



# ADDRESSING HEALTH NEEDS

## — Medical Mission to Tacloban

5,414 patients benefitted from the 214th Buddhist Tzu Chi Foundation (Tzu Chi) medical mission held in Tacloban in the Philippines from 5 to 7 August 2016, organised by the Philippines Tzu Chi office. I had the honour to be part of the 124-member volunteer team from Singapore, which consisted of 54 medical professionals including physicians, surgeons, nurses, dentists, dental assistants, audiologists and Traditional Chinese Medicine practitioners from the Tzu Chi International Medical Association (TIMA), and 70 non-medical Tzu Chi volunteers.

In November 2013, Typhoon Haiyan caused massive destruction in Tacloban. During the TIMA conference held in Singapore in March 2015, I learnt about how Tzu Chi helped rebuild Tacloban and assisted the residents in recovering from the disaster. Mr Alfredo Li, the chief executive officer of Tzu Chi's chapter in the Philippines, was one of the first to arrive at the disaster area. During the conference, he shared with us how volunteers from Tzu Chi painstakingly gathered nearly 300,000 disaster victims in a massive clean-up of the debris and how they managed to successfully bring their homeland "back to life" within 19 days under the "cash-for-work" relief programme.

It was also moving to learn about the collaboration between Tzu Chi and the Catholic Church in Tacloban in reconstructing the badly damaged Santo Niño Parish Church.

### THE WORK BEGINS

Upon reaching Tacloban City on the morning of 5 August 2016, I was pleasantly surprised by the scene of a bustling city with no evidence of damage from the mega typhoon that struck three years ago. I cannot help but be filled with wonder at how resilient the residents were.

We headed straight to Leyte Progressive High School, where the medical mission clinics were held. There, we were greeted by rows of local residents, some of whom had arrived in the wee hours of the morning, forming queues that extended beyond the school premises. The fatigue from ten hours of overnight travelling quickly dissipated at the sight of hundreds of patients. However, our fatigue paled in comparison to the efforts of the "early departure team". Volunteers in this team worked late into the night to transform the ordinary school into a "hospital" with fully functional operating theatres, clinics, pharmacy, etc, all prior to our arrival.

Just before the free clinics started, we were informed that additional manpower was needed to run the paediatric clinic as two paediatricians from Manila were unable to attend the mission. Despite having undergone internal medicine training and not having treated children since my housemanship, I volunteered to join the standby doctor in running the clinic. Thinking back, perhaps being surrounded by patients waiting for us expectantly had left me no room for hesitation.

Even though paediatrics is not a specialty I favour, I quickly felt at ease running the clinic and even found it quite enjoyable. I was in awe at how well behaved the children were, queuing up for their turn to be examined (it was not uncommon to see parents with four or more children). These little angels kept absolutely still during the consultations and out of more than a hundred children that we saw, only two cried!

I was also greatly reassured by the presence of fellow TIMA doctors, who were ever so patient in offering their guidance for more complicated cases. My brilliant local teenage translator, who sacrificed her weekend for the medical mission, also deserves special mention. She was such a natural that she eventually asked for the bulk of the patients' histories and presented them to me after. There were also many dedicated Tzu Chi volunteers who made their rounds; they offered snacks to us a few times a day and



made sure that we drank sufficient water. It was these kind gestures that distinguished this medical mission from other medical duties that I have been involved in before.

## A DIRE NEED

I vividly recall a toddler who was brought to me while lying in her mother's arms. She presented with the typical history of acute respiratory symptoms like the other children, but she was visibly unwell – the child was in respiratory distress. Memories of my paediatric posting in medical school came to mind: my clinical group was gathered around a cot in the general paediatric ward at the National University Hospital, staring at a sleeping baby. "Do you notice anything that is not right?" asked my professor. We stared hard but remained clueless for a good five minutes. "Breathing!" someone finally blurted out and my professor smiled. Since then, I cautioned myself never to miss the signs of respiratory distress in a child.

The first thought that came to my mind while looking at the breathless toddler in front of me was: "How could her parents seek medical attention only now? Did they not notice that their child was ill?" It was only later into the consultation that I realised my folly. The young mother in front of me had brought her breathless child to the local hospital that very morning, only to be told to return the next day as there was no bed available. No medicine was prescribed.

My heart immediately went out to this family and the countless patients who live in areas with scarce medical resources. There is truly a dire need for medical care in these places but sadly, there is a limit to what medical missions can do. Having said that, giving our very best for every patient we come across is the little difference we can make to patch the gap. Having been cynical about the impact of overseas medical missions before, I am now convinced of its value.

## THE PURPOSEFUL TRIP

The unexpected opportunity to see paediatric patients during this medical mission has proven to me the importance of a holistic medical training and of gaining experience in various specialties in the early years of medical practice. Taking part in overseas medical missions has its challenges, but with an open heart and a dedicated team, I believe that there is nothing that cannot be overcome. ♦



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### PROFILE



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### DR HO XIN QIN

Dr Ho Xin Qin started internal medicine residency training after completing housemanship, which included a posting in paediatric medicine. She is thankful for the opportunity to be part of the Tzu Chi International Medical Association team to provide medical care to the residents of the Tacloban City in the Philippines.

#### Legend

1. A large-scale and well-organised medical mission in Tacloban, the Philippines
2. Having fun with local children with fellow volunteer nurse and TCM physician
3. Running a paediatric clinic for the first time