

Medical Students' Aid Project

Annual Report

Issue 3 - 2002

We're Back

The first elective students travelling under the banner of the Medical Students Aid Project have returned from their elective terms buoyed by the experience, and looking forward to expanding the success of the project in 2002. The equipment and donations sent to our partner hospitals were received with gratitude all around the world; we even made the nightly news in Tonga!

The MSAP would like to take this chance to thank all those who made donations of equipment, money and services last year and helped this project get off the ground; it was a success beyond all of our expectations. We hope that you will continue on board with us this year as we try to expand the project and maintain our goal of sustainable, targeted medical aid to developing countries.

The MSAP would like to pay particular thanks to Dara Lockyer at OPAL (Overseas Pharmaceutical Aid), Peter Brophy at Global Medical Support, Dr Gaye Casper and Dr John Hirshman all of whom have shared invaluable wisdom with the MSAP team. We are also delighted to have the ongoing support of the UNSW Foundation.



Cath Tacon representing MSAP in Samoa



The MSAP arrives in Tonga

We hope you enjoy this edition of 'Updates' which is dedicated largely to the stories of our four delegates in 2001/2002. In further editions of our Newsletter we hope to profile each of our partner hospitals as well as keeping you up to date on how 2002 is shaping up for the MSAP.

Changing of the Guard

The nature of the MSAP dictates that the executive of the project will rotate each year as students graduate and delegates step up to visit our partner hospitals, and so we congratulate Greg Fox, Greg Maloney, Lee Sar and Anna Fairbain on graduation, and their efforts in initiating the MSAP.

Special note should be made of Greg Fox, the driving force behind the birth of the project. He was recognised for his contribution to the University by being awarded the Alumni Prize.

The executive for 2002 will operate as follows:

- Treasurer & Fundraising Co-ordinator Sarah Woodgate
- Project Co-ordination Adrian Fung
- Public Relations & Events Rebecca Blake Toby Winton-Brown
- Equipment & Transport Asif Saber Cath Tacon

The project operation will also change this year with Jenny Marchionni, who so tirelessly assisted the project last year, moving from the Faculty of Medicine. MSAP was sad to see her go, but is glad to have her continuing support as an associate of the Project.

Sarah Woodgate in Tonga

Partner Hospital: Vaiola Hospital, Nuku'alofa, Tonga

The MSAP has made a fantastic impact in the Polynesian Kingdom of Tonga, a group of Islands just east of Fiji, with a population of 100,000. Several palettes of medical equipment and medication valued at over \$12,000, were donated to Vaiola Hospital in the Tongan Capital of Nuku'alofa. All of these supplies were specifically requested by the hospital staff to fulfill areas of need.

Throughout 2001, the members of the MSAP had put an enormous amount of energy into collection and transport of medical equipment. Even so, being our inaugural year we had no way of knowing exactly what to expect or how our donation would be received. My fears were allayed, however, the moment I stepped off the plane. The people of Tonga are so warm and welcoming. This friendliness continued through the Vaiola Hospital, where the arrival of pallets of medical equipment was greeted with great excitement and thanks. One of the antibiotics was used almost immediately to successfully treat a man with several resistant infections.

The equipment 'handing over' ceremony was documented by the local newspaper and made the Television Tonga Nightly News! The doctors and nurses at the hospital were enthusiastic about the MSAP and offered their support and assistance, and I am confident that the foundations have been laid for a strong partnership to be formed with the people of "The Friendly Islands" as the tourist brochures like to say.



Vaiola Hospital Inside Vaiola Hospital

Toby Winton-Brown & Rebecca Blake in Malawi



Partner Hospital: Queen Elizabeth Central Hospital, Blantyre, Malawi

Malawi is a place that gets under your skin. The dust that clings to the sweat on your skin; the sweet man goes selling on street corners; the singing smiling shining ebony faces that spill out of rickety minibuses onto teeming streets... It seeps in through your eye-balls, up your nostrils and into your ear holes, its people etch into your mind and into your heart and then you are gone – whisked back to a more familiar land that doesn't seem so real anymore. I spent two months studying at Queen Elizabeth Central Hospital in Blantyre, Malawi towards the end of 2001. Though I was attached primarily to the paediatric team, I spent time with surgeons, physicians and psychiatrists, and came to feel welcomed as part of a close and committed medical community.



Queen Elizabeth Central Hospital Children's emergency waiting room

The cases I saw were sometimes novel, sometimes gratifying, and sometimes heartbreaking. HIV/AIDS is having a devastating effect on Africa, and other illnesses such as meningitis, malaria, TB and malnutrition, treatable in Australia, are moving beyond the capacity of the systems that attempt to cope with them.

My memories remain bittersweet. One afternoon at the serene lakeshore, we basked in a golden sunset as fisherman in dugout canoes repaired their nets and gleaming infants cavorted in the waters. We had just finished a long afternoon's clinic where one young man with obviously advanced AIDS sought treatment for his painful and widespread shingles; a stooped old lady who had lost all her family wanted relief for her chronic back pain; a younger widow needed to go to hospital immediately for kidney infection but couldn't afford the dollar to get her there. At least we could help that last one.



Fetching water in rural Malawi

Through MSAP in 2001 and 2002 I know that I have made a small but undeniable difference to those people, who first became real and then became my friends. And that helps.

‘Wish List’ for 2002

The MSAP has began the task of fulfilling the wish lists for 2002 and is looking for donations of a wide variety of medical needs such as:

Cannulas, needles, dressings, syringes, catheters, gauze, sponges, thermometers, stethoscopes, sphygmomanometer, sutures, guedel airways, pregnancy test kits, gynaecological speculae, portable lights, laryngoscope, ABG analyser, linen, curtains, medical text books, NG tubes, antibiotics If you are able to help provide any of these items, please let us know.

Contact us

If you would like to find out more about MSAP, please contact the Executive at <mailto:msaidproject@hotmail.com> Donations (by cash, cheque or credit card) are tax deductible and can be made through the UNSW Foundation. For further information call Clare O'Connor at UNSW Medicine on (02) 9385 1479.

Cath Tacon in Samoa

Partner Hospitals: Tupua Tamasese Meaole & Savaii Hospitals, Samoa

For many people, Samoa conjures up images of a stereotypical paradise, with white sandy beaches and tropical rainforests. It is therefore at times difficult to look beyond this romanticised image to see a country struggling with poverty and limited health resources. At the end of 2001, I had the privilege of spending 2 months working in the emergency departments of Tupua Tamasese Meaole and Savaii hospitals in Samoa. It was there that I was able to see first hand how this lack of resources affected the general population.

Hundreds of patients would queue each day with complaints that would be easy to address here, yet, due to the lack of basic medications such as antibiotics, the few doctors present struggled to treat them effectively. I will always remember the young patient who sat seemingly forever on the surgical ward, having had his leg amputated as it was infected and could not be treated. He was now left with an infected stump that would not heal. Similarly, other diseases such as diabetes and hypertension are prevalent throughout the community, yet in many of the rural clinics I visited, glucometers and sphygmomanometers were not available to detect and monitor these conditions.

My elective in Samoa provided me with a vast amount of medical experience, especially as I often had to rely purely on my own clinical judgement to treat patients, as there were few investigations or resources available. But furthermore, my time in Samoa allowed me to gain insight into a culture and into traditions so different from my experience here. Throughout all of this, the most rewarding part of my elective was being able to give something back to the community through the donations made by MSAP. It was overwhelming to see how grateful the people were for the basic medications and equipment that were given to the hospitals. With the ongoing commitment and dedication of volunteer students and donors, I am sure that MSAP will successfully continue to fulfil its goals; to provide targeted aid to hospitals, such as those in Samoa, while promoting the experience of developing-nation health amongst Australian medical students.

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Packing Day Report: Cath Langusch

It's Saturday morning, it's 7am and most sensible people are still in bed. But not in Waterloo. For there is something afoot at the Waverly Council Works Depot. As the sun comes up, it reveals a group of figures in blue, picking their way through the boxes and bags on the dusty warehouse floor.

Early-rising burglars? No. Insomniac council workers? No. Cunning drug-smugglers? Well, kind of...

Their sky-blue T-shirts reveal their purpose: "Medical Students' Aid Project". It's packing day! On Saturday, 12th October, a dozen keen MSAP'ers, along with our loyal patron, Dr Gaye Casper, worked throughout the morning to sort, package, inventory, seal, count, stack, wrap, weigh and address donated and purchased medical equipment bound for our partner hospitals in Samoa, Tonga and Ghana. A diverse array of items were packed, including: disposable gloves; dressings; blood collecting equipment; surgical scrubs; needles, syringes and cannulae; textbooks; glucometers; urinalysis sticks; stethoscopes; autoclave machines; plastic and rubber tubing of all shapes and sizes and an entire IV trolley!

The packing was very efficient (particularly the speedy 15 minute pallet at the end!) and the team-work displayed admirable. By 1.30pm, we had five pallets stacked with boxes and wrapped in black plastic – signed, sealed and ready for delivery. With great thanks to Bob Brown and the Pacific Forum Line, we had been offered shipping to Tonga free of charge -and so, many of the bulkier items became Tonga-bound as we filled up three pallets for the country; the remaining two pallets being for Samoa and Ghana.

Due to the extreme difficulty and time taken to ship and overland-transport a pallet to Malawi last year, it was decided it would be more beneficial and cost-effective for our aid to Malawi this year to focus on much-needed medications that could be carried or couriered, rather than shipped as a pallet.

A very special thank-you must go to Peter Aston, the warehouse manager at the Waterloo Works Depot, who so kindly delayed his weekend holiday to attend to the warehousing needs of MSAP. With all the packing complete, it was tremendously satisfying for all of us to see our efforts for MSAP throughout the year so tangibly represented by the five black masses of boxes looming before us. May they have a safe and speedy journey to their intended recipients.



MSAP members ready for packing at the Waterloo Depot

STOP PRESS

**The MSAP will be featured in the
next issue of the Medical Journal
of Australia – due out in mid
December.**

Paediatric Cystoscope arrives in Ghana

Korle-bu Hospital in Accra, Ghana has joined Samoa, Tonga and Malawi to become the Medical Students' Aid Project fourth "Partner Hospital" in 2002. The West African country has already received medical equipment ahead of the arrival of final year medical student Peter Fox later this year.

Medical equipment supplier, N Stenning and Co provided the MSAP with a much-needed paediatric cystoscope to send to Korle-bu Hospital. The equipment, which is valued at over \$5000 has already arrived in Accra, where it is currently being used to investigate and treat bladder problems in the children of Ghana.

Gordon Stenning, Managing Director of Stenning, presented the paediatric cystoscope to students from the MSAP in a small ceremony at North Shore Private Hospital in June. The cystoscope is targeted aid, which was requested by Dr Afua Hesse, Head of Paediatric Surgery at Korle-bu Hospital, and comprises part of the "high priority" wishlist compiled by the hospital. The donation was organised through North Shore Private Hospital Theatre Manager, Jo Standen and MSAP Patron, Dr Gabrielle Casper.

Peter Fox said that "It has been fantastic to create a partnership with Korle-bu Hospital prior to our elective experience, and to see that our aid is already making a difference." After receiving the cystoscope, Dr Hesse wrote to the MSAP, stating "The children of Ghana cannot thank you enough for your assistance." Dr Hesse looks forward to an ongoing relationship with the MSAP. The MSAP would like to extend their appreciation to N Stenning and Co for their generous donation and commitment to developing world health.



Gordon Stenning, holding the Cystoscope, with students Adrian Fung and Cath Tacon, and Lorraine Craig and Jo Standen of NorthShore Private Hospital.

MSAP Launch 2002

On Thursday, 20 June, over 100 people braved the cold weather to attend the MSAP evening to launch the campaign for 2002. The cold was soon forgotten as people tucked into hot pumpkin soup, pastries, juice and champagne. The attendees included doctors, MSAP donors, medical students, UNSW faculty members, family and friends of MSAP members and interested members of the public. We were entertained by the new MSAP promotional video and short speeches by MSAP members on the success of 2001 and the plans for 2002.

Dr John Crozier, a surgeon from Liverpool Hospital gave a speech on his involvement in the Australian Army medical response to the tsunami in Papua New Guinea in 2002. His speech highlighted some of the difficulties encountered in practising medicine in developing countries and the importance of having the right equipment.

The evening concluded with the drawing of a raffle to fundraise for the 2002 campaign. We would like to thank all those who contributed to the launch by donating raffle prizes, attending the launch and donating money to our cause.

Rebecca Blake in Malawi in 2002

Partner Hospital: Queen Elizabeth Central Hospital, Blantyre, Malawi

Dubbed "The Warm Heart of Africa" by the tourist brochures, Malawi certainly has its fair share of warmth – though I dare say that most Australians would tend to describe it as hot and probably with an adjective like ‘extremely’ in front of it! But that is what you expect when you decide to do an elective term at ‘Queens’; heat, dust, dirt, repugnant smells and the challenging images that go with resource-poor developing countries.

If I had been asked to write this report after day one you would have stories of an unclean, crowded, hot and terribly smelly hospital (not that it wouldn't be accurate, I think I can just put better perspective on it now). I couldn't even survive the first ward round without ducking out for a breath of fresh air. But you soon get accustomed to the harsh reality. In the paediatrics department a typical week would see about 300 admissions with a 10% mortality, mostly in children under five with the main causes of death being pneumonia (including PCP), anaemia, sepsis, malnutrition, meningitis, malaria, gastroenteritis and dehydration.

All of this is never far from HIV, the effects of which are highly visible and devastating. The other big challenge for Malawi lies in the lack of food. Malnutrition is common and difficult to overcome in the long term. In addition to seeing countless numbers of children in hospital, I was also able to visit some regional hospitals on an overnight trip organised with The Southern Malawi Nutrition Outreach Project, which operates out of Queens. It provides the Nutritional Rehabilitation Units (NRUs) in southern Malawi with support by way of regular visits for education purposes, developing standard management protocols, providing mineral and vitamin supplements and supplementing the food commodities that are provided by the World Food

Programme, which are invariably inadequate and irregularly delivered. This was an amazing experience. I saw communities crippled by a simple lack of food and yet continuing in high spirits, singing at the arrival of the health care workers all the way from Blantyre.



Queen Elizabeth Central Hospital

The hospital ran at an amazing pace and I am still not sure how it managed to get so much done with such little resources and so many patients. The doctors were a wonderful group of people dedicated to their work and welcomed Toby Winton-Brown and I to the hospital. They were so grateful for the efforts of the MSAP and for the donations they received and look forward to a long term partnership with the MSAP. The Malawi experience was not all about attending hospital, indeed many of the health problems stem from cultural and socio-economic factors, and so to appreciate Queens, you must appreciate Malawi. And there is plenty; mountains to climb, lakes to paddle and culture to experience, there is not much chance of an idle weekend. Going up to Cape McClea, we thought we were actually leaving medicine behind for a few days, but alas it was not to be. We met an Israeli woman who has been running a school for some years now and as far as she was concerned medical student and doctor were practically synonymous! And so Toby and I were armed with our personal first aid kits, five years of medical training and enthusiasm. We experienced how little can be done for such poor health in remote areas and saw the devastating effects of HIV on small communities losing their 'workforce'. If you collect all the statistics and even throw in the photos of my trip it is easy paint a dire picture. The real life experience, I think, is even more confronting. Yet the mood is certainly not pessimistic, indeed I returned buoyed by the precious time I had spent in Malawi. It may well have been hot, but the people of "The Warm Heart of Africa" certainly lived up to their reputation of being friendly and welcoming. There is no doubt this country will have a special place in my heart for many years to come.

Contact us

If you would like to find out more about MSAP, please contact the Executive

Acknowledgements

The MSAP would like to acknowledge the following people/organisations for their generous donation of \$500 and over or equipment:

3M Healthcare

Aventis Pharma

Canberra Hospital

Dr Max Nicholls

Dr Ong

Dr George Wilson

Global Medical Support Incorporated (GMS)

Greater Murray Area Health Service

Illawarra Area Health Service

Johnson & Johnson Surgical (Ethicon Endosurgery)

Mallesons Stephen Jaques

Mater Misericordiae Hospital, Sydney

McGraw-Hill Australia

Mr Robert Burke

Ms Margaret Perkins

N. Stenning & Co.

North Shore Private Hospital

OPAL – Overseas Pharmaceutical Aid for Life

Prince of Wales Hospital

Roche Pharmaceuticals

Rotary Club of Crows Nest

Rotary Club of Indoroopilly, Brisbane

South East Sydney Area Health Service

Sydney Children's Hospital

University of Sydney Medical Bookstore

UNSW Foundation

UNSW Medicine

UNSW Med Revue

UNSW Medsoc Bookshop

UNSW Union

Waverley Council (Waterloo Works Depot)

Welch Allyn

And the many other individuals who have made personal and financial contributions to the Medical Students' Aid Project.

Orly Lavee and Kathryn Roberts to visit Malawi

In January 2003 Orly Lavee and I, Kathryn Roberts, will be traveling to Blantyre, Malawi for our elective in paediatrics at the Queen Elizabeth Central Hospital. This will be the third consecutive year that students from UNSW involved in the MSAP have visited Malawi. Hopefully the efforts of MSAP in recent years will continue to build a lasting relationship. The pallet that was sent by the team last year has arrived and is being used after a long journey. The staff have expressed their thanks to our supporters.

Malawi, like other countries in Southern Africa, is currently in the grips of a famine. It is estimated that 3.2 million of the 11 million residents will be affected by the famine over coming months. This problem will be very confronting for us, in addition to other diseases such as HIV/AIDS, malaria and meningitis.

We both have great expectations as to what the experience will hold for us. Our time there will certainly be unlike any medical experience in Australia, both an exciting and daunting prospect. It will be a challenge to live in a culture very different from our own and also gain some invaluable medical experience in developing world health.

As our departure date draws near, the planning and organisation comes to a close and all we can do is make the most of this fantastic opportunity. We are lucky enough to take the generous donations from our supporters with us. This is undoubtedly going to be an inspirational experience for us and we hope to return with an enriched perspective of developing world health.

To Donate

I would like to give \$_____ to the Medical Students' Aid Project

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In making this donation, I understand that this gift to the UNSW Foundation is to assist the Medical Students' Aid Project.