



INTERNATIONAL HEALTH CARE VOLUNTEERS



17 YEARS AND COUNTING!

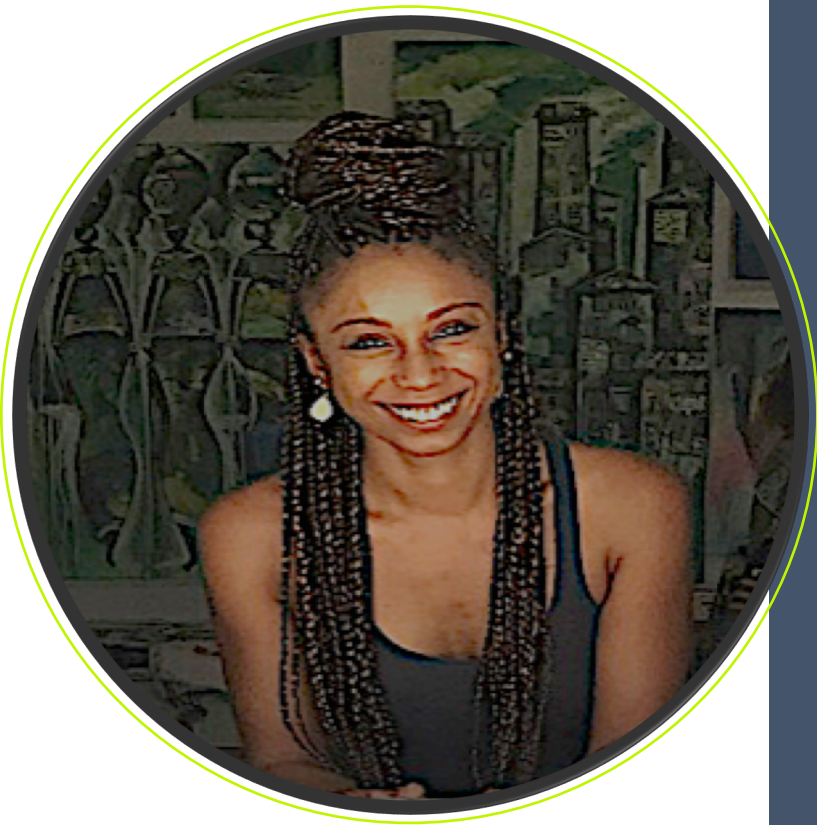
International Healthcare Volunteer's seventeenth medical mission to Ghana, West Africa, took 50 volunteers to Lekma Hospital in Accra, Cape Coast Teaching Hospital and Metropolitan Hospital in Cape Coast, and Tamale Municipal Hospital in Tamale. Working with our Ghanaian health professional colleagues, IHCV volunteers cared for 420 patients, performing 70 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 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 2018 mission, approximately 16 hours of CME were provided for over 375 attendees. IHCV has served 13,920 patients since 2002.

IHCV strives to improve its care for patients and the quality of educational programs for its volunteers with support from volunteers and donors. We look forward to seeing you on the 2019 Ghana Medical Mission!



ABBIE QUANSAH, MHA SENIOR VOLUNTEER

I am truly grateful to have been a part of such an amazing opportunity and eye-opening experience with Dr. Aikins, Dr. Ayers, and the whole IHCV team. I must say Dr. Aikins' and Dr. Ayers' annual commitment to the global medical missions is not only an inspiration to me, but a motivation to follow their vision.

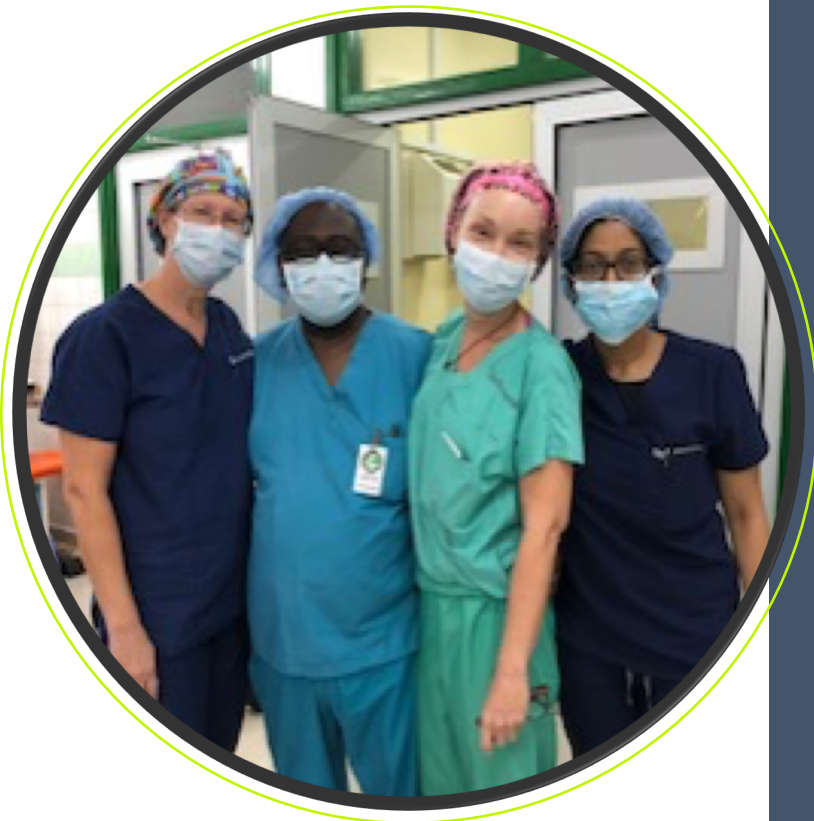
As a child of Ghanaian parents and the first generation to be born in the United States, understanding my roots became important to me to truly appreciate my heritage, and I am thankful to have the opportunity to gain more cultural awareness while pursuing my passion for health care. With a Masters in Health Administration and no medical expertise, I wondered how much assistance I could provide to a team of doctors and nurses; however, my day-to-day non-medical roles, such as data collection of all surgical cases and operations, quickly made me feel like an important part of the group as I was able to do my part as a volunteer. I am also very grateful to have team members that took the time to

CULTURAL AWARENESS AND COMMON VISION

teach me things like definitions and abbreviations of medical terminologies or walk me through operating steps of myomectomies or bilateral salpingo-oophorectomies, for instance, regardless how trivial it may have seemed.

Coming from a clinical research background, I was given a unique opportunity to observe and listen during surgeries, attend patient rounds, participate in lectures, and gain insight of the business outlook of hospital operations. Although Ghana is a country of abundant resources; there is a distinct disparity of wealth and health care to citizens. Throughout my time in Ghana, I continuously evaluated and compared major health care trends and customs to the United States, in regards to access to care, insurance, patient satisfaction, cost, technology, and many other factors. Witnessing extreme poverty, injustice, and staggering health disparities are reminders to each and every one of us the good work IHCV provides on a global scale, especially when we work for the same goal as a team with such humble and hardworking hospital staff.

“Ghana is a country of abundant resources; there is a distinct disparity of wealth and health care to citizens.”



There is so much work to be done, both in Ghana and abroad, and there are people, like myself, who want to be an integral part of that work.

As a result of the IHCV mission, I am committed to doing other medical missions as I move forward in my career. I have always appreciated the feeling of making a real difference; this interaction was truly remarkable as I was able to connect on an ethnic level. I felt passionate on the importance of global health and the well-being of patients. It is a beautiful and challenging service, as it requires both great passion and patience – this work is why I pursued the health care field, and I thank the IHCV for this opportunity.





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**2018 Ghana Medical Mission
Volunteers**

TEACHING HOSPITAL

- James Aikins, MD
- Janaki Varadham, MD
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- Lauren Podrasky, CRNA
- Paul Audu, MD
- Dean Roberts, CRNA
- Nancy Mayer, RN
- Sara Bellon, Junior Volunteer

METROPOLITAN HOSPITAL

- Charletta Ayers, MD
- Umur Atabek, MD
- Diane Atabek, RN
- Deneen Clemons, RN
- Adriana Esselfie, CRNA
- Alicia Hardy, Senior Volunteer
- Danielle Pieri, DO
- Deviney Rattigan, MD
- Kenneth Smith, DO
- Leah Goldberg, MD
- Janiece Scruggs, RN
- Jennifer Ngandu, Senior Volunteer
- Joshua Bellon, Junior Volunteer

METROPOLITAN/TEACHING HOSPITAL

- Arnelle Midley, MD
- Ifeoma Anidi, MD
- Jane Okwor, CRT
- Sanket Patel, MD
- Enid Midley, MSW
- Jewel Amui-Bellon, MD
- Kathleen Doktor, MD
- Niharika Sathe, MD
- Esther Pomares, MD
- Christina Ho, MD
- Shurika Perry, PA-C
- Jeffrey Tomaszewski, MD

LEKMA HOSPITAL

- Karen Kilsdonk, Senior Volunteer
- Jennifer Frimpong, MD
- Samfee Doe, MD
- Lina M. Gomez, MD
- Agnes Asamoah, RN
- Sarah Schaffer, MD
- Krista Pfaendler, MD
- Udele Tagoe, MD
- Mary Arthur, MD
- Renee Volny Darko, DO
- Nii Darko, DO
- Dana McClosky, MD

UNEXPECTED LESSONS

There was no way I was missing that.

One transatlantic flight later with a passport gripped firmly by white knuckles, I entered Ghana ready to make a difference. However, if I am being honest, my experience in Ghana was not the highlight reel I played in my head. My experience in Ghana was unexpected, and the lessons I have walked away with are not the ones I necessarily intended to learn.

I spent all of my time at Cape Coast Teaching Hospital in Cape Coast, Ghana. As the medical student, I found myself completing traditional medical student tasks. Each day we rounded with the Ghanaian house staff caring for the patients in the gynecological ward. I carried a shoulder bag filled with post-op supplies I kept stocked, and became skilled in producing tape strands to perfectly keep an abdominal pad dressing in place. I made patient identification wristbands out of our supplies, as the hospital had no system in place to do so. I went on errands of various kinds and made countless runs to our supply room.

We attended lectures given by residents, fellows, and attendings from the IHCV team with the Ghanaian medical students, house staff, fellows and attendings. I assisted as a medical student would in the United States in many surgeries and procedures. I did a lot of learning just as I would have in the United States. One week into our trip, I wondered why I had paid to travel halfway around the world to do the same darn thing I would have in New Jersey. I was frustrated and slightly disappointed. I was missing the point.

During our second week, one of our patients scheduled that morning for a hysterectomy had low hemoglobin and there was a discrepancy on how many units of blood family had donated. As a pre-requisite, a patient in Ghana can only receive as many units of blood as have been donated in her name. This sent me on a task to find the blood bank and track down the number of donated units. I walked down the open air corridor to the main building, followed signs for the blood bank, got lost, asked for help, got lost again, asked for help again, found the blood bank, found the record keeper, watched her flip through pages of a handwritten ledger to our patient's name, saw her point to "2" units, said thank you and walked back towards the surgical building.

It was a simple task, but there was so much to be learned from



LINDSAY RYAN, MS4

My journey to Ghana did not begin smoothly. I was that trip member who forgets her passport and realizes twenty minutes into the drive to JFK it's on her desk in her apartment in Camden. I owe a great deal to a kind friend who collected it and drove halfway up the state. Not only was I embarrassed at the time, but devastated at the thought of not being able to board the plane to Africa.

When I was a first year medical student, a friend of mine told me about the trip organized by International Healthcare Volunteers (Cooper Global Health Elective), and I needed no convincing.

As I sat on the bus, color drained from my face, sick with worry my forgotten passport would prevent me from traveling, all I could think about was the amazing experience I was about to miss out on. I pictured what I anticipated being a part of, saving patients with life threatening illnesses, working in a fast-paced, high adrenaline environment, seeing patient after patient, assisting in surgery after surgery. This was the imagined highlight reel on repeat in my mind for months before the trip.

“...I was present with a group of people who live vastly different lives from me, and I was learning from them.”



it. I realized how beautiful it is to walk outside during a work day, how kind people are when you need help, how patient they are when you need help again, how the numbers recorded in that ledger each represented not only a unit of blood, but an act of love between human beings. I learned that simply by completing a basic errand, there was abounding wonder to be found.

Ghana was not what I expected. I was not saving lives in a trauma bay, but I was present with a group of people who live vastly different lives from me and I was learning from them. I was moving slowly, often by default in a hospital system that runs on a different clock than our East Coast stopwatch. I was observing, learning, doing the every-day tasks of a medical student but getting to soak up so much if I chose to do so. As we waited for a patient to wake from anesthesia, I got to trade stories about life with the Ghanaian OR nurses. As we waited for a radiology technician to bring needed supplies for a procedure, I learned more about a patient's life and her desire to have children. As we waited for the bus to pick us up from the hospital, I got to talk to the amazing people who chose to spend their time on this trip when they could have been doing so many other things. As I waited, I started to learn.

Don't get me wrong, this team of volunteers took a lot of action and changed a lot of lives by the medical care they gave to patients who otherwise wouldn't have received it. Those breathtaking lifesaving and altering moments on the highlight reel definitely happened. But, those were not the moments that changed my perspective. I saw the immense amount of work it takes to create a connection that can be sustainable. Dr. Aikins and Dr. Ayers and so many other people have spent years building relationships and trust with people in Ghana to make the work IHCV does a success, not just when we are present but when we leave. If I were busy searching for the experience I was expecting, that flashy, hero, spotlight experience, I would have missed all of that.

I am unendingly grateful to the Ghanaians I met who were graceful when I assumed certain things about their country or the way they practiced medicine. I am grateful for their willingness to learn and teach, for their hospitality and for allowing us to work side by side them for a time.

“Thank you” are not large enough words. I hope to return one day, but am continue to be grateful for the opportunity and kindness that I was shown as I learned a little bit more each day.

You're Invited!

IHCV 16TH ANNUAL

Global Gala

SAVE THE DATE



SATURDAY,
MAY 4TH 2019
6:30 PM - 11:00PM

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SILENT AUCTION
AND DINNER

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GHANA MEDICAL MISSION 2019

SAVE THE DATES!

August 30 – September 14, 2019

www.ihcv.org