iNHEMACO S.A.

International Health Management Consultants

Dear Sir / Madam:

I am the doctor in your mine medical facility. I have been here for 6 months now and have not had the great fortune to meet with Sir / Madam yet.

It's just that I woke up this morning and had an urge to introduce myself to you and share some of my experience and frustration with you. I understand that you are very busy digging dust from that big hole behind the mine village and that your job is to turn that dust into dollars. That's a hard task what with the price of commodities and world politics in need of a good psychologist.
Just thought it may be good for you to know that my team and I are here to help you do your job by keeping your diggers healthy, patching them up when they get hurt and trying to spend not too much of your dust money in doing so.

I know mine engineers and financial managers like to see structure and order so I will begin by explaining that your medical services can be broadly divided into two categories: Emergency Medical Care and Primary Health Care.

Without a good emergency medical service someone's going to die within minutes of an accident or heart attack as in our part of Africa the concept of the "Golden Hour" does not exist. That's bad for staff morale and causes bad reputational damage and a lot of bad paperwork and explanation for a week or two.

Without a well run Primary Health Care service your productivity is going to go south slowly - perhaps even hard to notice on the bottom-line - but in the end it will also impact on staff morale, make communities unhealthy and unhappy and take a substantial dollar off your pile of dollar dust. The cost of primary health care can slowly escalate as your employee and dependent population grows - and as community needs become more sophisticated and unions more demanding. So a spoonful of public health care and surveillance based on good record keeping and science should be part of the cure on any project – water, sanitation and vector control - think Ebola, Yellow fever, Malaria and Plague.

Depending on the point of the life cycle of your mine, we will be providing Occupational Health Services to monitor the direct impact work has on employee health, as you well know, vision hearing and sometimes lung function. Good record keeping is essential here as we need to provide long-term surveillance of certain parameters in line with company and/or country legislation.
Speaking of which, on a neighbouring mine, one of the senior expatriate staff had a ten-minute long epilepsy attack in a meeting last Monday. When they finally managed to find the local doctor he arrived with an emergency bag but when he wanted to intubate the patient to protect his airway there were no batteries in the laryngoscope and he did not have the right size endotracheal tube. (Forget the technical detail - think of it as a spanner and hosepipe… ) Luckily the patient recovered in spite of the "treatment" and then told his colleagues that this is not the first time it happens. They don't do pre-deployment medical screening on that project and so there is no record of pre-existing illness or medical insurance cover.

Now they are clearly sitting on a ticking time bomb with a medico-legal and cost implication. They are sending the expat back home to Australia…

On a large mine south of Lake Victoria the Logistics Manager's 14 year old daughter, visiting from the United Kingdom complained of severe abdominal pain. She was taken to a local clinic - they don't have a mine clinic or hospital, just a "first aid station". The private clinic said she had malaria and admitted her. They started malaria treatment (injections?) but when she was no better that evening they said it could also be typhoid so they put up a drip and gave her intravenous antibiotics..

The next day she was told to continue oral antibiotics and they sent her home - "to come back in three days if still having abdominal pain…"

Her father took her to another clinic where they did some blood tests - no one knows what - and said she may have a bowel perforation because of the "typhoid" diagnosed in the previous clinic. After another night of drips and unknown injections and on-going vomiting a doctor stuck a needle into her abdomen … he "aspirated" yellow fluid and said this confirmed a perforated bowel due to typhoid.

They wanted to operate immediately.

Five days after the onset of her illness they phoned the medical insurance - the Human Resources manager was on leave and no-one else knew the details - and they evacuated her to Johannesburg. There the surgeon took her to theatre immediately where she was found to have an abdomen full of puss - she perforated her appendix five days earlier. She is still in ICU and may have to go back to theatre later for a review operation.

So Sir/Madam, may I suggest that you and your senior managers join me and my team for a review of our medical facilities. Budgets have been tight and we are short of some medication and hand wash soap…

Yours in health
The Chief Medical Officer
ps: … and with malaria season approaching we have run out of malaria test strips

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