

Madrid Students Bring Relief In Namibian Outreach Trip

By Elga Drews, President, African Chiropractic Federation

Each year, Madrid College of Chiropractic, during the clinical training provides a limited amount of credits to the students who voluntarily provide humanitarian chiropractic services to the people that otherwise would barely have access to any type of healthcare. During the academic year all the graduating classes get exposed to patients on a Caritas shelter home for refugees, immigrants and homeless in the heart of Madrid. And as the year comes to an end the ones who can afford come on a Mission trip abroad supported by the college, where they will have a life-changing experience. The first four cohorts have visited the Manaus in Brazil twice, Nepal and Peru. This time the choice was made easy by coming to Namibia. In 2015 during a visit to the Madrid College of Chiropractic in El Escorial we started discussing the possibility of collaborating when planning a mission trip for their next graduating class and soon it became clear that Namibia would be an ideal destination. The Minister of Health and Social Services in Namibia had called upon the private sector in the country to do outreach programmes into areas with a lack of services, so a mission trip of this kind fitted into this frame work perfectly. The Kavango and Zambezi regions in Namibia are two of the economically poorest regions despite their natural beauty. We chose the Kavango region for this mission trip mainly due to the dire need for health care and ease of accessibility. I have found over the years of dealing with various authorities that it is most advisable to organize and handle certain events in collaboration with other existing foundations and projects, so I contacted the Theresia Foundation and Komeho project to assist us with logistics and premises to deliver our voluntary services. When the 7 new graduates from Spain, France and Mexico, and the supervising clinician, Dr Carlos Gevers, finally touched down on Namibian soil on the 13th of June this year, excitement was great all around. An eight-hour car trip took us to our desired destination close to Rundu. Arriving in Kaisosi village, just 9km east of Rundu, on the first morning of the mission left us flabbergasted at the view of the turnout of patients. And the following 3 days in various locations had the same resonance. All in all the 7 graduates saw and treated close to 1200 patients in 4 days working from 8 till 5 or even later. There was magic in the air particularly at Mawanze village. We had 5 locals helping us with filling in the take-in forms for each patient and translating during treatments. Without their help it would have been extremely difficult and downright impossible to communicate and the mission would not have been half as successful. The challenges the people face in this area on a daily basis just for plain survival none of us will ever be able to comprehend. Most people that we saw do not have means to provide for 3 meals a day, let alone healthy balanced meals and least of all pay for any health care services. Although there are rural health care clinics these require a 5-15km walk or the need to arrange some sort of alternative transport. As was evident from the "medical passports" care given in these clinics, as well as a government funded hospital in the near-by town, was extremely limited to the prescription of Ibuprofen for whatever condition or complaint the patients presented with. As a high percentage of patients seen have had TB and also malaria in the past, immunity is in any case compromised, but adding the relatively high rate of HIV infected individuals just makes the whole scenario worse. The conditions seen and complaints presented were often heart-wrenching and more often than not we knew that just the fact that we took the time to listen to them, showed compassion and touched them was all we could do for them. We could very well argue that this particular mission has contributed to raising the health consciousness of the local population. And we could make a never-ending list of conditions seen, but would like to point out at least a few of them: polymyositis ossificans, microcephalia, choreas, autistic spectrum disorders, cerebral palsy, Parkinson's, claw hand (ulnar palsy),

Pott's disease, Bell's palsy, interventricular septal defect, tonico-clonic seizures and even a patient who claimed to have been resuscitated! The newly qualified DC's delivered chiropractic treatments and often had to give simple lifestyle advice like cutting out sugar from the diet and drinking water, which are very common problems in these communities. We at times had to write further investigation suggestions into the patient's medical passports in the hope that on their next visit to the local clinic or hospital this advice will be taken further. Due to too little and often overworked staff and insufficient funds this will probably only remain a vague hope. It was obvious that there is a huge need for healthcare providers in this region of the world, and from the results and satisfaction observed in such a short time, chiropractors definitely have a very important role to play. The mission also attracted the interest of the national broadcasting company who came to film the chiropractors in action and conducted interviews with Carlos, myself and some patients. The material was then part of the evening news, so excellent exposure for chiropractic and the mission. This outreach program was a very humbling experience for all of us and yet so rewarding on many levels. There are impressions that are edged into our minds that will always stay with us and we are richer for having been part of this mission. It has been an incredible learning opportunity seeing conditions that the graduates had only read about in the text books. The graduates behaved in a highly professional and respectful manner at all times and it was an absolute honour and pleasure to assist them. I can only commend the MCC for turning out such competent and passionate chiropractors.

