

International Healthcare Volunteers

Ghana Medical Mission 2016

International Healthcare Volunteers began in 2001 after Dr. James Aikins lost a family member to postpartum hemorrhage in Ghana. Frustrated with the thought of losing a loved one to a condition easily treatable in the USA, Dr. Aikins and his wife, Dr. Charletta Ayers, established IHCV in 2001 and held its first mission in 2002 to provide healthcare to women and continued medical education to healthcare providers in these underserved areas. Over the last 15 years IHCV has expanded its scope to include women, men and children.

International Healthcare Volunteer's fifteenth medical mission to Ghana, West Africa, took 29 volunteers to La General Hospital in Accra, Cape Coast Teaching Hospital and Metropolitan Hospital in Cape Coast. Working with our Ghanaian health professional colleagues, IHCV volunteers cared for 500 patients, performing 67 major surgical procedures over 9 working days.

IHCV prides itself on its focus for educational exchange between Ghanaian and IHCV medical students and residents. During the 2016 mission, IHCV volunteers attended and presented at grand rounds and conferences for continuing medical education including the Ghana College of Physicians and Surgeons annual knowledge fiesta on topics including heart failure, molar pregnancy, fertility preservation in cervical cancer, management of Postpartum hemorrhage, polycystic ovarian syndrome, abnormal uterine bleeding, pediatric resuscitation simulations, pediatric fluid replacement, and hypoglycemia of the newborn. Approximately 26 hours of CME were provided and 400 individuals touched by our outreach encounters, which included Senior Center Community outreach program, municipal and community BP screenings and Cape Coast Orphanage.

IHCV continues to cultivate its clinical and academic relationships in Ghana to maintain its cervical cancer, colon cancer, and HIV screening programs. With every passing year, IHCV volunteers continue to gain more knowledge and skills from our Ghanaian colleagues and patients that will impact their lives and medical practice in the US. We look forward to returning in 2017 (July 28- Aug 12). Please visit our website to learn about what IHCV is doing to help our global communities at www.ihcv.org.



Upcoming Events

May 20

2017 Annual Fundraising Gala

July 28 – August 12

Ghana Medical Mission 2017

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A Cultural Experience

Stephanie Chung, MSIV, RWJMS-Rutgers University

I did not realize my interest in global health until my third year in medical school. During my preparation for applying for OB/GYN residency, my advisor suggested that I reach out to Dr. Ayers and the IHCV team to be a part of their annual medical mission trip to Ghana. I have never traveled anywhere culturally different from what I already known prior to the medical mission trip this summer. I have been to different parts of Asia, but that is my heritage thus very familiar to me.

While in Ghana, as a fourth year medical student I was able to be an effective member of the medical team. I was excited to be able to assist in many different ways such as assisting in surgeries, taking Blood pressures during community screening , coordinated the pediatric screening at the Cape Coast orphanage as well as providing support for logistics for the trip. I was amazed especially during my assisting the surgeons and residents in surgery of how large the uterine fibroids were for some of the women. Fibroids are benign tumors that are surgically removed because of excessive size, pain and/or heavy bleeding. I could not imagine how large fibroids could grow in comparison to fibroids of women in the US as well as the women barely complaining of their severe symptoms. I was glad that IHCV was able to help them with their pain and improve their quality of life.

While in Ghana I was impacted greatly by two young women who could have died if not treated and managed by the IHCV medical team. I was able to assist in both surgeries one was a woman with placental abruption and the other woman was diagnosed with an ectopic pregnancy (tubal pregnancy). Both situations were life threatening emergencies. The women were both unstable and transferred to the Metropolitan Hospital at Cape Coast due to lack of oxygen at another facility. Because of the emergent nature of their diagnosis, the lack of resources truly impacted their care and placed them in danger of losing their lives. It truly put things into perspective of how in the United States we have so many resources we take for granted such as available surgeons in the hospital, oxygen, and even basic blood products for blood transfusion if needed. I was amazed

at how the healthcare providers and their patients get through many situations with such limited resource.



Not only was IHCV instrumental in assisting with life threatening emergencies but also in providing necessary primary care that some women would not have access to the care if we were not there. The IHCV team was able to fit an elderly woman who presented with severe pelvic pain from uterine prolapse which had worsen over many years. . She could not have surgical management of her uterine prolapse because of her multiple medical problems that made her a poor surgical candidate. The simple placement of the vaginal pessary by the team improved her quality of life.

This trip definitely put a different light on how I think about medicine, and just how important basic clinical evaluation is to the diagnoses of medical problems. It is amazing how in the US we rely so heavily on imaging such as CAT scans and lab testing. It was eye-opening to witness how physicians in other parts of the world, care for patients without these high level diagnostic resources.

I enjoyed other aspects of my visit to Ghana, including the beautiful scenery such as the canopy walk, and the delicious cuisine. I definitely want to go back sometime in the future! Thank you to the IHCV team for supporting me in this mission to Ghana and I am so grateful I had the experience! After my recent two week mission trip to Ghana, I can say that I am very interested and invested in global health. Through my experience with the patients and the amazing IHCV medical team, I cannot wait to do more, in the area of global health. I have found this experience to have shaped my future goals to incorporate global health during my residency and even as an attending when I am able to do even more.

Operating on a Budget

Anastasia Hawkins, DO

I was able to perform surgery with a Ghanaian physician and the experience was truly enlightening. Although the procedures I was involved in were the same, I was amazed with how surgeries in Ghana were performed differently than surgeries in the United States. Being an OBGYN resident in the United States, one-handed and two-handed knot tying is a skill that is constantly being attained. However, watching an experienced physician perform a hysterectomy purely with instrument ties to conserve suture made me realize how much we take for granted in training. He was able to perform the surgery with only 5 instruments compared to the multitude of instruments we use in addition to electro-cautery.

On one day of the mission, the hospital oxygen delivery system had broken down. The OR and ICU were unable to receive oxygen. Over the course of the night, we were informed that three people who were on ventilators had died due to the malfunction. That same day, we were unable to perform the surgeries that we had scheduled. However, while we were sitting in the OR, counting our supplies in hopes that the oxygen would



return, the Ghanaian surgeons carried on with spinal anesthesia as if it was routine. The other residents and I wondered why they performed so many surgeries under spinal (not under general, as we do in the States). Thereafter, we finally understood why, as we sat ideally by and watched them complete hernia surgery after hernia surgery. We found out that the drugs used for spinal were cheaper than oxygen and that the oxygen delivery system was routinely unreliable. The thought that a hospital could run out of oxygen was never a thought that crossed my mind. The key lesson I learned from this trip is that what I have access to when performing surgery in the States is a rich commodity, and should not be taken for granted.

I initially joined this trip for the surgical experience, however after two weeks of doing surgery I learned so much more. I came away with a completely different outlook on practicing medicine. Although I am grateful to practice in a place that offers me unlimited resources, I have learned to be more respectful of these advantages from here forward.

May 20, 2017 Annual Fundraising Gala

6:30pm – 11:00pm

Crowne Plaza Philadelphia-Cherry Hill
2349 Marlton Pike West Cherry Hill, NJ 08002

[Click to attend](#)





Waste Not Want Not

Adriana Essilfie, CRNA

I have been waiting to attend a medical volunteer trip with IHCV since 2008 when I attended my first IHCV banquet. Before I talk about my amazing and eye opening experience, I must say Dr. Ayers and Dr. Aikins are two of the major reasons why I aspired to become a Certified Registered Nurse Anesthetist after graduating from nursing school in 2007.

As a child of Ghanaian parents, I have dealt with the paradox of Ghana's wealth disparities, despite being a country of abundant resources, since I first landed there in 1989. One place that levels the wealth disparity is Ghana's healthcare system. Unfortunately in its current state, the healthcare system lowers everyone to a precarious place for the safety of their health. That said the doctors and nurses in this system are working their hardest to squeeze every drop of excellent care that they possibly can with the tools they are given. Working alongside these providers afforded me multiple opportunities to learn.

Providing anesthesia in Ghana forced me to evaluate my healthcare practices. The anesthesia I provide in the United States is inherently wasteful compared to any country, and especially Ghana. Things that I thought were a must do, such as turning oxygen flow rates to full blast at the end of procedure to make people wake up faster or placing a nasal cannula on every woman having a cesarean section are not necessities. Not only are they not necessities, those practices may create a tangible risk to subsequent patients because eventually hospitals run low on oxygen. While we were on this mission one hospital ran low on oxygen, while the other hospital had none. No matter the specialty or level of skill all providers are nothing without a way to supply this life sustaining gas. This is an example of how the healthcare system lowers the safety of all of its citizens, no matter how much money you have if there is an emergency and there is no oxygen what can we do?



What did we do? Well the staff did their best to triage patients from the hospital that had no oxygen to hospitals that did have oxygen. I was at Metropolitan Hospital, which had oxygen. Experiencing how well our volunteers and the local staff were able to work in concert to save women, that were rapidly losing blood was awe inspiring. One of the main reasons I think we were all able to work together so well in these emergent situations was because IHCV works with the local staff, making sure they know they are an integral part of the team. The incorporation and purposeful teaching opportunities for the local staff is why this volunteer experience was one of my favorites. I am looking forward to volunteering with IHCV in the near future.

2016 GHANA MISSION VOLUNTEERS

Cape Coast Teaching Hospital

Dr. Annette Wagner (OB/Gyn, Team Leader)
Dr. James Aikins (Gynecologic Oncologist)
Dr. Anastasia Hawkins (OB/Gyn Resident)
Oladeji Babalola, CRNA
Dr. Priya Kamath (Internal Medicine Resident)
Reginald Bell, CRNA
Dr. Michele Holevar (Gen /Trauma Surgery)
Mr. Joe Chytla (Senior Volunteer)
Dr. Ifeoma Anidi (Pediatrics)
Dr. Louis Papa, (Cardiology)
Dr. Eric Antwi-Donkor (Nephrology)

Metropolitan Hospital, Cape Coast

Dr. Charletta Ayers (Ob/Gyn, Team Leader)
Dr. Megan Gooch (Internal Medicine Resident)
Dr. Kenneth Smith (Critical Care/Anesthesia)
Adriana Essilfie, CRNA
Dr. Janak Varadhan (General Surgery)
Dr. Afua Mintah (Ob/Gyn)
Dr. Lauren Spivack (Ob/Gyn Resident)
Nancy Mayer, RN
Dr. Deviney Rattigan (Surgical Resident)
Stephanie Chung, MSIV
Dana Giannuario (Jr. Volunteer)
Owen Dublin (Sr. Volunteer)

La General Hospital, Accra

Karen Kilsdonk (Sr. Volunteer, Team Leader)
Dr. Mary Arthur (Anesthesiology)
Tamikia Jenkins, CRNA
Dr. Linda Adepoju (General Surgery)
Shurika Perry, PA-C
Agnes Asamoah, RN

Doing Medicine Differently

Lauren Spivack, MD

“Yesterday, I saw patients in clinic for the first part of the day and then did several surgeries. The patients/people here are amazing. Rounding in the morning makes me full of wonder. I was wondering where the patients go to the bathroom. They have a pot that they squat to urinate in... post operatively. One thing after another is more and more surprising to me. They do what they can with so very little.”



The above excerpt was a message I sent to my friend, a fellow OB/GYN resident in the United States, as I was trying in some way to capture what my day had been like during my initial week in Ghana.

I chose to go to Ghana with IHCV during my elective rotation third year of residency to have the type of experience that is hinted at in this message. I got to work closely with the nurses, doctors and other staff members at Metropolitan Hospital in Cape Coast. I had the opportunity to see patients in the outpatient Gynecology Clinic there as well as schedule and perform life altering surgeries on many women that otherwise would not have had access to this care. I also had the opportunity to work closely and bond with other members of the volunteer group who had come from near and far to give their time and medical expertise to the IHCV cause.

As an OB/GYN resident, the days are long and arduous. Although it is typically immensely rewarding, it is also wrought with numerous challenges. I had just finished two incredibly difficult years of residency and wanted to remember why I had chosen to go into medicine in the first place. I wanted to be rejuvenated, to see medicine differently in a part of the world where I had never been, to *DO* medicine differently. I wanted to know how to function medically and surgically in an

incredibly resource poor area and in doing so, wanted to operate on and take care of patients. I got to do every single one of those things during my time in Ghana.

It was an experience that I have trouble finding the appropriate language to describe. It was eye-opening, jaw dropping, frustrating, thrilling, exhilarating, exhausting, and fascinating. It renewed my passion in medicine. I fell in love with the country of Ghana and its people. I wanted to stay longer, to keep helping, to keep learning.

As a result of the IHCV mission, I am committed to doing other medical missions as I move forward in my career. I came back to the United States full of energy. I felt passionate again. I had witnessed extreme poverty, injustices that were unimaginable, staggering health disparities, and the desperation of the medical system in Ghana. But I also saw a group of volunteers who did not let that stop them. I saw hospital staff that were grateful, hardworking and wanted to do their very best for every patient despite having so few resources with which to work. And I saw patients in such great need who were appreciative of any medical care we could provide.

There is so much work to be done, both here and abroad, and there are people, myself included, who want to be an integral part of that work. It is beautiful, challenging, gut wrenching, real work. This work is why I became a physician.



Anyone Can Make A Difference!

Dana Giannuario, Junior Volunteer

Growing up I have always been interested in the medical field. In 2016, I was given the chance to join the IHCV team on their mission to Ghana as a junior volunteer.

In the beginning, given that I was 17-years-old with no professional experience, I wondered how much of a help I could possibly be to the team of doctors and nurses. However, I quickly filled in necessary non-medical roles here and there and soon began to feel like an important part of the group. From sorting supplies to logging data, I was able to do my part as a volunteer. In between, I was given the amazing opportunity to observe everything I possibly could. I watched and listened during surgeries, rounds, and lectures, not wanting to miss a thing. I am extremely grateful to every team member that took the time to teach me something, no matter how trivial it may have seemed. Everyone on the team at Cape Coast treated me with patience and compassion. I wrote down everything in my journal, from the proper procedure of a myomectomy to how incredibly cool it was to witness a live birth for the first time- something I'll be sure to never forget.

One of my favorite parts of the mission was visiting the orphanage. We had prepared small gifts of pencils, pens, paper, gum, toothbrushes, and other items for the older kids and came with

coloring books and crayons for the younger ones. We also brought bubbles which quickly stole the show. Coloring and blowing bubbles with the kids made me realize that no matter where you live, everyone is fundamentally alike. The Ghanaian people exude kindness and being immersed in their culture for two weeks was a privilege.

I am so thankful for my time spent with IHCV in Ghana and everything that I learned there, which extends far beyond medicine. I wouldn't change my experiences on this mission for the whole world, and I have happily talked the ear off of every person who has inquired about my trip. This fall I will be starting college for nursing. I have no doubts that I will continue learning about global health and even take advantage of study abroad to make a similar trip in the near future. I will always consider this medical mission as the true catalyst for my career in medicine.

Never before in my short life have I experienced the feeling of making a real difference; this, and the people I have had the opportunity to interact with have convinced me that this field is the right choice for me. For that, I thank the IHCV and am forever grateful for this opportunity. It would be an honor to rejoin the team as a nurse one day.



GHANA MEDICAL MISSION 2017

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great?

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July 28 – Aug 12

www.ihcv.org

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