

International Healthcare VOLUNTEERS

GHANA MEDICAL MISSION 2017



16 YEARS STRONG!

International Healthcare Volunteer's sixteenth medical mission to Ghana, West Africa, took 40 volunteers to Lekma Hospital in Accra, Cape Coast Teaching Hospital and Metropolitan Hospital in Cape Coast, and Tamale Municipal Hospital in Tamale. Working with our Ghanaian health professional colleagues, IHCV volunteers cared for 703 patients, performing 82 major surgical procedures over 8 working days. 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.

IHCV prides itself on its focus for educational exchange between Ghanaian and IHCV medical students and residents. During the 2017 mission, IHCV volunteers attended and presented at grand rounds and conferences for continuing medical education. Approximately 16 hours of CME were provided for over 375 attendees.

With each passing year, IHCV strives to improve its care for patients and the quality of educational programs for its volunteers. It is only with the support of volunteers and donors that IHCV has continued to make strides in both these areas.

The stories from our youngest volunteers are proof that we are making an impact. We hope that they go on to careers that include some aspect of global health.

As we prepare for the 2018 Ghana Medical Mission, we look forward to your joining us, whether it be for the first time or the seventeenth time.



JENNIFER NGANDU

"A few things that crossed my mind included how the limited resources, the limited staff, and the limited level of expertise would cause some of the procedures, that may have seemed "basic" in the United States."

I traveled with the International Health Care Volunteers a few months after the completion of my undergraduate studies at Rutgers University. The medical field has always been of great interest to me and when I found out about this mission, I knew that this was something that I truly wanted to be a part of. I was really looking forward to learning and getting hands on experience within the field by helping in any way that I had the knowledge to. Part of the purpose of me partaking in this trip was not only to volunteer but also to continue working on a postpartum hemorrhage-related research project alongside Dr. Charletta Ayers that was in progress since January 2017.

As I was preparing myself for the trip, my heart leaped in excitement every time the thought of being in Cape Coast crossed my mind. Although I had spent 14 years of my life living in different parts of Africa, I had never partaken in any medical-related activities or programs while there. In addition, I hadn't traveled back to the Democratic Republic of Congo, my home country, in over a year and I really wanted to feel a sense of being home pursuing something that I love. I knew that a lot of the things that I would encounter would emotionally affect me, however, throughout the years living in Africa and especially during this mission, I realized that these experiences are every day realities of people living in such conditions.

While on the trip, every evening, I took some time to reflect on everything that I saw. A few things that crossed my mind included how the limited resources, the limited staff, and the limited level of expertise would cause some of the procedures, that may have seemed "basic" in the United States, to be a challenge at Metro and Teaching Hospitals. Due to the frequency of events that led to unfortunate endings (such as failure to perform efficient CPR), there was a sense of numbness, emotional detachment, and lack of urgency among the local hospital staff every time that they occurred. One death in particular affected me like none other. A young boy around the age of 6 was lying down in his bed being treated for malaria, as they told me. I noticed that his chest was not moving and he seemed too still. I touched his hands and feet and noticed that he did not feel as warm as I was expecting.

After informing one of the residents, who informed the attending, who told the nurses to perform CPR, it was too late. What truly broke my heart was the fact that if someone had been observing him closely, this could have been avoided. This trip was definitely a reminder that, we, the diaspora, will have to go back to strengthen our local health systems and to really help build ourselves back up. The most rewarding part of this trip was the mindset that I came back to the United States with. What I gained from the experience surpasses anything that I have ever been through and anything that I could have imagined going through. For someone who has traveled her entire life, the realities of the trip should have seemed familiar, however, I felt a different connection to everything that I saw.

Prior to the trip, I had never witnessed a surgery and that was one of the most interesting parts of my experience. While I learned so much new terminology, witnessed the most fascinating medical procedures, and met a unified group of professionals who sacrificed their time for a great cause, I gained the most valuable life experiences and lessons that I wouldn't have acquired if I hadn't partaken in this trip. I applaud all of the International Health Care Volunteers for the positivity, effort, time, skill, and money that they put into this trip. I wish to continue helping the IHCV in any way that I can as I feel that this is a responsibility not only to enrich my own personal experiences but to continue helping people in these circumstances in any way that I can.==

My first year of medical school introduced me to my interest for women's health advocacy which motivated me to pursue working with the Women's Health Institute at Rutgers Robert Wood Johnson Medical School. It is from this group of passionate and hard-working physicians where I first heard about International Healthcare Volunteers directly through Dr. Charletta Ayers in her presentation at the Global Health Symposium. I was incredibly inspired just hearing how involved the team was with the initiation of the mission trip to implementing positive health outcomes on the surrounding communities and population. I kept this trip in mind until

I started scheduling my 4th year rotations as I knew I would have had at least one year of clinical experience and knowledge.

In retrospect, preparing for the mission trip was a large understatement for what I could possibly expect. It was with open minds and flexible

mentalities where all members of the team were able to come and work together for a unified objective. At the beginning of my 4th year of medical education, I was all the more excited to work side by side with both the Ob/Gyn and General Surgery physicians with a solid foundation of completing my core clerkships. I was the only medical student in my team and therefore had the privilege to scrub in and help close patients. In addition, I could assist throughout pre and post op rounds as well as be responsible for patient documentation and paperwork.

Given my initial interest in women's health, I was eager to participate in the educational aspect of our goals - to pass on our knowledge and exchange ideas with our medical counterparts in Ghana. I am often asked where I see myself in 15-20 years, and after being able to participate in this mission trip, I am inspired to continue the goals of this mission in my future. ==



Nazneen Shaikh



Amanda Malik

When I think back on my time in Ghana, the thing I remember most clearly are the people. On our first days in the hospital, we met with many women in the clinic who had gynecologic complaints. They lined up in the hallway, waiting all day to see the visiting American doctors. As a student, I helped prepare them to meet with the residents and attendings, and then assisted them in setting up for a pelvic exam - many had never had one before, and looked at me with a mix of fear and of hope that whatever ailed them might be cured by the visiting medical team, that a few moments of discomfort could ease the pain they carried for years to come.

As we selected patients who were the best candidates for surgery and scheduled them for operations, I was struck by their trust in us. Few of our patients had ever had an operation, but they gladly brought in relatives to donate blood (a prerequisite that helps keep resources up), arrived at pre-dawn hours of the morning, and walked themselves into the OR, hopping up on the table without assistance. One woman continued to demonstrate her strength post-op; after a large vertical midline incision for a total hysterectomy, she repeatedly told us she had "no pain," and left the hospital 1 day after her operation, declining to even take the Tylenol we offered. Another had learned three words of English, and repeated them as soon as she woke up after surgery. "God bless you, God bless you," she muttered every time we checked in on her post-op.

In addition to my patients, I also remember the people I worked with. Although I knew many of the obstetricians/gynecologists on the trip from Cooper, the very different setting enabled me to see strengths of theirs that are not often on display in Camden. One doc taught me how to make surgery for patients with very low hemoglobin safer, using IV fluids to dilute the blood pre-op and saving transfusions for the moment intra-op when all major bleeding had been controlled. Another used her wilderness medicine training to demonstrate to students how the simple materials available to us could be used to re-create new instruments that were essentially the same as the manufactured, expensive versions we are accustomed to at home.

I also had the opportunity to work with physicians and residents I'd never met before but quickly became role models for me, such as the tireless octogenarian surgeon who traveled further than any of us to get to Ghana and most nights stayed up later than the rest of us preparing for the next day's cases. There was also the pediatrician who quickly recognized a child in distress and led a team of volunteers from other specialties through

a rapid response with limited resources. This is part of what makes this trip so special - being surrounded by good people who've committed themselves to doing good, albeit often difficult, work. I consider myself extremely lucky to have joined the IHCV team this year, and look forward to returning to Ghana in the future. ==

2018 Ghana Medical Mission Volunteers

CAPE COAST TEACHING HOSPITAL

DR. JAMES AIKINS, Gyn Oncologist
 DR. KATHRYN REYNES SUAREZ, OB/GYN
 ROWAN SUAREZ PARMER, Junior Volunteer
 RYANN KENKELEN, RN
 DR. JEWEL AMUI-BELLON, OB/GYN
 JOSHUA BELLON, Junior Volunteer
 AMANDA MALIK, MS IV
 DR. CARINE TAGNI, OB/GYN
 DR. DAWNETTE URCUYO, IM Resident
 DR. IFEOMA ANIDI, Pediatrician
 DR. ESTHER POMARES, Pediatric Resident
 DR. JENNIFER ADU-FRIMPONG, Pediatrician
 DR. KUNAL DALAL, IM Resident
 DR. ARNELLE MIDLEY, Pediatrician
 DR. ERIC ANTWI-DONKOR, Nephrologist

METROPOLITAN HOSPITAL

DR. CHARLETTA AYERS, OB/GYN
 SARAH BELLON, Junior Volunteer
 DR. GUY HEWLETT, OB/GYN
 DR. NEFERTARI OWEN, OB/GYN Resident
 GABRIELA CONTINO, MS IV
 DENEEN CLEMONS, RN
 ALICIA HARDY, Senior Volunteer
 JENNIFER NGANDU, MPH Student
 Dr. KIMBERLY LINDEN, Surgical Resident
 AISHA RAHMAN, Senior Volunteer
 DR. YEU-TSU MARGARET LEE, Surg Oncologist

TAMALE MUNICIPAL HOSPITAL

DR. ADAM HOLZBERG, Urogynecologist
 DR. EDUARDO MARTINEZ, Urogyn Fellow
 NATHAN DALRYMPL, MSIV
 SUSAN KREH, Senior Volunteer

LEKMA HOSPITAL

KAREN KILSDONK, Senior Volunteer
 DR. ELOISE CHAPMAN-DAVIS, Gyn Oncologist
 DR. KIRA PRZYBYLKO, OB/GYN
 BRYNN WINIARSKI, Junior Volunteer
 SAM WINIARSKI, Junior Volunteer
 DR. AMA BUS-KWOFIE, Gyn Oncology Fellow
 ANDREA FAIRFAX, Surgical Tech
 DR. RYAN WAN, Surgical Resident
 DR. JANAKI VARADHAN, General Surgeon
 NAZNEEN SHAIKH, MS IV

In the past three years working with Dr. Aikins (our advisor for Cooper Medical School of Rowan University's Global Health Interest Group), I was able to hear about the International Healthcare Volunteers' (IHCV) annual trip to Ghana. Finally, this past summer it was my turn to join the group, and all the wonderful stories I had previously heard could not prepare me for what a special experience I would have. Whenever anyone asks me how the trip was, the one phrase that can truly summarize it is life-changing.



Gabriela Contino

I worked primarily at the Metropolitan District Hospital in Cape Coast. The IHCV had been coming to this location for many years, and it was evident that a special relationship had already been established well before my arrival. I was assigned to be the medical student on our surgery team and we immediately began seeing patients in the outpatient clinic. We saw primarily patients who had large inguinal hernias, a result of the intense straining they did while hauling in fishing nets every day. In a fairly quick procedure under spinal anesthesia, we were able to repair the defect, eliminating the risk these patients had of trapping their intestines in the defect and cutting off blood supply, resulting in a surgical emergency. We also saw patients with breast masses and other masses to be removed.

In my time helping manage patients and assisting in surgeries, I developed a love for the Ghanaian people. They were incredibly grateful, kind, sincere, patient, and unbelievably welcoming. The staff with whom we worked closely was helpful, made us feel like we were a part of the team, and did everything they could to ensure that we would be the most effective team working together.

It was in Cape Coast that I also lost my first patient. I happened to be walking past the male ward on my way to get medication for one of our pediatric patients when I looked in and saw the nurses intermittently providing chest compressions to a patient who was clearly unresponsive. I ran in to offer my help, and finding the patient without a pulse, called a code and ran to get our pediatric emergency medicine physician to help. The twenty minutes that we ran the code seemed to last two hours, with us running into obstacle after obstacle. We wanted to give the patient epinephrine but needed to run to another part of the hospital to get the emergency medications. Once we had the medications, the peripheral IV we wanted to use wasn't working. We were trying to oxygenate the patient, but had to use room air, as the sole oxygen tank in the hospital was empty (which we discovered after bringing it all the way from the operating theater). After 20 minutes of chest compressions, we stopped the code and pronounced the patient.

The physician who ran the code and myself went to break the news to his family. They were numb when we told them, and the physician with whom I was working, a native Ghanaian herself, explained to me that although the loss of a family member this young was hard, it was not altogether unexpected or uncommon. We came to find out the patient, who was twenty-six years old, had presented with severe abdominal pain and all the symptoms of acute appendicitis that likely perforated. The family did not have the resources to pay for imaging so as they were working on raising funds, the patient was receiving IV fluids and antibiotics. The patient had at some point overnight gone into septic shock and that morning had become unresponsive at which point we found him to have no pulse.

This situation was as eye-opening as it was frustrating to me. We worked hard to help the Ghanaians and you could tell what an impact our being there for just two weeks had. I really began to understand how important the role the IHCV has in improving the health of the Ghanaian people. As a result of this experience, the nurses and administration at the Metropolitan Hospital and IHCV are going to work together to train all the nurses and staff in basic life saving techniques such as cardiopulmonary resuscitation. They are also going to train select staff there to be able to train future nurses, so the training can continue long after we are gone. The work that IHCV has done and continues to do has a significant impact on the lives of Ghanaians in Cape Coast and all over Ghana. It not only provides direct medical care, but teaches as well, creating lasting training programs and enabling the Ghanaian physicians and nurses to feel confident in the care and training they provide their patients. As I continue with my medical training, I will take these experiences with me and hopefully, one day, return to Ghana with IHCV as an attending physician, giving back to the Ghanaians in gratitude of everything I learned from them. ==

ROWAN SUAREZ

“Since this experience, I have taken it upon myself to really look past the obvious when it comes to those in need.”



Traveling to Ghana with International Healthcare Volunteers was one of the most rewarding experiences I have taken part in. Being only a high school senior, most of my time is spent staring at whiteboards and clocks, leaving little to no room to see the “real world”. Coming from a background of service, I have seen a little more than others, but nothing compared to what I witnessed and experienced on this mission trip.

This medical missionary trip was a whirlwind. For some reason, going into this trip, it never truly settled in that I was entering the “real world”, and leaving the world when everything is protected and censored. I saw real operations, real people getting better, real people getting sick, and real people dying. My bubble of “High School world” burst very quickly. Honestly, though, I’m glad it did. I feel like all I ever hear adults saying now is how different my generation is because we live in a world where everyone is a winner! This experience brought me back to real life, and truly helped me embody the idea that everything is not perfect in any which way. Yes, sometimes a child gets better and can once again run around playing with bubbles, but other times, someone is diagnosed with a very late stage of cancer, and informed they do not have long to live. The trip to Ghana definitely brought home the idea of nothing being perfect, and sometimes the world bites you in the butt, but for those sweet moments when things feel perfect, cherish them.

For me, some of the most defining moments were the very subtle things. One example was this baby boy who was extremely sick, so he came to the hospital. His mother sat there, only after our pediatrics resident brought her a chair, next to his crib for about five days. She stayed in the same clothes, and never had food or water. This was really a defining instance for me because I honestly did not notice her until the resident pointed her out. I pride myself on not being as oblivious to people as my peers, but this woman really went right past me and I did not even blink. I think this was because when one is in a hospital, they look at the one on the gurney, not alongside it. I began to really wonder how many people go by who are in need, and no one

notices. Since this experience, I have taken it upon myself to really look past the obvious when it comes to those in need.

Lastly, one of my favorite portions of this trip is the idea that we are creating a community. Medicine seems like a very individual field, but on this trip, everything is decided and backed by our small “community”. Every night having the opportunity to tell the stories of the day to the group, and ask their opinions for future tasks shows how one is never truly alone. Everything that happens, both good and bad, is not on one person, but everyone. The idea that no one is ever truly alone, is one of the hardest things to remember when facing challenges, because humans naturally blame themselves. This team was so tight-knit that I felt that no one was ever alone.

On this medical mission trip, I learned many things, from the idea that my mom has treated me like a medical student my whole life, to “never touch the spleen”, to how to fall back and believe in my community. Nothing have I ever done that filled my heart the way this trip to Ghana has, and I am overly joyed that I was given the opportunity to experience it. ==



Annual IHCV Fundraiser

Saturday, April 14, 2018
6:00pm – 11:30pm

*Gala &
Dinner Dance*



VENUE:

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

IHCV Board of Directors

Charletta Ayers, MD
Chairperson

James Aikins, MD *Medical
Director*

Ricardo Caraballo, MD
Deputy Medical Director

Adam Holzberg, DO
Secretary

George Hayford *Treasurer*

Victor Essien, JD

Bill Mason

Patricia Mason

Joanne Mazzealli MD

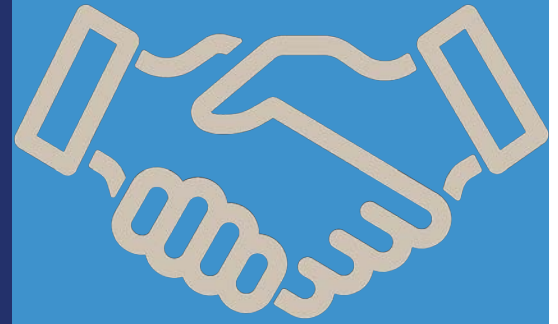
Felicity Polley, MA

G. Kwame Polley, DSc, Eng

Michelle Salvatore, MD

Get your tickets for the gala:
ihcvinfo@gmail.com

THANK YOU TO OUR SUPPORTERS



Our medical missions are made possible entirely by the work of our Board of Directors, volunteers, donors, and supporters of our fundraising campaigns and gala. We thank you for your generosity and hope to have your continued support in years to come!



BE A PART OF SOMETHING GREAT

GHANA MEDICAL MISSION 2018

SAVE THE DATES!

September 7 – 22, 2018

www.ihcv.org