



International HealthCare Volunteer Newsletter



18 WONDERFUL YEARS AND COUNTING

International HealthCare Volunteer's seventeenth medical mission to Ghana West Africa (**August 30 - September 14, 2019**), took volunteers to Cape Coast Teaching Hospitals, KNUST Hospital Kumasi and Metropolitan Hospital. Working with our Ghanaian health professional colleagues, we cared for 650 patients and performing 36 major surgical procedures Kumasi and Metropolitan Hospital. 36 major surgical procedures

International HealthCare Volunteers (IHVC) was established in 2001 after founder Dr. James Aiken lost a loved one to a condition easily treatable in the USA. He and his wife, Dr. Charletta Ayers 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 2019 mission, IHCV volunteers attended and presented at grand rounds and conferences for continuing medical education.

Approximately 18 hours of CME were provided for over 350 attendees.

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 in 2021 Ghana Medical Mission!

IHCV Board of Directors

Charletta Ayers, MD

Chairperson

James Mensah, MA

Vice Chairman

James Aikins, MD

Medical Director

Adam Holzberg, DO

Secretary

George Hayford

Treasurer

Victor Essien, JD

Bill Mason

Patricia Mason

Joanne Mazzarelli MD

Felicity Polley, MA

G. Kwame Polley, DSc, Eng

Michelle Salvatore, MD

2019 Volunteers

James Aikins, MD

Ifeoma Anidi, MD

Adenike Animasaun, RN

Agnes Asamoah

Paul Audu, MD

Charletta Ayers, MD

Patrice Jade Baptista

Jewel Amui Bellon, MD

Michelle Bilbao, DO

Eloise Chapman-Davis, MD

Okebugwu Kamalu, MD

Oumou Keita

Jasmine Marahar, MD

Megan Brett Monroe

Nkam Mongwa, CRNA

William Oduro, MD

Chukwunwike Okafor

Vaishali Patel, MD

Kenneth Smith, DO

Charlotte R. Gamble, MD

Sarah Gleberman

Bianca Hall, MD

Yasmin Khawja, MD

Sneha Kolla

Brenda Mitchell, MD

Savitha Racha, MD

Dean Roberts, CRNA

Brittany Willy, PA

Emilia Winston, MD

Volunteer Testimony



Sneha Kolla

Working with underserved populations abroad and getting involved with global health organizations is what initially encouraged me to pursue medicine. The organizations I worked with mainly focused on preventative care as opposed to surgical interventions since they found them to be expensive and logistically challenging. This was understandable after observing surgical practice in the US, which involves state of the art equipment, rigorous sterility techniques, and a highly-skilled workforce that is necessary to run an operating room. It was hard for me to envision such an environment in a resource-poor setting. So when I decided to pursue surgery in medical school, I struggled to figure out how to incorporate global health. I knew it would make an impactful difference for patients because I saw it first-handed in but I could not grasp how to take surgical services abroad. For this reason, I am forever

grateful I went on this medical mission trip to Ghana because it taught me how to make surgery part of global health.

Our team in Ghana functioned like a surgical team. We had two medical students, a nurse, a fellow, and an attending. We would see new patients who came for our services, take their H&Ps, get consent forms ready, assist during the operation, follow them postoperative and write daily progress notes.

In the operating room, we were fortunate enough to have an incredible group of people who worked at Kwame Nkrumah University of Science and Technology (KNUST) Hospital. From the scrub nurses to the anesthesia team, everyone worked together with the ultimate goal of providing quality patient care. We packed and brought all of our surgical supplies, medications, and anesthetics so our patients could receive surgery free of cost. While I normally find surgery to be an extremely creative field, seeing it in a global health setting took it to another level. I learned the little things that made surgery cost-effective and understood how it could be carried out in a resource-poor setting.

Additionally, it was very inspiring to see how motivated our patients were to get surgery. They came to their initial visits prepared with all their imaging, including CT scans of their head and chest X-rays when all we needed were ultrasounds were to get surgery.

They came to their initial visits prepared with all their imaging, including CT scans of their head and chest X-rays when all we needed were ultrasound results of their uterus. They traveled far with the little money they had and so did their family members in hopes of seeing their loved ones heal and feel better. The even more remarkable part was seeing how resilient our patients were postoperative. Most healed with minimal pain medication and everyone took our suggestions to heart. They made an active effort to heal whether it was getting out of bed and walking, trying to void after their catheters came out, or making it to their postoperative appointments after discharge.

While I know I love surgery, going on this medical mission trip gave me an even greater respect for the profession. The need for it, the creativity involved, the difference it made in our patients' lives, and the willingness of our patients to get surgery was truly inspiring and makes me proud to have chosen this profession. I look forward to learning the skills that will allow me to provide such an incredible service both at home and globally.



Volunteer Testimony



Adenike Animasaun

We stepped outside of Kotoka International Airport and was instantly met with a warm breeze and gleaming sun. We quickly loaded our bags and the medical supply bins into the buses that were waiting for us. As we separated into Kumasi and Cape Coast teams, I was anxious and unsure what to expect from the next two weeks. With this being my first medical mission trip, I didn't know what lied ahead. Sneha and myself were the only medical students assigned to the Kumasi team. The Kumasi team was significantly smaller than the Cape Coast team, which included the five other medical students. We would be part of a team of seven, including a surgical oncology nurse, an obstetrician-gynecologist, and two attending gynecologic oncologists and a fellow. We would spend our two weeks at Kwame Nkrumah University of Science and Technology (KNUST) University Hospital. All my anxiety melted away

after our first day at KNUST hospital. We received a warm welcome from the faculty and staff and were immediately made a part of the medical team. As medical students we were given the freedom to decide how we made use of our time at the hospital over the next two weeks. We took advantage of this freedom and worked with a different department each day. We rounded with the medicine team, helped in the infection disease clinic, spent time on the pediatric ward, helped with the maternal ward, and scrubbed in for over fifteen procedures. Some of my fondest memories were: being first assist with the chief resident during a C-section, performing surgeries through multiple power outages, being there to console a 21-year-old female after learning she has been diagnosed with HIV.

During this trip I learned the importance of making diagnoses mainly through history and physical exams and being less reliant on diagnostic test such as CT or MRI because they were rarely available. I was taught to "go with the flow" because things do not always go as planned. The skills and lessons I have learned will forever stay with me and make me a better-rounded physician during my training. Apart from the medical aspect, I learned about the Ghanaian culture and the remarkable strength of Ghanaian women.

Being able to have the opportunity to begin my global health career in West Africa was a personally special experience for me and one I valued greatly. As I continue with my medical career, I plan on incorporating global health into my practice and taking many more medical trips. This experience is one I will carry with me for a lifetime.



Volunteer Testimony



Sarah Gleberman

We heard about Abigail* almost as soon as we arrived at Cape Coast Teaching Hospital. One of the Ob/Gyn – or “Obs and Gynae”, as it’s called locally – residents brought us her case while we were screening potential surgical patients in their clinic on our first day. Abigail was 17 weeks into a molar pregnancy, an abnormal pregnancy that produces disorganized, cystic tissue instead of a viable fetus. Molar pregnancies carry a high risk for bleeding or transformation into an invasive cancer called choriocarcinoma, a risk that grows the longer they continue. In the States, they’re surgically terminated as soon as possible after diagnosis, but Abigail had been diagnosed by ultrasound

several weeks ago. The hold-up was financial: Abigail and her husband, who have five children at home, had to scrimp and save to pay for every step along the way. After paying for her clinic visit, they could not get her ultrasound until they had saved enough money. After the ultrasound, they had to delay the imaging she needed to rule out early spread of choriocarcinoma while they saved to pay for it. Now, she was so far along that it would be almost impossible to control her bleeding during surgery without removing the entire uterus, and she would have to save up for surgery and pre-operative lab tests, not to mention find relatives of her blood type to donate blood in case she needed a transfusion.

It took until nearly our last day in Ghana, but she did it. She raised the money, found the blood, and had a successful hysterectomy at the end of our trip. Abigail’s determination to overcome obstacles to her care was emblematic of Ghanaian patients’ involvement in and commitment to their own healthcare. Ghanaian patients are truly members of their own healthcare team, because so much of their care depends on them. Not only do they need to raise money to pay for almost any test or procedure out of pocket, but they are often the ones to carry out the small but crucial coordination tasks that

make care happen: finding blood donors, bringing their own medical supplies, or even transporting a Pap smear sample from the clinic to the pathology lab to be examined. While I would never advocate for a system in which care is delayed or unavailable if patients can’t pay out of pocket, I think we in the West have a lot to learn from the way Ghanaian providers create engagement and “buy-in” from their patients by involving them directly. Because of that buy-in, Ghanaian patients are active participants in their care, bringing a level of investment and dedication to their own treatment and health that equals their providers’. As I embark on my career as a physician, I hope to find ways to create that same investment and dedication to their treatment and health in my patients – though I’ll probably still use the blood bank if anyone needs a transfusion.



Volunteer Testimony



Patrice Baptista

I boarded my flight to Accra, Ghana filled with enthusiasm. This trip was one that I had anticipated since the start of medical school upon learning of the global health opportunity offered through Dr. Aikins' organization International Health Care Volunteers (IHCV) and their annual medical mission trip. Now, three years later, I was embarking on a journey that would ultimately bring my medical school experience full circle. Early expectations were that I would have an opportunity to impact lives utilizing all I had learned as part of my medical school training. However, I quickly realized that it was my life that would be impacted most, and many of the tools necessary to do global health work required skills centered around humanity, and less so medical knowledge.

Upon arrival to Ghana, I was overwhelmed with excitement as I began to encounter the lights and sounds of a bustling, vibrant, developing country.

I was far from my comfort zone and all that was familiar to me, but I was surrounded by a supportive cohort who shared similar passions, and I was embraced by the most welcoming culture I've ever been so privileged to encounter—children waving 'hello' as we passed by on the winding roads, lined by palm trees.

Early days on the wards I quickly learned how vastly different and challenging practicing medicine in developing countries can be. I encountered some of the most talented and brightest minds working alongside medical students and physicians in the Cape Coast teaching hospital. I admired how resourceful and passionate the clinicians were, working to care for patients without so many of the basic tools and resources we so easily take for granted here in the United States. Critical resuscitation components, such as oxygen had to be administered judiciously as there was only one oxygen tank for the entire pediatric ward servicing 30+ patients.

Rotating between a local clinic/public hospital and the teaching hospital in Cape Coast, I was exposed to a great deal of illness and trauma. I recall an afternoon of sobs from a mother who had given birth to a stillborn baby, and the screams of a toddler undergoing dressing changes after suffering third-degree burns.



In their experiences of pain, sadness, and confusion I was left with a feeling of desperation. I felt my time there was too short and I was limited in the ways in which I could help them. I passionately wished I could prevent each of the injuries and illnesses—so many of which seemed preventable like typhoid fever, malaria, malnutrition, and cervical cancer. Yet, in observation of the calm, collected demeanor of the senior team members, I was forced to visit a different perspective. Although I could not always prevent the cause of illness, disease, or injury—I could help support, treat, and heal patients.

It was in those moments of aching desire to comfort these individuals that, I believe, my passion for medicine was, yet again, reaffirmed. It was a feeling that transcended cultural boundaries; and in those moments I understood the power of someone entrusting their health, bodies, and loved ones to your care. Each of the victims of cancer, chronic illness, accident/injury, and preventable disease that I encountered in the clinic, undoubtedly, needed some form of treatment. However, I also realized how that treatment needed to be coalesced with the humanistic qualities of kindness and empathy. Although my time in Ghana would inevitably come to an end, I would do all that I could with the time that I had. As part of my global health experience, I acquired greater appreciation for dedication, improvisation, and patient advocacy; and I was left with the resounding goal to always remain flexible, passionate, and committed while doing all that I could, with all that I had.



Megan Monroe

I wanted to go on the medical mission to Ghana for two reasons. Firstly, as a Black woman, I felt it was long overdue for me to travel to an African country. I felt that going would help to ground me in a way. On top of that, I wanted to see what healthcare looked like outside of the United States. I was able to learn so much about myself and about how to work as an essential part of a team. I worked primarily at Metro Hospital in Cape Coast, their equivalent of a community hospital. Our first day, we were shown our room and immediately began seeing patients. I was the medical assistant, the scribe, and the pharmacist running this way and that. I was incorporated into the team in a way I never was able to be in the States. It was really fulfilling

Some of my lessons were tougher to swallow. I learned about their lack of resources throughout the trip but it really hit home when we lost a six-year-old girl largely due to their lack of ability to monitor her

vitals continuously. It was the first patient I actually lost. She was beautiful and I wish I could have met her under different circumstances as the energetic, joyous little girl I imagine she was. We processed the loss as a team, the same way we ran the code.

I believe that is my main takeaway from the mission. Teams only work if everyone on the team is working. If they put their pride and egos aside, assess where they can contribute, and just do it. No tears, no dragging feet, just a good attitude and a willingness to get down and dirty. This trip would never have happened if we didn't all come together and help pack and repack bins of medical supplies. If anyone had said, "That's not my job," nothing would have been accomplished. We supported each other in every way on this trip. Getting to know the doctors, physician assistants, and fellow medical students in this setting was truly a gift. I have every intention of participating in medical mission trips throughout my medical career.





Omou Keita

I spent my first day in Ghana filling blue colored drawstring backpacks with story books, coloring books, crayons, stickers, and toothbrushes for children at a local orphanage. I helped put together care kits with washcloths, pillowcases, soap, and toothbrushes for the parents of hospitalized children. The orphanage was home to about 20 children of various ages and run by an elderly woman determined to change these children's stories. The moment I entered the orphanage, I immediately felt both happy and sad. To the far right was a group of little girls with multicolored barettes in their hair dancing and laughing hysterically. This reminded me of the best moments of my childhood. The children were so precious. They had the most infectious smiles that brought so much warmth to my heart. They dreamed to be police officers, lawyers, and restaurant owners. We spent a majority of our time either performing physical exams, coloring pictures, or playing soccer with the children. I didn't want to leave. The orphanage was full of so much opportunity and hope. Nothing could've prepared me for the emotions I felt on the bus ride back to our hotel.

The next couple of days were spent at the Cape Coast Metropolitan Hospital consenting patients for myomectomies and hysterectomies. I watched as tears rolled down the beautiful faces of several women who were unfortunately forced to make a decision between getting rid of their excruciating pelvic pain and preserving their fertility. While some women signed the consent forms without any hesitation, others walked away to never return. The psychological, socio-cultural and economic torment that infertile women experience in Africa are unjustified. Traditional views of infertility being a women's problem still persist. "Sistah, I cry every day on the inside," she said.

It was during this time that I met my favorite patient who I call my Auntie Jo. She presented to our clinic with complaints of mild fatigue and progressive abdominal swelling. On physical exam she had a large, well defined mobile mass in her epigastric area thought to be an enlarged uterus. She had the results of her ultrasound images that showed multiple uterine fibroids. We took a quick look at her lab results which read a hemoglobin of 4.



The clinic team all looked at each other in shock. Can you for a second imagine what it would feel like to walk around with a hemoglobin of 4? She was considered a poor surgical candidate and told she needed at least 3 units of O negative blood. She had 1 week to do so. I didn't expect to see her again.

Every day for the next 3-4 days I'd hear someone behind me making a hissing noise in order to catch my attention. As I slowly turned around, she would approach me, hold my hand, and walk me outside towards the lab to see the line of people who were here to donate blood for her. She never gave up. By our second to last day in Ghana she had collected enough units of blood and was subsequently scheduled for what we thought would be a simple hysterectomy. But of course, Auntie Jo was always full of surprises. On the day of her operation the team excised a huge parasitic fibroid that was attached to her momentum. It was unreal.

Excited to spend the day performing hysterosalpingograms with an infertility specialist, I quickly grabbed a banana for breakfast and headed directly to the car. As we approached the Cape Coast Teaching Hospital there were several women aged 35 to 49 anxiously waiting outside the x-ray room. After consenting patients for the procedure, I helped fill specimen containers with betadine and waited for the next steps. We inserted a thin catheter through the cervix into the uterus.

Contrast material was injected through the catheter and I followed the progress of the dye on the x-ray screen. I saw various tubal and uterine pathologies. While some women left with hope of becoming pregnant in the near future, others left in agony knowing that their only other option wasn't really an option -- In Vitro Fertilization (IVF).

One patient's clinical course took a different turn. In the middle of the procedure we found a large area of necrosis and ulceration on her cervix. She was immediately sent for biopsy.

One of the reasons I love to travel is because it encourages me to pay attention to otherwise mundane details, both in the new environment and at home. When thinking about the day-to-day responsibilities of an orthopedic surgeon, does delivering babies ever come to mind? Well, it sure didn't for me. As I was preparing to scrub into the operating room (aka "theater") for a delivery, I was asked to do two things: wear a pair of tall rain boots designated for the OR instead of boot covers and a heavyweight apron underneath my surgical gown. I must admit, it was pretty cool. The details of the C-section itself were essentially the same but what took me by surprise was when the physician stated he was actually an orthopedic surgeon. I was taken aback. We weren't operating on a bone, joint, tendon, or ligament. He went on to explain that C-sections and inguinal hernia repairs are two of the most commonly performed operations in Ghana. As such, every surgeon is trained to be able to confidently perform these procedures. I was impressed. I definitely wasn't in the United States.

This short reflection is only a glimpse of my experiences in Ghana. It was truly unforgettable. The beauty of this country is beyond belief. The people were generous. Generosity that is not of monetary value, but consists of love, support, encouragement, and respect. Ghanaian cuisine is vibrant and flat-out delicious. Their traditional fried rice is one of the best rice dishes I've ever had.

Their delightfully, intensely flavored pepper soup comforted me in a way I cannot fully explain. As I walked around the Makola Market, I was treated with a variety of different sights, sounds and smells that reminded me of Guinea. With barely any space to move in the maze of never-ending aisles, I was still able to admire the beautifully handcrafted jewelry and vintage clothing that hung along the stalls. I engaged in a painful but important history as I toured the Cape Coast Castle-- a notorious slave castle during the Trans-Atlantic slave trade. I experienced the thrill of the seven-bridge canopy walk at the Kakum National Park. This was an ideal place that allowed me to appreciate nature's tranquility and subtle gifts. I left Ghana with a renewed sense of passion, peace, and joy. I consider myself extremely lucky to have joined the IHCV team this year. I look forward to returning to Ghana in the future.



Volunteer Testimony



Chukwuunwike Okafor

The International Health Care Volunteers (IHCV) 18th annual global health trip was a memorable experience filled with invaluable clinical experience, cross-cultural education, and life lessons that will inevitably shape me into a better physician in the future. Throughout medical school, I developed a passion for primary care and global health. After researching global health opportunities, the moving mission and story behind the establishment of IHCV caught my attention. I jumped at the chance to join as I knew that this would be the right mission trip for me to gain experience in the logistics of global health, investigating social determinates of health, and hands-on experience within the global health system. However, I could not have predicted the lasting impact that this trip would have on my future outlook on life and medicine. I am enterally grateful for the amazing physicians, nurses, physician assistants, hospital staff, volunteers, and community members who I encountered.

Leading up to the trip, I felt a wave of nerves and excitement for the new opportunity that would lay ahead of me. My nerves quickly subsided as we arrived in Accra, Ghana, and

received a warm welcome from Johnny, our IHCV liaison, which established the tone for the comradery and appreciation that we would receive throughout the entire trip. Everyone was enthusiastic to begin our work.

Over the next two weeks, we integrated ourselves into the health care system to collaborate on solutions to improve the quality of care and support for the health care workers. I had the privilege to be a part of the Cape Coast team, who served at the Cape Coast Teaching Hospital and Community Metropolitan Hospital. We focused on enhancing woman's health, pediatric care, and adult medicine. As a medical student, I had a first-hand experience to assist with Obstetrics and Gynecology clinical consults to promote prevention, pre-operative screening, procedural cases, and clinical education. On the pediatric service, I had the opportunity to accompany the current medical students, residents, and hospital staff on daily rounds. Allowing us to discuss cases, determine the best approach to management, and increased my clinical exposure to cases that I would not have to have the opportunity to encounter in the United States. During my internal medicine service, I served as a supervised consultant. This experience gave me an unparalleled clinical experience that allowed me to diversify my knowledge base and clinical skills.

I have been able to broaden my outlook on the views of integrative medicine, assessing the cultural impact on the understanding of patient care and incorporating this understanding to develop an appropriate and achievable treatment plan.

The most memorable experience occurred during my first day on service that set the tone for the need and the impact that we would have throughout the trip. As we unpacked our equipment to stock the resource-limited Community Metropolitan Hospital, a patient arrived at the front steps of our hospital on a makeshift gurney. Initially, the severity of his injuries was not apparent until we brought him into the hospital. Due to the limited hospital rooms, we scrambled to control the bleeding of his bilateral brachial artery lacerations in the middle of the hospital hallway. Through all of the commotion, I locked eyes with a young man around the same age as myself. I will never forget the look of fear, pain, and hope that we would be able to save him as he fought for his life. Fortunately, we saved his life due to the effective communication between each party and willingness to take the lead and to follow — a product of the 18-year history between IHCV and the Cape Coast medical system. This experience taught me that to build a fundamentally sound global health program; a team must assess and accept its strengths and weaknesses. Once established, strides towards sustainability and improved patient care can be met through continuous improvement.

I was truly fortunate to join the fantastic International Health Care Volunteers team. This experience provided me with the opportunity to improve my patient communication through a focus on population health, assessment of patient understanding, and cultural awareness. These takeaways allowed me to expand my view on health care and determine where I would be able to contribute to future global health trips. As I continue in my health care career, I hope to join more medical mission trips and provide continuing medical education to promote sustainably of quality of care.



*IHCV 17th Annual
Global Gala*



*Join Us For
Cocktails, Silent Auction, Dinner
& Dancing*

SAVE THE DATE
SATURDAY, MAY 1, 2021
Location TBA



International HealthCare Volunteers;
P.O. Box 8231, Trenton, New Jersey 08650
Phone: (609) 259-8807
Email: IHCVINFO@gmail.com



*IHCV 19th ANNUAL
GHANA
MEDICAL MISSION TRIP
IN 2021*

*STAY TUNED FOR MORE
INFORMATION AT
www.ihcv.org*

THANK YOU TO OUR SPONSORS

IHCV Board of Directors
IHCV Fundraising Committee
IHCV Volunteers



Newsletter compiled by Lakesha Williams-Selvaraj

