Nurse joins in Project HOPE Africa mission

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An Annapolis native who took part in medical missions to Africa, one of four Project HOPE volunteers participating in the seventh annual U.S. Navy’s Africa Partnership Station 2012 mission in Liberia and Ghana. The volunteers worked alongside medical personnel to deliver health care and education while being absent from the Navy’s 300th Subsequent rotations of volunteers will also provide medical care in Bonn and Bangkok to help support the mission in the Republic of the Congo and Cameroon.

Fran Bauer, RN, volunteered for Project HOPE mission, having previously been on the Mercy in 2010. Bauer is a hospice nurse as well as medical surgical nurse working closely with Dr. James Steckel and his gastroenterology practice at Weems.

She worked as a medical surgical and community health nurse in Liberia and Ghana.

Chief Dobson, RN, is a non-voluntary intensive care unit and critical care transport nurse from Oakland, California, part of her on the seventh mission Project HOPE, volunteering as a pediatric nurse functioning as an operating room circulator.

Along with Cathy Blair-Perrine from Chester, Virginia, the nurses worked with ten physicians - Dr. Rachel Williams, DO, chief of pediatrics, and five non-Ghanaian nurses to complete the mission Project HOPE.

Dr. Williams is a pediatrician who has completed his senior year of a general surgery residency at Baylor, Brown, a Sitka, Alaska, emergency and trauma doctor and administrator in the U.S. Public Health Service, was diagnosed with the U.S. Coast Guard.

Dobson said the volunteers, along with their counterparts in the U.S. Navy nurses and doctors in Prospect to address acute health care needs of the people they serve.

The four volunteers helped treat the more than 2000 patients who came through the medical clinic during the three-day health fair. While Williams did a few simple surgical procedures in addition to the surgical work, pediatric patients were referred to St. Elizabeth Hospital down the street, where free care was provided.

“Troy said that if he could have done more,” said Blair-Perrine.

Bauer and Dobson manned the triage station, determining each patient’s most pressing medical problem and making sure they stayed by the correct provider.

“Sometimes it was a challenge trying to figure out what the patients were really there for because they use different terminology for the ailments that we do on the U.S. Dobson said: “We relied on the knowledge base and instincts to help make sure that the small amount of supplies and equipment they brought,” Dobson said.

Bauer used her expertise to work in the recovery room and at bed side on complicated post-partum patients. She helped make transport at a 24-hour-old infant with severe burns who had just come from the operating room.

“She was impressed with the pain of the recovery room nurse, who did not have all the monitoring equipment available in U.S. Nurses,” wrote Dobson. “Most impressive of all the clinic doctors shown by patients having painful procedures performed without the benefit of pain medication.”

Dobson spent her time on the pediatric ward caring for a variety of patients, including many with malaria. “There were also two rooms devoted entirely to pediatric burn patients,” she wrote.

What was most amazing for me was that there were defined clinical treatment protocols that were used to make sure that each child received appropriate care for his or her diagnosis. The physician assistant who was coordinating our care was very compassionate and took the time to teach the mothers about prevention before discharge.”

At a rural clinic in Ghana the following week, the team worked at a large hospital and ran a blood bank. A “Working with the masses of people dressed in brightly colored native dresses, order was maintained with the help of the Ghanaian police and armed forces, and local nurses helped with translation, as most of the patients spoke a local dialect. Too, and not English.”

“Working with the local providers is one of the best parts of this mission,” wrote Dobson. “As much as we teach them,”白云

In the spirit of being part of a mission from beginning to end, doctors and nurses were all involved in the cleanup of the people who traveled for medical care from the American medical team,” said Dobson

Bauer spent the first day helping the Women’s Clinic, where she was impressed with the prenatal care the Ghanaian women received.

Each woman is seen several times during her pregnancy and all the information is recorded in a booklet as she brings to each appointment.

“Teaching is engaging during the pregnancy and continues with the postpartum period,” Dobson wrote. “Fran also learned several Ghanaian phrases toward end of the child’s name.”

The American doctors were kept busy seeing a number of patients. For the most part, the patients were healthier than those seen in the first week of the mission. In the hospital, there were the few diagnosed cases of high blood pressure found and referred for treatment.

William told Dobson that here one was challenged to use one’s knowledge and skills to make a diagnosis, rather than relying on the tools and diagnostic procedures used in an American medical practice. “We just say, this is what you have!”

Bauer, a Sitka, Alaska, nurse counterpart treated more than 300 people during the first day of operations, close to 380 on the second day, and more than 1,200 on the third day. “Even though the site was busy, and not necessarily all things that the clinic spread last and people traveled to find medical care from the American medical team,” said Dobson.

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