

# Bless the Female in Mozambique

Narrated by **Dr. Chen Pao-Chu,**  
Obstetrics & Gynecology Dept., Hualien Tzu Chi Hospital



The moment we arrived in Beira, Mozambique, we took the bus straight to the relief camps. In the middle of a vast dessert, the displaced citizens were living in tents made from plastics and canvases and living on donated supplies. I saw a mother without milk, holding a 4 month old baby in her arms. How can there be any milk when a mother starves? Coupled with the flood and destruction and deaths, how can a mother produce milk under such a circumstance? I asked the locals for supermarkets in the neighborhood for powdered milk, feeling impotent and frustrated. So much needed to be done, and yet only so little could be done.

### **Before Dawn and After Dusk**

The medical team assembled at 05:50am every morning and departed at 6am. We left before dawn and returned after dusk. I was not tanned because I did not spent much time under the sun. Gynecology require somewhere private. My clinic was considered the most “luxurious” of all when compared to others which were either unpartitioned or divided with a piece of fabric at most.

Whenever the sun went down, so went our electricity. The clinic became pitch dark after that. Coincidentally my



**Dr. Chen Pao-Chu visited the camp area nearby their hotel, documenting the needs of these flood victims so she could bring the supplies in her following visit.**

patients were dark skinned, so were the areas I need to examine. Fortunately before our departure, Supt. Lin Shinn-Zong prepared LED lights for each of us. By relying on the light, even without any charger, we were able to make it through the 4-day medical outreach sparingly.

### **The All-in-one Gynecologist**

Over 300 patients rushed in the moment my gynecology clinic opened. They were sorted and guided by our volunteers into lines. I called for pregnant patients first, unknowing that all of the patients were pregnant. I then asked for patients with stomach ache, and everyone rushed in as well. Even the medical staffs from a school where we hosted a free clinic came for treatment. Over here, a 6-month wait or more for an X-ray, ultrasonic, or MRI was the norm. When medical resources so scarce, free and instant checkup provided by Tzu Chi was an opportunity of a life time that they could not afford to miss.

The makeshift beds in the clinic were carts with a thin piece of plank on top. Half an hour later, a dent was clearly visible where patients sat, with wood dusts all over the floor. I had to perform Pap smear for women even under such a challenging circumstance. When the plank on the cart became unserviceable, I simply look for another table to replace it.

In a hospital setting, my work is straightforward. I have all the equipments I need at my disposal, and the assistance of nurses as well. Over here in Mozambique, in this makeshift clinic, I am the nurse, the examiner, and the clerk. I make my own bed, operate my own computer, carry the ultrasound on my own, and clean after my patients after every session. I have to organize the trash, the bedsheets, and the cables and wires. I work overtime back in the hotel at night on patients' records, checking every input against the ultrasound reports and stick them together, as well labelling and marking Pap smears that require follow-up from local hospitals. I did EVERYTHING from start to finish. Of course, it was a necessary precaution out of safety concerns to minimize exposure to the risk of AIDS.

### **Double Language Barrier**

I had the chance to witness symptoms only in textbook during the outreach. Pseudocyesis, or false pregnancy, for example, was one of them. A women claimed to be pregnant when her ultrasound claimed otherwise. "That is impossible! The witchdoctor said I am, two month pregnant," she replied in dismay.

Some of my frustrations came from communication barriers. The locals spoke mostly Portuguese, while the elders spoke

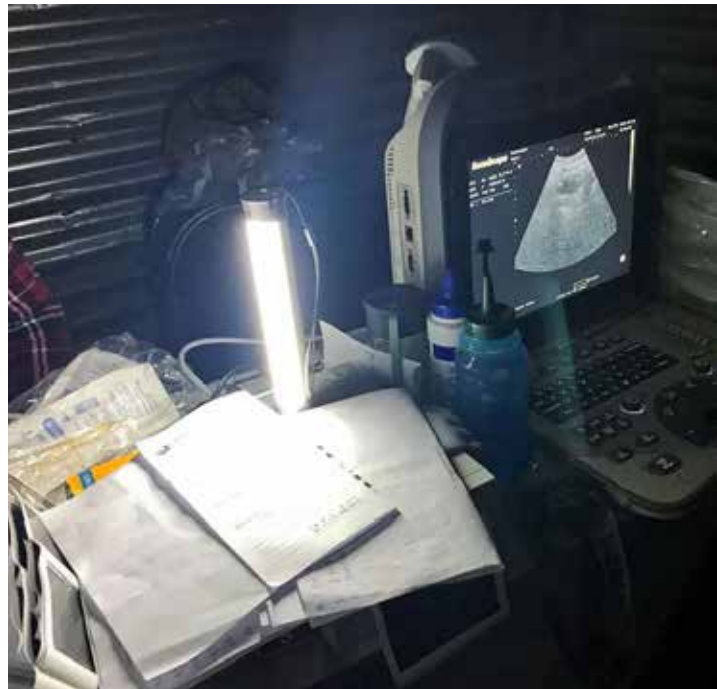


some sort of local dialects. When I explain their conditions in English, the translation volunteer has to translate my words into Portuguese or the local dialect, which is two language away from Mandarin, my mother tongue. There was another women who claimed she was pregnant. The test showed no sign of the infant, and her uterus was normal. I asked the volunteer to translate for me, informing the patient that she was not pregnant. The volunteer replied after a long moment of silence, "I cannot do that. It will hurt the patient!" No pregnancy means no pregnancy, you cannot give birth to a baby 5 months later if you are not pregnant, I thought. In the end I had make my demands clear to the translator. "You translate what I say, word for word," I insisted.

I encountered a patient with bloated stomach. During palpation, I detected a large tumor that appeared to be uterine fibroids. I asked her if the symptom has lasted a long time, and she said yes. She said that she visited a doctor in a hospital who claimed that she was fine and asked her not to come back. I was shocked. Her abdomen was visibly swollen, how can that be fine? I called over a local doctor working next door, and she knew immediately something was seriously wrong. Coincidentally, the hospital mentioned by the female patient was where this local doctor worked at. I showed her the ultrasound and asked her

to handle the case. Right away she called a gynecologist in her hospital to make an appointment. I do hope that she'll be in good hands.

There was another senior lady who was suspected of endometrial cancer with vaginal hemorrhagic discharge, which should be Stage 3 cancer. Her family carried her to the clinic. I told them that this was not a good sign. While I was arranging a referral, she ran away when she arrived at the hospital entrance. I wasted my time, but what exactly was the reason behind her refusal for treatment?



**Under the guidance of LED light provided by Supt. Lin Shinn-Rong, the only gynecologist managed to persevere through the challenge of treating patients in the dark.**

## Education Is Key to Health

In spite of overwhelming numbers, I did my best to educate each patient. I had two volunteering translators. One assisted me with my interrogation. The other bright female medical student stationed in the internal medicine took the initiative to learn to perform ultrasound. I also taught her about diseases, symptoms, and preventions. With enough knowledge to interpret and to perform health education for patients with the same disease would spare me from talking constantly, and instead divert my attention to seeing my patients.

What locals eat and drink were mostly from roadside. The same roadside puddle, some wash their feet in it, some cook with it. Bathing in, washing one's lower body, or as some elderly women cleaning their vaginas with what was clearly muddy water was naturally vulnerable to infections.

When I first arrived, doctors who came earlier informed me that one-third of the women here have abdominal pain, and one-third have vaginitis. The more time I spent with them, the more I came to understand. Some of the Mozambicans are simple and naive. When I speak to them, they simply listen with eyes wide open, showing me this "so that is how it is, I never knew it before" expression,



**Dr. Chen Pao-Chu thoroughly treated many women in a makeshift environment.**

so innocent. Simply put, cut these nasty habits, stop washing their vaginas with filthy water, pelvis related diseases and stomach pain will be gone. These are the consequences of habit, and that is why health education is vital.

## Self-Protection Is a Must

In Mozambique, AIDS is prevalent as malaria. With so many patients in line, only two of them admitted upfront that they had AIDS, were taking medications, and their children were not infected. Those who failed to admit were the ones I suspected and interrogated before the truth was revealed. They were also the



ones whose conditions were severe. Safety first. I told the volunteer and the medical student working with me to avoid exposure to bodily fluids and wastes. Aside from protecting myself, I should do all that I could to protect them from any threats while in this clinic.

The tissues in the gynecology clinic were left for the patients. We used hand sanitizers only. I instructed the medical student whether or not she touched anything, whenever I washed my hands, she washed hers. I told the volunteer to wash her hands the moment she walked in, and washed them again when she left. Whatever I instructed them not to touch, I would remind them over and over again. That was how we protected each other - by reminding each other.

The local women were uninformed when it came to periods, pregnancy, and prenatal check-ups, not to mention the prevention of sexually transmitted diseases (STD). A pregnancy woman came for a prenatal check up on the first day of the free clinic, and came again the following day, indicating that she forgot to mention she had something in her lower body. It only took a glance to realize that it was a case of severe genital warts, which require immediate referral for treatment. In cases like this, infants would be infected when passing through the birth canal, therefore vaginal birth is not an option, and C-section is a must.

AIDS patients have impaired immunity. A patient had fungus in the mouth and there were no available medication on site. A physician requested a vaginal anti-fungal suppository to treat that patient. The suppository could kill fungus and it was better than nothing, I thought. Following the incident, they came asking one pack at a time. I ran out of the suppository on the third day of the free clinics, fortunately there were enough supply. When all three free clinics in Beira came to an end, we donated all of our remaining medical supplies to the hospital Dr. Monica Inroga worked in. One car wasn't enough, and she called in another to load the supplies.

### **Unexpected Additional Benefit on the Last Day**

I had the ultrasound and ECG instrument set up in my clinic, however it was so packed that I could not even grab the ECG. The internal medicine was jammed as well.

On the last day, our team leader Supt. Chao You-Chen said, "Today is our last day, there will be no limit on the number of patients." Wow! How hectic would that be? Running out of meds? You can't treat patients without medicines. However, dentistry and gynecology operated as usual.

The pharmacy was overwhelmed as well. That was why all the vaginal



**Dr. Chen Pao-Chu handled all the affairs in the clinic, forfeited her time for meals and rest, so that she could see more patients.**

suppositories, vitamins, and analgesic patches were stored in my clinic. I would distribute them here, so my patients would not need to wait in line at the pharmacy.

Throughout this four-day free clinic, I skipped lunch at noon, occasionally ate some nuts in the afternoon, and drank water one sip at a time to rinse my throat. By cutting my toilet trips, I could direct all my time and attention to my patients. I came back 2kg lighter. The anti-malaria pills we had been taking, the one that causes nausea and kills my appetite, we had to take it a little while longer after our return. Looking at it this way, joining medical outreach is a sure way to lose weight. Think about how much exercise you have to do to lose 2kg worth of calories!

## Do More Together

Dr. Monica Inroga, Dean of Faculty of Health Sciences, Catholic University of Mozambique, led her students to assist with translation, while coordinate patient referrals. There was a pregnant woman who's 4-month-old fetus was found abnormal after examination. The fetus's head was 3 times the size of its body, the appearance of its limbs were not visible, and the heartbeat was irregular. With these signs of fetal abnormality, the patient should be sent to a hospital for pregnancy termination. As I was giving referral instructions, these medical students stood by and listened. I also explained these instructions to them with illustrations. Not only did these students learn ultrasound, they also witnessed how I treat my patients under such makeshift conditions.

Monica watched as I instructed these medical students on patient examination and treatments, as well as attaching clear and precise reports and diagnosis with referral patients. She was grateful, eager to keep me around. Supt. Chao said, I came on this medical outreach to serve them at medical-center quality. That is true. I treat my patients in Mozambique the same way I treat my patients in my own clinic. Interrogation and health education side by side, I did everything there was to be done.



It was fun looking at it now, but things were mostly chaotic back then. We had to constantly adapt, resolve, and stick through it. Everyone told me, “Wow, Dr. Pao-Chu, you did all that! You did ultrasounds, pelvic examinations, Pap smears, and so on...” In terms of patients served, our gynecology came out on top. Performing so many tests all on my own was seriously exhausting to tell the truth.

What supported me, you might ask? Traveling all the way to Mozambique with

all these resources and supplies, who else would take on all these tasks besides me? Most of these Mozambicans never saw a doctor in their life time, and almost all of them walked here from places far away. Spending my time on these patients, whether it was 5 or 10 minutes, for them to learn a thing or two about their health, or for me to identify a problem or two on them, made everything worthwhile.

The opportunity was a fortuitous one. I did not sign up for this medical



**Dr. Chen Pao-Chu (4th from right) was grateful for the opportunity working with the team on outreach to Mozambique.**





**From left to right: Tzu Chi Global volunteers' supervisor Stephen Huang, Dr. Chen Pao-Chu, Dr. Monica Inroga, Supt. Chao You-Chen.**

outreach. However, the team lacked a gynecologist, therefore I was invited as soon as I returned from Eswatini to assist the hospitals in Mozambique. Healthcare in Mozambique has a long way to go, I thought.

Also a female physician, I saw in Monica the same sense of mission and perseverance. In terms of professionalism and proficiency, she could further her career overseas. Instead, she returned to her home country to serve her people. She wanted to send their medical students to Taiwan for training, and help out with health issues related to women and

newborns in Mozambique. To be able to work hand in hand with Monica and TIMA on the other side of the world for people in need of our help made everything about this trip worthwhile.

There was a lovely follow-up to the outreach. The medical students who volunteered as my assistant, An' Alice, sent me the following: "When I did my final exam last Friday, I sailed through the gynecology test, because I learnt so much from you. Thank you so much." I believe the clinical experience in those few days would bring some positive and profound impact to her career in medicine.

