

Dean Loss, nurse anesthetist, who volunteers as a clinic lead in Jamaica, wrote the following report.

“We had a crew of about four MD’s, one senior med student, and four RN’s. We saw about 70 to 125 patients per day. I would guess that about 70% were women, 25% kids, and 5% were men. Our biggest traffic jams in the clinic centered around vaginal exams. Be ready to see 30 or 40 of these a day. Next on the list would be kids with fevers, followed by ring worm and other fungus infections, hypertension, (poorly managed), as well as complications from diabetes and arthritis. We saw about 8 wound/dressing changes each day and a few folks that need minor suturing. Lab was limited and you need to check with Denny to see if we are going to bring any lab techs or equipment. The microscope was marginal, the IKB machine was about 1955 vintage. A glucometer, pregnancy tests and stains for fungus would be good. CBC, lytes and urine analysis would be even better. Vision problems could be met with giving out big print Bibles and reading glasses. We could have dispensed 200+ of these! Other old prescriptive glasses were tried by many of the elderly, if they helped, they took them home and acted like you had given them a million dollars. Toothbrushes, toothpaste, Bible storybooks, and patient thermometers would be very appreciated.

As for the staff in Jamaica, there should be one RN (Diana). One LPN (Daphnie, who is a real gem, I really think she is the glue that keeps the clinic open!) and about 5 helpers that do record filing and help with crowd control and doing some of the lab work. Their normal work load is to see twenty or so patients a day. One doctor came by for short visits once in a while. He was an obstetric resident and would sign the scripts for all of us to use. Our medical and nursing credentials are not reciprocated for prescriptive authority.

Organization and expedience are not always the top priority. Be ready to experience some frustration on poor patient follow up or compliance on patients that just want to get something for free. The clinic usually charges a minimal fee for being seen (although this may be only a dollar or two in the US, it may be three hours wage to those employed and much more to those that are not employed or married.) It is free to all patients for the time we will be there, .....

That brings up another cultural observation, many of the mothers will come in with two to five children. Each with a different last name. The people that work in the clinic are Seventh Day Adventists and have many of the social values we might have, but the younger Jamaicans from the poorer and more desperate part of the city seem to have drifted from the norms of the older generation. STD is a popular diagnosis.

Meds that we brought included: antibiotics, Diclobine, Asthma inhalers. Barrels of Tylenol, Motrin and newer non steroidal anti-inflammatory meds. Antihistamines and child cough and cold meds were also good sellers. Anti-fungal creams and local antibiotics are in short supply. If you have access to anti hypertensives, and oral diabetic meds, keep in mind that the newer agents may cost more than what these people can afford. Either bring enough to last for many months or familiarize yourself with the old stand bys. Local anesthetics and steroids were popular on our trips because of the joint injections our orthopedic doctors did. You may get some requests for this also.

Other equipment that they could use might include stethoscopes, they have about 5, but many are in poor repair, we have a left a couple of otoscopes and ophthalmoscopes

(spelling and typing are not my areas of strength) but again the covers for the otoscopes are often lost or soiled so it might be a good idea to bring at least one complete set to share.

Other odds and ends that could be useful include: a couple of toner cartridges for a Cannon 400 desk copier, alcohol swabs, dressing packs, tape, needles, and syringes, and Band-Aids. We won't be doing heart or hip surgery. Plan for triage and not long term cures

This will be a great experience for all of us. The island people are much more patient than we are and appreciate whatever hope or kindness you can share. The most important thing you will bring them is the feeling that someone cares for them. Smiles and conversation will do as much for these people as drugs or surgery. Remember we are the guests and with luck we will learn more than we teach. If they see something of Christ in what we say or do, then we will have met the mission."

Dean Loss April 19, 1999