

# A WEEK WITH THE GYPSIES: A MEDICAL MISSION DIARY



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I believe that health professionals who have the means should participate in medical missions yearly. It makes the world a healthier place. Moreover, it recalibrates one's career and medical expectations when caring for the medically deprived. When looking for a refugee group or displaced population to serve, I wondered: Who has suffered the longest, and what survival skills could they share? The Internet led me to a religious group called e3 Partners (<http://e3partners.org/>) who were looking for a pediatric nurse willing to serve Romani children, and I applied. The romance of Gypsy folklore, legends, palm reading, and fortune telling called to me. "Gypsy" is a term that *gadje* (non-Romani people) call an ethnic group who migrated West around the eleventh century from Punjabi, India.<sup>1</sup> Whereas the lowercase word *gypsy* is perceived as a racial slur (eg, "that cashier *gypped* me"), others prefer Gypsy when it is used respectfully. Reclaiming the *Gypsy* Diaspora is now seen as an act of linguistic and identity empowerment.<sup>2</sup> Professional practice standards and my instinct suggested that asking the patients their preference would be the best approach to determine how they wanted to be addressed. My literature search suggested myths and preconceived notions, often negative, that surround this population. Yet, as nurses we are taught to accept and celebrate diversity, so I packed my passport, my stethoscope, and my "judge not" attitude and headed for the Balkan Peninsula.

## Day 2: Bucharest or Bust

The Alps, Balkan, and Carpathian mountains create a large triangular valley. To bring goods and services into this rugged, landlocked area, especially in bad weather, reliable and determined transportation was needed. Over time, Romani caravans filled this niche (Figure 1).

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My aim for this trip was to strengthen the Romani suppliers and their offspring to sustain their customs. Regional infant mortality was 36.4% without proper prenatal care, immunizations, and well-baby visits.<sup>3</sup> Barriers are lack of safe water, vitamins, and antibiotics for sexually transmitted diseases. With so many obstacles, how much longer could clans support the valley, or themselves?

At Bucharest Airport, 13 strangers who came for the mission somehow found each other. We consisted of 6 pharmacy students armed with toothbrushes, 3 nurses with medical supplies, an optometry registered nurse with a shipment of corrective lenses, and a physician willing to share his expertise and provide oversight of the medical care we would offer our patients. Parcels were loaded onto our bus, and we motored 250 km northwest through ivy-strewn vampire architecture that loomed amidst blooming sunflower fields and onion-domed steeled churches. We tried to stay awake to follow the pink sun behind the purple Carpathians. Upon arrival at our hotel, we were issued fresh tomato and ham sandwiches and led upstairs to collapse into a deep, well-earned sleep.

## Day 3: Pill Party

Donated supplies from our respective states of Alabama, California, Indiana, Minnesota, and Texas were unloaded in a church basement. Interpreter introductions were made. We learned we would each see an average of 30 patients a day. We counted drugs into 1-week supply quantities, placed them in zip-locked bags, and labeled them in the local dialect. Luckily, the language and medical terminology were Latin based, so the alphabet was the same as in English. Mission and local church leaders provided training on local customs to enhance our cultural understanding and ensure everyone's safety. For lunch, we had the Romani version of pizza, a mouthwatering spiced salad on a crust. The team picnicked and bonded, labeled, and laughed about who had more pills on the floor than in bags.

## Day 4: The Men's Locker Room

I hoped we would travel with or near the Gypsies. I learned we were to be stationed at towns nearby and would see

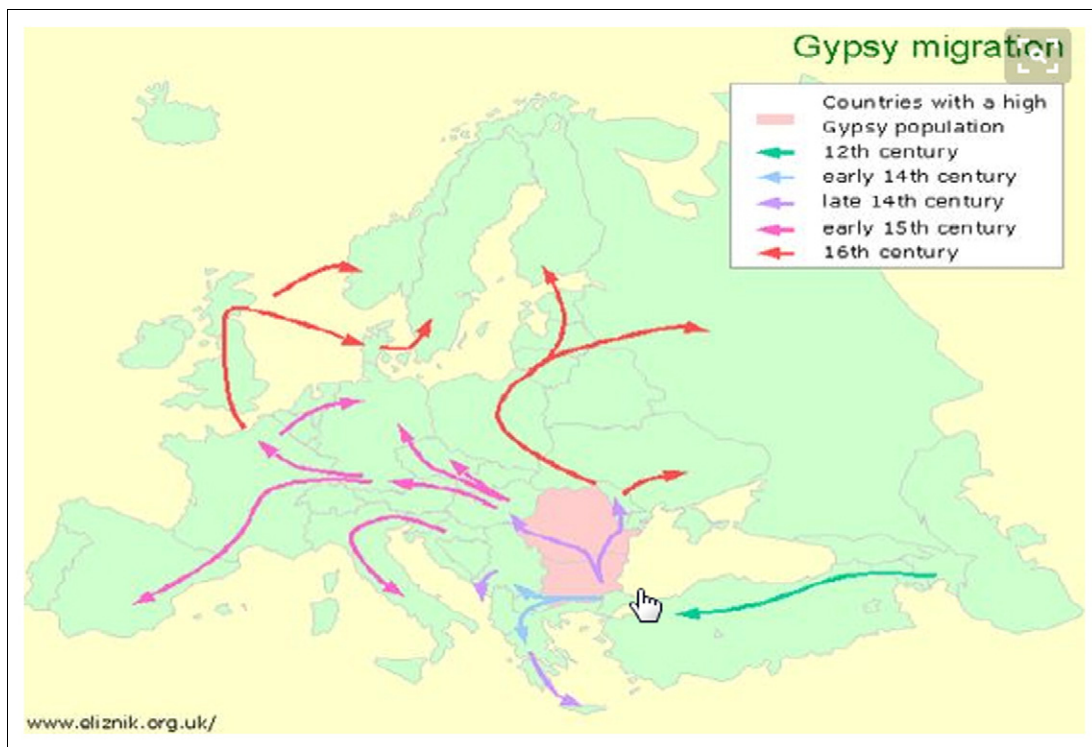


FIGURE 1

Gypsy migration map. Reprinted with permission from [www.eliznik.org](http://www.eliznik.org).

locals, but the Roma were encouraged to visit us. I was quite disappointed that we weren't traveling with the Gypsies but would soon understand why. Our first clinic consisted of tables in a "gym." I was in the men's bathroom, which consisted of one handheld showerhead attached to a flush toilet. This was the "peds clinic." My first few patients were adults with rashes, bites, funguses, and various localized infections. Many had high blood pressure and diabetes. We all shared one Glucometer and 200 strips. Finally, a little boy was sent my way. He giggled during our exchange and asked if he could touch my snow-white hair. Here, older women wore scarves over their dark, dyed hair. I bargained with him: if I allowed him to touch my hair, could I touch his? My reward was nits. A head-to-toe assessment led to more surprises (see [Figure 2](#)).

With the pharmacists' help, my new young friend was dewormed and received delousing medications, vitamins, antiscabies lotion, and ear infection antibiotics. I was shocked to learn his age, as he was no little boy. He was 12 years old but had the appearance of an 8-year-old. Malnutrition is rampant among the Romani children and impedes normal growth and development. His sad story was to repeat itself

daily. If we had traveled with the Gypsies, we would have been exposed to these same conditions.

### Day 5: Do You Feel Safe?

Today in the community center clinic, my interpreter and I saw a mother and her 7-year-old son. Neither smiled, no



FIGURE 2

A child with scabies. Reprinted with permission from E3 Medical Missions.

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