, which runs against the instincts and training of a nurse or Dr.

I told you this was long ☺ Feel free to a take break, stand up and stretch....

It is now your turn to go in. The staff gathers in the “dressing room” where you will put on your suit. Each person has a “buddy” with whom you will be with until you safely exit the unit. Putting on the suit has specific steps, in between which your buddy is checking everything you do – there is no margin for error – the entire process takes about 15 minutes. Then you head into the unit. Sweat is already running down your back.

You execute your “plan,” as best you can, assessing each of your patients...what is their temperature, how are their symptoms doing, any new symptoms, are they eating and drinking, have they been out of bed??? Though the face shield they can only see your eyes, from which your view is obscured by the condensation quickly building up on the inside of your mask. You feel the sweat pouring from your body, but you ignore it – this has now become normal. The patients are scared; they have been living with this “sickness” touching their lives for many, many months. “Do you have my test???” they may ask. Some are too weak to even lift their heads. Then you see a child playing with a toy in the unit or the young man, who has the “sickness” is out of bed walking around telling you “I feel strong” – and you think “Yes, this is all worth it.”

When you are finished, or when your time is up (which normally comes first), you head to the de-gowning area. This is certainly the hardest thing to do – your desire is to stay and take care of your patients. You carefully remove your suit, in the proper order and fashion, with your buddy and a safety person watching everything you do – again, there is no margin for error – the process takes about 20 minutes.

Your scrubs are soaked, your face is red, all that hydration you had earlier is long gone so you head to the nurse's station to rehydrate. After all you will be going back into the unit a second time in a few hours.

I have to admit the first day in, last Saturday, was the hardest day of my life. The staff here had told us the Friday night prior that we would quickly acclimate and be proficient in our duties. I have never felt so hot, overwhelmed, and helpless as that day – I remember thinking there is no way I can do what I saw them doing, some of them having only been here for a week.

Sunday and Monday we continued working with the more experienced staff and I have to admit, by Monday I was feeling good about things – it was all coming together. So here it is Friday and the team I came with is rolling. You would think they had been doing it for a long

time, which is good since there are some getting ready to head home after being here for 6+ weeks and a new group is arriving tonight.

When I came I had told them that I would go anywhere and do anything....well they are holding me to it LOL. As of Tuesday morning I was in the Triage/Admin office of the unit and told to learn triage and get a good handle on how things ran from this side of the operation. I was getting acclimated, learning how things worked, and re-organizing all the files, with the help of a great young man who helps to collect all the data for tracking the patients and the "sickness." My mistake was...I opened the filing cabinet and what I saw was just plain scary....It looked like a paper bomb had exploded. By lunch I was advised I would be starting to work with the community clinic team the next day.

I told you this was long 😊 Feel free to take a break, stand up and stretch (again)....

Wednesday morning found me headed to a community health center about 45 minutes away, and only 5km from G (country). This is the only center in this district and PIH is working with and due to the very porous borders here, really needs to be on their game. Our little team is me & 2 Dr from PIH, African Drs and nurses, and national nurses and ancillary staff. The focus in PIH is to come alongside the nationals, build relationships, provide some support, training, and health care. We spent the day just getting to know the staff, seeing the patients (a family of 11 had come in the day before, plus there were already 2 patients there).

The set up here is very good and the staff seems very receptive to our presence and help. Although it would be great to just go in and make sweeping changes that is not how to build relationships and effect true and lasting change. So our work there begins with getting to know the staff – the operational issues will wait for another day. I am excited about this new challenge. With it I will still be able to provide patient care, but also work on building a stronger health presence to serve this community and district.

Well I hope this has not been too long. I felt like it would be helpful for you to get a feel for life here. Our days are spent focused on the battle so there is some down time, but not much on the days you work. We are required to take our days off – which I had today and will have tomorrow. Today I spent today reading, doing a little administrative/computer work for the center I am now working at, talking with other team members about some issues we are all struggling with regarding supplies and processes, rearranged the furniture in my apartment (I took the mattress off my cot, put it on the floor, and put my suitcase on the cot which now takes up just about all of my floor space), I cleaned my apartment ("swept it on my hands and knees with tissue in my hand), and was just lazy. Tomorrow some of us are headed to the beach, which I hear is really nice & we can have fresh lobster, if they catch any. I was hoping

Rhonda could meet up with us, but she has to work. We'll have to try to coordinate some R&R time together to get caught up on how each other are doing.

Although the work here is very hard and challenging on many levels it is also extremely rewarding. The people I am working with are phenomenal. The nationals have been through hell and back, yet still have such a sweet spirit and commitment to the fight. The PIH team members are the most dedicated group of healthcare professionals I have ever seen, willing to push beyond their limits in an effort to bring an end to the fight. This feels so natural, therefore I have no doubt that I am where I am suppose to be. I miss everyone terribly, but I am thankful that the down time is minimal so I keep focused.

Remember..... Your prayers + your love and support = me being able to do the work here 😊

Love, Cindy

**Hopefully your still awake 😊*