

Day 7 May 25, 2007

The skies opened and poured down an intense rain rarely seen in Southern California. After a breakfast including buns, watermelon, cornmeal sweet muffins, hardboiled and fried eggs, the team gathered at the lobby to hail taxis to the Prefectural Hospital in Mengzi.

Lori Bajkiewicz started the plenary session to 100-150 physicians and nurses by telling people about the Carnival of Health, which is a technique to teach children important health information. The nosocomial infection talk by Sunwha Kim and the Not Ready for Menzi Prime-Time players (Dorothy, Carter, Jan and Vikki) received excited applause. Margaret Lee completed the AM Plenary Lectures with a discussion about oral lesions (one of the most appreciated lectures from last year).

We then had the physicians and nurses move into one of three small groups dealing with **Hearing Loss** (Dr David Dai, Li Chunwa and Sally Edwards, RN), **Sepsis + Medications + Resuscitation** (Drs Lori Warzecki and Sunwha Kim and Kim-wah Wan, Pharmacist) or **Emotional Trauma + Breastfeeding + Oral Rehydration** (Peggy Thurman MFT, Jan Petrie RN and Lori Bajkiewicz).

After the morning lectures, the team walked to the restaurant in the Five Star Hotel in Mengzi and had a nice Chinese lunch including fried red beans, potatoes with flowers, a special tofu dish with tofu in the shape of scallops and an unusual sweet battered corn dish.

After lunch, Doctor Peter Yorgin and Carolyn Zhang began to interview patients who were interested in obtaining better hearing aids or cochlear implants. The stories of the children were compelling.

A little 17 month old little girl received aminoglycoside therapy when she was sick. By 2 years of age her parents realized that she was deaf. She was taken to Kunming where she was said to be too young to do proper testing. At 4 years of age, testing revealed profound hearing loss. She does not speak. Now at 7 years of age she is too old to have an effective cochlear implant. Her brain would not be able to process the sounds.

An 18 year old girl began to have hearing loss at 11 years of age. She is now deaf in her left ear and severely hearing impaired in her right ear. Her parents speak loudly in her right ear using her local dialect. We determined that she could benefit from a digital hearing aid in her right ear and, ultimately, a cochlear implant.

A rambunctious 2 year old male ran around the room causing havoc. He ran to the door and bit the nurse on the leg. Only a day before, he had bitten Eve Dick, RN. He had congenital hearing loss and needed a cochlear implant. However, his family was poor and could not afford the surgery despite the offer of a free cochlear implant.

The Otolaryngologist said that there were literally hundreds of children with similar stories. Almost none could be helped. Many had a trial of expensive hearing aids that provided little, if any, help. In our opinion, the hearing loss problem needs an expanded Chinese Governmental effort to help more children, particularly children in the rural areas. Until that time, donations can only cover the a miniscule fraction of the needs.

The afternoon lecture attendance had thinned down quite a bit, with 15 people or so in each lecture. The hearing loss lecture remained sparsely attended. We had hoped that the children's stories would be compelling to the physicians, but their stories were never told. Sally described how cochlear implants work and who they would best help. By the third lecture series, nobody was attending the Hearing Loss lectures. Sally and David seemed pretty despondent. David went downstairs and discussed the cases of the hearing impaired children.

The final lecture about Pain severity and management generated a large number of questions. Interestingly, the physicians at the Mengzi Prefectural Hospital rarely uses pain medications except for some post-surgical patients and oncology patients due to concerns about addiction.

The team returned to a restaurant close to Diarra's office for a combined dinner for village doctors and our team. Songs sung by the village doctors and the team attracted a large number of people from the street who tried to determine what was happening.

By the time the team had returned from dinner, Peter was feeling miserable. Vomiting and profuse bloody diarrhea led to dehydration. Oral rehydration fluid was given but did not help as I continued to vomit all fluid. The team was in active prayer. Meanwhile, Drs Yorgin, Kim and Boubacar determined that IV fluid was the best approach before things got worse. KaiKong Yee and Carter Tong helped me get to Diarra's Jeep and we rushed off to the Prefectural Hospital in Mengzi. A gurney was brought to the Jeep, and I was transferred to ED for Intravenous (IV) fluid, vitamin B6 (an anti-nausea medication?), IV ciprofloxacin and other IV medications. There were discussions with the ED physician regarding how fast the fluid should be infused. After a second IV was started, more fluid was poured in intravenously. Sunwha and Carolyn stayed by my bedside the entire time, reassessing me, talking to me and guarding me from the ubiquitous mosquitoes. After about 5 hours and 1.5 liters of fluid, I had dramatically recovered and returned to the hotel. The cost of the emergency treatment should make any American envious – 208 RMB, about 28 dollars. The prayers of the team had been answered!

Tomorrow the team goes to a minority village one hour outside of Mengzi to have a village clinic with the village doctors.

Blessings,

Peter Yorgin, MD