

Diabetes Health

10 July 2008

The Star-Fish Story, Diabetes, and the Poorest Nation in the World

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Have you heard the story of the little boy who was on the beach after a storm? Thousands of starfish had washed ashore, and he picked up one after another and threw them back into the sea. A man watched him work and after some time said to the boy, "Look at all these starfish. You're never going to be able to save them all. Do you think all your work will make a difference?" The boy thought for a minute as he looked up and down the beach. "I don't know," he said as he picked up another starfish and flung it into the brine, "but it sure will make a difference to this one!"

A number of years ago, I was working at a diabetes camp and had just completed a class on the history of diabetes. After class, two men from Malawi, Africa came up to talk to me about profound difficulties for people with diabetes in their country. I had another surprising coincidental contact with the same men a few months later in a completely different setting. I began to think that I was being sent a message to help the Malawian people. I kept contact with these two men when they returned to their country and began working with the Pittsburgh Presbytery Partnership group that works with churches in Malawi."

I am a Certified Diabetes Educator, pediatric nurse practitioner, and a past president of the American Association of Diabetes Educators. I have had type 1 diabetes for over 40 years and have been interested in international diabetes care for many years. I have a number of international contacts, so I put a few folks in Malawi in contact with people from the International Diabetes Federation (IDF). I naively thought I had done as much as I could, but I soon learned otherwise.

The more I learned about the extreme need in this third world country, and the more I saw the abundance and waste that occurs in our own, the more I felt I was in a position to help a few of these poor people and possibly even save lives. To that end, I have been collecting unused, unwanted, unexpired diabetes supplies and sending them in suitcases with missionaries and others who come and go to Malawi. The supplies go to various mission hospitals.

Things I learned along the way:

- Malawi is a developing nation in central Africa that has this year been ranked the poorest nation in the world according to

the CIA World Factbook - <http://www.aneki.com/poorest.html>

- Diabetes is not readily diagnosed in Malawi. Their most common and difficult medical problems are malaria and HIV.
- When diabetes is diagnosed, the treatment is poor. Insulin and other diabetes supplies are difficult to obtain. Diabetes education is nonexistent. The federal government supplies hospitals with medications, but insulin seems to be provided primarily from Holland and the Scandinavian countries.
- People with diabetes are able to obtain one bottle of insulin per month if they live near a government hospital. If they do not live nearby, they have to move in order to obtain insulin.
- Hospitals run out of insulin and glucose monitoring strips even in the emergency rooms.
- People do not often have refrigeration, and it is difficult to keep insulin in hot weather.
- Children who have diabetes usually do not survive to adulthood.
- Adults with diabetes either do not live long enough to develop complications or die early of complications.
- Blood glucose monitoring is a luxury. In any case, blood glucose levels are usually not controlled due to lack of insulin or other medication.
- Reliable distribution of products is a problem due to petty theft and other more unpredictable aspects of the culture.
- Floods, droughts, and starvation are common problems.
- Major insulin companies and diabetes pharmaceuticals do not have a presence in this part of the world, nor do the distributors



The more I learned about the extreme need suffered by people with diabetes in Malawi, Africa, and saw the abundance and waste that occurs in our own, the more I felt I was in a position to help a few of these disadvantaged people and possibly even save lives.

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they usually use when they give donations.

- Because getting donated supplies to reliable distributors has been a problem for pharmaceutical companies, they are reluctant to donate.

I have written grants to major pharmaceutical foundations without success. Through partnership contacts with the Pittsburgh Presbytery Partnership, Medical Benevolence Foundation (www.mbfoundation.org/), Brother's Brother Foundation, and UPMC Department of Underserved Medicine, there is now a small network of people who understand and support the effort and who have been willing to take supplies to a variety of large and small hospitals in Malawi.

Here are just a few of the comments I have received::

- "We told Dr. Barbara Nagy of our trip to the northern parts of Malawi and mentioned the meters/strips donation. Dr. Nagy listened patiently and then said she would give her right arm to have a meter and some strips because there is not one in all of Nkhoma Hospital, and a way to get a quick blood glucose reading would be very valuable."
- "I, on behalf of management, staff and patients of Ekwendeni Mission Hospital, would like to express our sincere thanks for the diabetes supplies and items you sent. They all arrived well, and we put them to use immediately. They are very valuable and are making our job here easier in diagnosis. Please continue supporting us, especially with the strips, as they are scarce and expensive in Malawi, though now diabetes is an emerging medical problem in our setting." DR. SEKELEGHE AMOS KAYUNI (M. B., B.S. [Mw])
- "We quickly used up the diabetic supply you gave us, saw so many DKA patients, so many died in the hospital. Kamuzu Central Hospital (a ministry hospital) is in such bad shape. The nurses and clinicians at KCH want me to let you know how appreciative they are for the glucometers and strips. Thank you, TW.
- We would be very grateful for any diabetic supplies in Malawi. Our diabetic clinic has about 500 patients and we regularly run out of essential medicines. We are always extremely grateful for anything you can send- especially testing strips and meters. We do actually have a number of donated meters, although it is the strips we are always lacking. We don't have any working glu-



cometers in the hospital at the moment, which makes treatment of diabetic emergencies extremely difficult. If you want any more information, please feel free to contact me. Thank you so much. Dr Angela Houston, Queen Elizabeth Hospital

- Dr. Mwansambo (pediatrician at KCH) asked for more of the OneTouch test strips? Do you think we could have any more?

So, I am throwing starfish back into the sea. I receive unexpired, unused items from anyone who will give them: patients, hospice care centers, sales representatives, diabetes educators, and diabetes camps, and I send them along. Yes, I feel as though I'm spitting into the ocean. But I cannot not do it!

If you have supplies to donate, they would be gratefully received. For more information, please call 412-692-8722 or contact Jean at Jean.Roemer@chp.edu