



*Best French story by a family physician*

## Mission

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*I thank my parents for having protected me from hunger, cold, fear and ignorance.*

Richard Desjardins

Here I am on the tarmac. N'Djamena, Chad, February 2008. The Airbus brought me here along with several members of the French Red Cross, my companions on my first humanitarian mission. It's 10 PM, pitch black, and the military-imposed curfew has long passed. We leave the airport in silence. Only the glowing logos on the Red Cross 4x4s are visible in the darkness. Our protection! Still silent, we set up camp in the rudimentary Red Cross shelter for the remainder of the night. We cannot continue our journey toward our final destination, Cameroon, until morning.

N'Djamena is almost entirely occupied by the French army, but there are still blatant traces of conflict between the Chadian military and rebels aspiring to take power; crumbling buildings, deserted streets, militaries on high alert. Meanwhile, the local population has fled to neighbouring Cameroon. The UNHCR's recently established refugee camp is located in the Sahel, 30 km from the small border village of Kousseri. The site was chosen for its underground spring capable of covering basic needs. Within a 2-week span, approximately 3000 people have sought shelter on this hostile terrain. In time, nearly 8000 refugees will be lodged here. Women, children, and men crossed several kilometres of desert on foot in order to escape the combat zone and urban guerrilla warfare, searching for a small sense of security, shelter, and limited rations.

I have prepared myself for this long-awaited mission. I spent 20 years practising in a remote, rural community in the Gaspésie. As Gaspésie was my first "humanitarian adventure," I fondly recall my patients' worry upon every departure abroad: emergency services, hospitalization, clinical follow-ups, varied clientele, clinical traineeships in India to gain exposure to tropical diseases, and receiving Red Cross-specific emergency deployment training.

The first team arrived in Cameroon 2 weeks ago along with a few tons of equipment now transformed into a medical clinic and living quarters shared with the refugees. We offer access to basic medical care 24 hours a day, 7 days a week. This team is pummeled with work and the scorching sun, 45°C temperatures beaming

down hard. There is no shade. There is only one distant, solitary tree, which features before a brilliant setting sun in all of our souvenir pictures.

I have been loaned out by the Canadian Red Cross in order to assist in this French mission. Our team includes 2 physicians, 5 nurses, and 3 technicians responsible for maintaining our generators and water purification systems. We also have a team leader, or should I say an orchestra conductor! But we would not be able to run this clinic alone, and so further support is recruited from among the refugees including a cook, manual labourers, and local nurses and physicians who are more than happy to help. In addition to a limited income, they also wish to combat idleness. Every night they must leave the confines of the health centre and return to the camp.

At our initial meeting, the team leader informs my colleague and me that the Swiss midwives expected to join us will not be doing so! A solution is being devised in Paris, but we will likely have to wait 3 weeks. As physicians we are now responsible for all deliveries for the time being, despite that neither I nor my colleague are obstetricians! In order to understand fully our predicament, one must also remember that in this region of Africa nearly all women of childbearing age are pregnant. This is essentially the case in our camp!

Work days begin early and end late. The line-ups are long, but people remain dignified despite living in rags. The illnesses are myriad: trauma, dehydration following journeys across the desert, respiratory illness, diarrhea (bloody or not), malnutrition, and fever, although thankfully it isn't malaria season. The distress of people requesting to continue antituberculosis or antiviral treatments they were receiving before their world was torn apart is intense. We also have stimulating discussions with our local colleagues. ("Here, you say hematuria is caused by schistosomiasis!?! Ha!") Free time means reading the Doctors Without Borders practice guidelines. We came expecting to work and we were not disappointed!

Doctors Without Borders has a well written guide to obstetrics in isolated regions. It's practical but not particularly comforting. We'll have some 20 births within our 3-week period, without midwives, but certain habits will return quickly under stress. The births are fairly easy largely owing to the low birth weights, but nerves are on end in the cases of twins, nuchal cords, or atonic bleeding.

Local custom dictates that the person performing the delivery names the infant. There are now more than a few African newborns sharing the names of my 4 children. A lack of originality? Perhaps, but I put it down

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to my relationship with my children who are so far removed from this reality!


One night, a mother brings me her 16-year-old pregnant daughter, Aïcha, in a wheelbarrow. She appears to be at term, unconscious and convulsing. I administer some intravenous diazepam, giving me time to locate the magnesium and, more important, the administration instructions. I plead with our team leader to break curfew in order to transport Aïcha to hospital in Kousseri for a cesarean. My request granted, we set out—a driver, our eclamptic patient lying on the floor of the truck, her mother, a nurse, and me. The solution's flow rate is impossible to control in a 4×4 racing across the dunes. I'm afraid that the patient will stop breathing, or that we'll collide with an antelope or, worse, an elephant ....

We arrive safely at the hospital and Aïcha is taken in by the surgical team. On the return trip, we drift in and out of sleep as adrenaline subsides.

Three days later, Aïcha is back at the camp and comes to show me her baby. She also informs me that the family chose a name because the obstetrician failed to do so. This adorable baby has been named "Merci

Jacques"! I tried to propose an alternative and suggested that he be named simply "Jacques," but the decision stood. In order to fulfil my duties as godfather, I asked one of our drivers to bring back a bunch of clothes for the baby from their supply run.

In this region of Africa, 1 out of 5 children dies before the age of 1, and these refugees are among the poorest of the poor. The camp at Kousseri was destroyed during a riot a few months after my departure. The Red Cross team declared an emergency evacuation. While I was in northern Cameroon, the southern portion of the country was engulfed in fire and blood during a series of riots dubbed the food riots. Food prices skyrocketed while all arable land was converted for biodiesel production.

I have heard no news of Aïcha and Merci Jacques. Despite their effect on my life, it is difficult to feel optimistic for them. Yet despite everything, including my subsequent journeys to disaster-stricken nations, I am convinced more than ever of the need for this crucial solidarity. 

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