

Journal medical mission in dominican republic

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Journal Medical Mission in Dominican Republic A Visit to Escuela Basica

Alemana Every year I travel to the Dominican Republic, alongside other local university students and doctors to provide medical care to the rural communities. Escuela Basica Alemana is one of the rural towns we usually visit, during our medical mission in this republic. Members of this community are poor, and they earn less than \$3 a day. Most adults and children have some basic education. They also have an access to clean drinking water and electricity. We created makeshift exam rooms, mostly in public schools, health centers and churches, where patients had to wait in line for longer hours in order to be examined. Most of the patients have no access to proper medical care and adequate food supply. This has left them malnourished, and they also have infected wounds. Young teenagers, who rum through dump garbage, in search for plastic and copper wire had several injuries and lacerations. Additionally, most of the patient we examined had gastrointestinal problems resulting from their poor living conditions and the dirty water they drink. These illnesses and conditions required immediate medical care. Most of these patients were kind, appreciative, and respectful. We divided ourselves into small working groups, which consisted of a “runner,” a scribe, and a translator to assist patient pass through examination points. We offered treatment according to observable symptoms, diagnosis, and shift complains. In appreciation, we offered toys and gifts such as books, pencils, pens, and candies to every single person, who turned up for the medical checkup. We also showcased a film, which advises the community on how they can rely on natural materials like sun light to process clean water, for cooking and drinking. During our one week medical mission, in this

community, we offered free but adequate medical care, which the community appreciated. A Visit to Iguano 1 The second medical mission was in Iguano 1. This is a shanty small community characteristic by extreme poverty, lack of schools and proper education, poor health, and eye sore dumpsites. Almost all households had no access to basic necessities for both adults and children. Their houses were terrible, children walked bare footed, and nutrition was poor. I witnessed babies on the brink of starvation and malnourished adults and children fighting for their lives. There were also sad cases of some adults who felt victims of an accident, but their wounds failed to heal after receiving surgery. They have been bedridden for more than five months since the incident occurred because they lack adequate funds follow up adequate medical care and proper nutrition. In order to help in this situation, we gave these people antibiotics and protein supplements to sustain them for some few days while a group of orthopedic surgeons was organizing for another operation. Since the health status of these poor were worse than those examined, in Escuela Basica Alemana, we made sure that every visiting patient received two medications, including a three month supply of vitamins. I was so surprised that everybody, who visited our tents, had to be diagnosed with a condition. This was due to their poor living conditions, and in order to reduce future illnesses, we provided this group of people with hygiene kit that contained toothbrushes, shampoo, and pieces of bar soap. We also distributed mosquito nets to every household, since we realized that malaria was a common illness among children aged between 2 to 12 years. We also met with the community's health practitioners, and advised them to form alias with the local authority and get rid of swampy

land and the numerous dumpsites, which were scattered all over the community. A Visit to Counselito Our last medical mission was in Counselito, which is Haitian community. This community is situated in a remote part of the nation, where sugar cane plantation is one of their principle economic activities. This community speaks Creolle, and this means that a translator was needed to assist in guiding patients. Most of these people are poor, and they spend most of their time hawking goods along dusty streets. There are few schools, and almost half of the population is semiliterate. Most of the patients I diagnosed reported cases of itchy eyes that resulted from the dust cloud that covered the atmosphere. In this case, we provided plastic safety glasses, dust masks, and eye droppers. Gastrointestinal complications were also dominant among many patients. They complained of poor living conditions and inability to access clean water and quality food. In response, we provided them with multivitamins and peptol bismo tablets. The hot sun also caused skin burns, making people suffer from skin irritations. We managed to offer some patients, who had serious skin irritation problem, vitamin E skin lotion and hydrocortisone. We could not afford to offer all visiting patients with these commodities, so we decided they will be supplied after two months. There was a challenge in administering liquid medicine for babies and other young kids. We had to use disposal plastic pipettes. There was a significant turn out of patients, who had to wait for longer hours in line, in order to get diagnosed. Most of them suffered from hunger, heat, and dehydration. We, therefore, offered them snacks, water, and candies. This gave them a sense of hope that some people cares about them, and they had to appreciate us for our credible work in their community.