

Volunteering in Rural China

Cosyfeet Podiatry Award winner, Tim Maiden, was awarded £500 to assist with his voluntary work in rural China. He reports here on his experiences.

The two central reasons for me becoming a podiatrist were to have the freedom to travel, and to help improve the quality of people's lives. After reading about the adventures of previous winners of the Cosyfeet competition, I was determined to embark on a similar trip. I decided I wanted to undertake some voluntary work abroad after graduating from Cardiff University and before commencing employment for the NHS as a podiatrist.

I heard about many of the problems faced by sufferers of Leprosy in the world, and decided to spend three months offering help to those with resulting podiatry problems. China has always been a place of huge mystery to me, and following in-depth conversations with a friend who lives there, I made the decision that this was to be my destination. I'd heard of several worthwhile organisations working to alleviate the problems of rural poverty in China, and decided to make contact with them.

My visit began in the city of Shanghai, where I stayed initially, visiting some of the prestigious teaching hospitals there. As I discovered, these state-of-the-art hospitals provide fantastically advanced medical care for city dwellers. These hospitals are, however, many thousands of miles away from some of the poorest regions, where people also need medical care.

Following my stay in Shanghai, I took a two hour flight west to Sichuan. Here I met with several Non Governmental Organisations (NGOs) in the hope of discovering the 'real' China and helping out wherever my skills could be of use.

Thankfully I was greeted on landing by some friends, as the airport was a raging torrent of people and all signs were in Mandarin, making the entire proposition quite daunting. During our initial conversations, my friends emphasized that my enthusiastic ideals about getting instantly knee deep in the action, treating patients and observing, would take some time to come to fruition. Many rural areas were still unsafe following the horrific earthquake experienced the previous year. We couldn't simply launch in without appropriate grass roots knowledge. Initially we spent time forging good relations with the local officials, with whom we were to work closely to ensure that those who required the most urgent assistance would receive it.

Sichuan is one of the most beautiful places I have ever visited. It is surrounded by the Himalayas, bordering Tibet, and is known as the spice capital of China, boasting thousands of rich and tasty local dishes. The girls of Sichuan are known as the Spice girls, due to their fiery and passionate nature. The history of the area is fascinating and there are countless fascinating historical museums which highlight this.

Even though I was to be working with a group of established medical professionals, it proved important initially to convince the authorities of our credentials and our usefulness. There were some misconceptions about Leprosy, and a genuine concern that outsiders would contract the disease and thus potentially spread it further afield. It was an important part of our role to work towards increasing awareness about the disease, and to establish an atmosphere of mutual trust and respect. We also needed to explain clearly how visits could benefit the sufferers as there were concerns that villagers might be disturbed by our intervention, upsetting their everyday lives and routines with no benefit to them.

Cultural and language barriers frequently created problems for all those working directly with the people we were there to help. Those in outlying villages often have a poor grasp of the national language (Mandarin) and are from very different cultures. This posed problems even for the interpreter. It is hard for Europeans to grasp that some countries, such as China, are so vast that the urban inhabitants may have little or no idea of life as it is lived in poor, remote areas, or of the difficulties faced.

Historically, as is the case in many parts of the world, lepers have been forced from their homes and forgotten in colonies. In China things are now changing. There is a dawning realization that things can be improved. Stigma, education, access and resource provision remain issues and there is much work still to do, but these problems are not insurmountable, as China's own response the Sichuan earthquake showed.

I spent a total of 3 months in China, with the majority in Sichuan. A great proportion of this time was spent meeting with village officials, discussing plans, best case scenarios and what we hoped to achieve by visiting those in need. This was often done over dinner, with all officials present who would be affected by the decisions made. Ultimately the discussions were useful and resolutions reached, despite many perceived difficulties at the

time.

The organisation with which I was working for the majority of my stay brought together a wide range of people with differing skills sets. The group I was part of consisted of a doctor, several nurses and a physiotherapist as well as a farmer, a builder, and myself. I have not named it in this article for fear of compromising the valuable work it undertakes in China, but this organisation sought to improve the overall quality of life of the people in the Leprosy villages by offering not only medical help but also the skills and infrastructure for these rural communities to thrive independently.

The government has been working to provide some villagers in the area with basic shelter, and has recently installed a water supply. This was no small challenge as the area is totally isolated for large parts of the year. Due to this, the people try as much as possible to be self reliant. Despite injuries causing total peripheral neuropathy, and resulting deformities of the limbs, they work together to run subsistence farms, growing rice and corn with the simplest of wooden hand held tools.

In my experience, the establishment of good relationships between people in China is essential before any work can be commenced. Ultimately it felt like a great honour to be accepted, and to be allowed to visit and work.

There is much valuable work being undertaken by Leprosy organisations and charities, including education about the disease. The stigma experienced by Leprosy sufferers is often brought about by fear and ignorance of the condition. I was surprised to learn that there are countless colonies throughout the world. China is larger than Europe and has approximately twice as many people, which highlights the potential difficulties that may arise.

The first Leprosy village I visited was an eight hour walk from the nearest road and was deep in the mountains. The houses were scattered over a wide area. This was a challenging journey with a 20kg bag. We had been informed that some still more distant areas would be off limits due to concerns for our safety following the earthquake. Some of the houses we visited were shacks with outside toilets, partially due to the huge logistical issues of transporting the appropriate building materials to such a remote area. Despite the apparent hardship these people were experiencing, they did have livestock, crops and fresh water, and could therefore survive the challenging conditions.

The officials are hoping to move all the villagers to the same area at the bottom of the valley and provide new housing. This would make it much easier to monitor the population and make more regular visits for medical treatment feasible. They are also planning to build a road, to facilitate access to schools and markets.

One of the problems faced by medical bodies is the people's lack of willingness to use Western medication, and their reliance upon traditional Chinese medicine. Chinese medicines are favoured as foreign writing and packaging is often seen as untrustworthy, and the taking of a pill is unusual for many of the people there, who are more accustomed to taking medicine as a solution. This presents quite a barrier to the effective use of the multi drug therapy now used to cure Leprosy.

Leprosy can ravage the body and leave its victims deformed. It is a disease that attacks the central nervous system, allowing it to impact nearly all areas of the body indirectly. It is typically transmitted in airborne moisture droplets produced by coughing, breathing, and sneezing, and is caused by the bacteria *Mycobacterium leprae*. Although first seen under the microscope by Dr Hansen in 1873, there is reference to the condition going back to before the dawn of Christianity. Prior to the discovery that the disease was caused by bacteria, people had thought that it was hereditary, or even caused by sin. In many places people have developed misconceptions about the disease, contributing to the prevalent, highly negative image of lepers and Leprosy. China is working hard to eradicate these unhelpful perceptions.

At various times in history blood was believed to be an effective treatment, either as a beverage or as a bath. That of virgins or children was considered to be especially effective. Removal of the ovaries or fallopian tubes in women, and vasectomy in men, was practiced in the United States for many years. Fortunately the effectiveness of modern drug therapies is now beginning to be better understood.

Once the Leprosy bacteria enters the body, it destroys the nerve endings, which leads to neuropathy. The neuropathy leads to the increased risk of enduring injuries since sufferers have no way of knowing that their tissues or bones are being damaged until severe damage has been caused. These injuries can lead to infection and other complicated conditions. Leprosy can also attack the mucous lining of the nose, causing it to collapse. Once the nerves behind the eye are destroyed, the victim loses ability to blink, causing their eyes to dry out.

Many of the sufferers, despite improvements in wound care, require surgery. I witnessed patients with gangrene, neuropathy, plantar ulcers and almost total blindness. With the benefit of greater experience and clinical skills I

am sure I would have recognized more conditions among the patients I saw.

As in the NHS, limited time per patient was a frustration. Frequently I had only a couple of minutes with each and all I was able to do was to clean and re-bandage. The villagers tried their best to describe their symptoms and pains, but understanding them was difficult, Mandarin was seldom their first language and it was difficult for our translator to understand them. The experience was still an amazing one though, and a real privilege. I had previously witnessed ulcers and a few serious conditions, but the experience I received in China has enhanced my skills and knowledge a great deal and I will bring this to my work in the NHS. Had I been better skilled I may have been able to make a more positive impact, but just being there with other professionals taught me so much, and really prompted me to open my eyes and see how useful it is for us to work with other professionals, especially when you are the person with the least knowledge.

Whilst in China I attempted to find more information about Leprosy on the Internet, but this was very difficult due to poor internet connectivity in many of the mountainous regions. This may be one reason why local medical workers and care homes understand so little about Leprosy and how to help sufferers. Lack of education and training is also a significant factor. Several times working with local doctors it was apparent that the frustration of working with non concordant patients was making motivation very difficult for them.

Thankfully we were accompanied on our visits by local officials for whom nothing was too much effort. We were treated as honoured guests in people's houses, and they would often prepare food for us, which was presented to us in ritual fashion and was always delicious.

While in China I saw many cases of Leprosy. Two in particular continue to stand out in my mind.

One 60 year old gentleman exhibited moderate signs of Leprosy, with mild clawing of the digits and hair loss to the eyebrows. He experienced a lack of sensation in his extremities and had an enlarged ulna nerve, which is a common sign of leprosy. Several years previously his family had convinced him to return to his home village in order to resume work to support the family. After only one night at home he walked the 30 miles back to the Leprosy village as he could not bear the shame he had brought on his family. Neighbours and other villagers had apparently threatened to stop dealing with his family in food and other goods. Now Mr A serves as one of the leaders in his Leprosy village in order to assist the local doctors in treating those inhabitants with more extreme conditions.

The other gentleman who interested me greatly was a 73-year old very friendly individual. Sadly for him, he was totally blind. His hands and feet were clawed, resembling flippers, and he had no teeth or eyebrows. His left foot had been amputated; however there were no palpable pulses anywhere in his lower leg. The medial malleolus was totally exposed and gangrenous, and he experienced extreme pain at night. He broke down crying with gratitude when we redressed his ulcers. This made me realize that these patients, separated from their families and communities, are in at least as much need of basic human kindness as medical treatment.

We attempted to assist and educate the people in the Leprosy villages with basic care and treatment, and were careful to set realistic targets with regard to self maintenance. Advising them to use foreign supplies or to wash feet daily, for example, would likely end in failure. I am hoping to return in a month with other medical workers to assess the success of our advice. We are also planning to adopt a more robust and far reaching education plan.

China is a remarkable country and visiting it was one of the most epic, eye opening experiences I have had in my life. I would thoroughly recommend it to anyone who is considering visiting or even for those who have not.

For those who are interested in finding out more about Leprosy there are a number of organisations which can provide useful information, such as LEPRA, the Nepal Leprosy Trust, the World Health Organisation and the Sisters of Calcutta, founded by Mother Theresa.

I would like to thank Dr Marina in Llandaff for her advice, generosity and getting me nice and healthy for the trip, Professor Ryan for the literature whilst I was there and everyone else who gave me valuable advice, plus Gareth Hicks at Baileys Instruments and Paul Lawless at Salford Insole.

I have teamed up with several other medical workers and we are preparing for a number of trips next year, some of which will be to Leprosy areas where we plan to assist in treatment and education. If anyone is interested, please feel free to contact me for more information.

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Photo's from Tim's trip:

