

# IHDN News

DECEMBER 2014

MAY GOD BLESS YOU

## MESSAGE FROM THE PRESIDENT

### Message from the President

Dear friends,

The year 2014 is rapidly coming to an end. As we pause to reflect on all that we went through in 2014, we can only say thank you God.

We completed two successful mission trips to Ghana. We also hosted a fundraising banquet, purchased an ambulance and going to ship a container to Ghana. We recruited a full time doctor for the mission hospital and started the building of staff apartment. We continue to receive the favor and support of several hundreds of people. My wife and I also got recognition from two prestigious organizations for our work with IHDN. As I usually tell people, the Agamah family is just a messenger to deliver the goods. You our friends are partnering with us to be a blessing to the poor in Ghana. We thank you for coming along with us.

We look forward to the coming year with great hope and excitement. We have two trips planned in January and July 2015. We are going to continue to mobilize resources in support of the staff apartment building. We are going to continue to recruit new volunteers and supporters to come along side us.

I would like to seize this opportunity to wish you and your family a Merry Christmas and a blessed New Year. May the Lord bless and your family in all that you do.

Sincerely

*Dr. Edem Agamah*

### 4th IHDN fundraising Banquet planned for March 27, 2015

We will be hosting our 4th Fundraising Dinner at Hope Church, Springfield, IL, on March 27, 2014 to support the Staff Apartment, Maternity and Children's ward in Ghana. Our fundraising goal is \$100,000. We appreciate the support of all who donated in the past. Please keep that day opened and plan to join us. God bless you.

### INSIDE THIS ISSUE:

25th Mission Trip 2

Construction of staff apartment 2

26th Mission Trip 2

Business Development & Christian Leadership confe 3

What can you do to help 3

Ebola Virus &

The Duncan effect 5

### HEALTH STATISTICS

#### LIFE EXPECTANCY AT BIRTH —2012 (Years)

Afghanistan	- 60
Barbados	-78
Cameroun	-56
Chad	-51
Ghana	-62
Guyana	-63
Haiti	-62
Nigeria	-54
South Africa	- 59
Sierra Leone	-46
US	-79

Source: World Health Org

[www.who.int/gho](http://www.who.int/gho)

### **Thank God for a successful 25th mission trip to Ghana August 7-22, 2014**

We thank God for another successful mission trip to Ghana from August 7 to 22, 2014. We had volunteers from Barbados, Guyana, and the U.S. Please see the previous edition of this newsletter for details. About 25 people attended the business development conferences and over 1,149 patients were treated in 7 days. We also offered in-service training for the nurses in basic and critical care nursing.

### **Update on Construction of 24-unit IHDN Staff Apartments**

Work is progressing on the staff apartments. We revised the initial plan to include 2-bedroom units for senior and married staff. The columns have been erected and beams are going up in anticipation of the concrete floor between the first and second levels. So far we have spent over \$162,000 on this project. We are praying and trusting God to provide the resources we need to finish this project. We estimate a total cost of between \$600,000 and 800,000, depending on exchange rates, inflation, and volunteer labor that we are able to recruit along the way. We encourage those who are yet to join us to come alongside with us by sending their end-of-year donations. We thank all of you for your support of this project. May God bless you.

### **Twenty-Sixth Mission trip to Ghana**

#### **January 29 to February 13 (Team A) or February 28, 2015 (Team B)**

We are undertaking the 26th mission trip to Ghana from January 29 to February 28, 2015.

The team is made up of the following:

Dr. Edem Agamah	Team leader
Mrs. June Agamah	Logistics Coordinator
Mrs. Nancy Rice, R.N.	Warehousing, family health nurse, and home healthcare
Pastor David Johnson	Pastors & Leadership Conference; feasibility study on pathology services, end-of-life care, and mortuary services
Dr. Stephanie Gadbois	Family Practice Resident, SIU School of Medicine
Ms. Laura Henkle	Final year student, Rush Medical College, Chicago
Mr. Bryan Kidd	Final year student, SIU School of Medicine

We will be joined by a Ghanaian team, including Dr. S. Zakaria, Dr. Sylvanus Amuzu, Dr. Gospel Agamah, and Mrs. Linda Agamah

### **Gifts received in Memory of Ellen Rasmussen**

We received a total of \$905 in memory of Mrs. Ellen Rasmussen, who went home to be with the Lord on October 15, 2014. She was 80 years old. Mrs. Rasmussen was the mother of Mrs. Nancy Rice, IHDN volunteer and subcommittee member. The funds will be used to support our work in Ghana. We thank all those who donated in her memory.

### **IHDN Mission Hospital Activity update**

The hospital had 31,747 patient encounters from January to September 2014. There were 2,989 admissions with only 9 deaths. These were from severe malaria, septicemia, and cerebrovascular accident. Our biggest challenge is delays in payment of claims submitted to the National Health Insurance Authority (NHIA). We are continuing to hope and pray that things get better for the NHIA to pay its bills on time so we can also meet our financial obligations to suppliers and pay for overhead expenses.

**Mrs. June Agamah received Humanitarian Award from University of Illinois**

Mrs. June Agamah received the 2014 University of Illinois Alumni Humanitarian Award on November 7, 2014 at the Annual Alumni Gala, held at the Abraham Lincoln Memorial Museum in Springfield. Mrs. Agamah, who earned a Master of Public Health (M.P.H.) degree from the University of Illinois, Springfield, was honored for her volunteer work with IHDN in the U.S. and in Ghana. She acknowledged the impact of several people on her life and paid tribute to two of her professors, Dr. Remi Imeokparia and Dr. Michael Quarm and her husband Dr. Agamah, who inspired her to press on. Thank God for June's partnership.

**American College of Physicians-Illinois Chapter honors Dr. Edem Agamah**

The American College of Physicians, Illinois Chapter awarded the 2014 Volunteerism and Community Service Award to Dr. Edem Agamah, IHDN president & Fellow of the American College of Physicians (FACP), on November 7, 2014 at the Downstate meeting held in Champaign. This is a great honor and a recognition of all the years of support and encouragement that we have received. An excerpt from the award citation is quoted below:

*The ACP honors members who have distinguished themselves in voluntary service in the area of medicine. Volunteerism and community service, like a commitment to continuing education, is an established tradition for the College and for internists. The College considers volunteerism so important that it is a major criterion for advancing to Fellowship. Award recipients will be eligible for nomination for the national Oscar E. Edwards Memorial Award for Volunteerism and Community Service presented by ACP each year at the College's Internal Medicine Week.*

As you can see, these two events occurred on the same day. Dr. Agamah could not go to Champaign but instead supported his wife June to receive her award. We thank God for this honor bestowed on us. We thank all of our friends, who believed in us in the U.S. and in Ghana and have supported the work of IHDN. When we started IHDN, we did not know that we would be recognized, let alone receive awards. Our goal was to be obedient to His call and give Him the glory as we serve. Thank for joining us on this journey.

**What can you do to help to IHDN?**

We are often asked the question "What can I do to help you?" This question usually comes from friends and colleagues who value our mission and want to help. Here are several ways you can help:

Pray, pray, and pray for IHDN. Pray that we will remain faithful to the call to serve Him to the best of our abilities. Pray for His blessings to be upon us and provide all our needs.

Develop a dynamic interest and follow our work. Ask questions, give us feedback, tell the IHDN story to your family and friends, and invite them to join us in helping the poor in Ghana.

Donate your time. Use your skills, expertise, and knowledge to help bless our efforts both in the U.S. and in Ghana.

Donate appreciated stocks, mutual funds, or bonds to IHDN. This helps IHDN, and you also get a tax deduction for the full value at the time of donation (not the value at purchase) to the extent you are eligible to deduct charitable gifts.

Donate money and items of value—things that you can use in the U.S. and can also be used in Ghana. Give us a call at 217-787-6530 or send a mail to [ihdn@aol.com](mailto:ihdn@aol.com).

We continue to receive some of these blessings. We are thankful to all who share themselves and their resources with us.

# **Ebola Virus and the Duncan Effect**

## **By Dr. Edem S. Agamah**

Ebola virus is a very highly contagious virus that causes a disease characterized by fever, chills, headache, diarrhea, vomiting, and a bleeding disorder. It was first discovered in 1976 in the Democratic Republic of Congo (formerly called Zaire). At that time the disease was controlled by quarantining large populations of people. In March 2014 a new outbreak began in Guinea. It spread initially to neighboring countries like Liberia, Sierra Leone, and later to Senegal, Nigeria, and Mali. The disease, however, has been contained in those last 3 countries. This epidemic did not receive widespread global attention until August 2014.

If you follow the news on a regular basis, you must have read about a man named Mr. Thomas Duncan, who died of Ebola virus disease in the U.S. Mr. Duncan, who is from Liberia, came to visit his family in Dallas and became ill after his arrival. He was treated in the emergency room and sent home with prescriptions. A few days later he deteriorated and came back to the hospital, where he was admitted. He was diagnosed with Ebola and received aggressive treatment, but unfortunately died despite the best efforts. During the course of his treatment, two nurses involved with his care also contracted Ebola. They received aggressive treatment and survived. One of the nurses travelled in an airplane just before she was diagnosed. This situation, like that of Mr. Duncan, exposed several people to the virus in the airplane. The lack of reports of disease among the passengers on Mr. Duncan's flights and the nurse's flight shows how unlikely you are to get the disease just by sharing the same plane.

Mr. Duncan's Ebola infection and death led to a myriad of individual, institutional, and societal responses, which I term the "Duncan Effect" and will discuss in this article.

### **Individual Response**

The importation of Ebola virus to the U.S. by Mr. Duncan has brought out the worst fears and anxiety about catching a deadly virus from Africans. Those from countries with known Ebola outbreaks have been stigmatized.

There are reported cases of African school children being shunned and bullied in school. Some of the kids, who used to be proud of their heritage as Liberians, are reluctant to identify themselves as Liberians. Some of these responses are partly due to ignorance about the geography of Africa, which has over 54 countries and is very diverse. Ebola virus is present in only 6 countries. There is therefore a need for proper education on Africa and Africans, and for people to avoid hasty generalizations.

### **Institutional & Societal Responses**

Mr. Duncan's infection with Ebola and its aftermath placed the Centers for Disease Control and Prevention (CDC) into the spotlight. Nobody was planning for this, so effective policies and guidelines were not developed. Because of Mr. Duncan, policies were developed to deal with someone who imports the virus. As the two nurses were infected, the CDC received negative publicity. The CDC worked hard to put up guidelines and reduce public anxiety.

In the medical community, it is now commonplace for a hospital to ask you whether you have travelled to Africa. Implicit in this is that Ebola is in the whole of Africa and we do not want to expose others to it. However, very few African countries have outbreaks, and it is not necessary for someone coming from a non-infected country to be scrutinized.

Mr. Duncan's infection with Ebola has led to panic purchases of personal protective equipment (PPE) by U.S. medical institutions. No hospital wants to have a patient with Ebola and not have PPE for its staff. Yet the probability of that happening is very small. This has created a shortage of PPE. American-based Christian relief groups working in Ebola-ravaged countries are having a difficult time procuring this equipment. It would make sense to have the PPE sold first to relief organizations, then deployed to affected countries before selling to U.S. hospitals. In any case, the rush to buy PPE has increased the bottom line for makers of this gear and their owners are happy because of the growth in their businesses.

The nurses who got infected by caring for Mr. Duncan were successfully treated. They were also invited to the White House—along with other brave missionaries, including Dr. Kent Brantly, who became infected in Liberia and was successfully treated in the U.S. People doing missionary work do not expect recognition from the President of the United States. Thanks to Mr. Duncan, missionaries got a chance to be acknowledged publicly by the President. It is a time for society to give moral and material support to all who are serving and saving lives in resource-poor areas overseas.

The death of Mr. Duncan is a big loss to his family and friends, and to Liberia. But his contracting of Ebola and death influenced our attitudes and behavior towards Ebola in the U.S. It has stressed and humbled the medical community—especially those in Dallas. It has also stimulated support for Ebola control in West Africa.

Ebola will eventually be controlled and eradicated in the countries affected. Ebola will soon be forgotten from our daily lives in America. What will not go away is the poverty and under-resourced health care infrastructures in these countries and other parts of the developing world, unless economies improve. There is a need for health systems in the U.S. to develop a global perspective. It is not enough to market excellent medical services to cash-paying overseas patients who can come to America to receive care. The efforts of the CDC and World Health Organization are not sufficient to deal with the health and medical problems faced by these poor countries. Health systems in the U.S. should find ways to lead this effort and work with mission organizations that are involved in helping these poor countries. Alternatively, health systems could follow the example of Sanford Health Systems in North & South Dakota by building international clinics as part of their health care system. This may not add to the financial bottom line, but it will save lives. Let us remember that we are in a global village. We have to engage the developing world with appropriate health care. We have to demonstrate that we are our brother's keeper.

### **IHDN Ships hospital equipment to Ghana**

We will be shipping a 40-foot container to Ghana on December 18, 2014 from the Midwest Mission Distribution Center. The items being shipped are hospital beds, delivery beds, furniture, bed sheets, and other supplies. We thank all our friends who donated surplus items, including Central Illinois Hematology Oncology Center (CIHOC), Computer Banc, In His Service, Memorial Medical Center, LifeStar Ambulance, and Midwest Mission Distribution Center. We thank all the several volunteers who helped packed boxes and bed sheets, transported items to warehouse, and loaded the container. These items, although discarded are still very useful. They are very much treasured in Ghana and other parts of the developing world. IHDN does not have the funds to buy brand new equipment for the hospital. The cost of a container shipment is about \$4,600. Please consider sending us a donation to help pay for the shipment.

### **IHDN Purchases an Ambulance for mission hospital in Ghana**

We recently purchased a 1996 Ford Cutaway Van E350 ambulance for \$1,700. This ambulance will be shipped to Ghana to help transport patients to and from the IHDN hospital. Presently, patients are transported by motor bike or taxi, or carried on people's backs. The body of this ambulance is wider than a 40-foot container, so we have to ship it separately. The cost of shipment is about \$5,000. We received a donation of \$1700 the same day of purchase to help pay the bill. We also received another \$1,000 donation to help pay for the shipping cost to Ghana, leaving a balance of \$4,000 to be raised. We thank all who donated to pay for the ambulance and those helping to pay for the shipment.

International Health and Development  
Network  
P.O. Box 7488  
Springfield, IL 62791

Nonprofit  
Org.  
U.S. Postage  
Paid  
Springfield, IL  
Permit No. 125

*A medical missions group  
using the earthly healthcare  
ministry of Jesus Christ as  
an example.*

[www.ihdn.org](http://www.ihdn.org)

### **IHDN mission hospital staff the receive technology incentive package**

IHDN mission hospital has over 80 staff members including nurses, 2 doctors (1 part time), lab technicians, administrative staff, maintenance and housekeeping worker, canteen staff and security. They provide 24 –hour medical service to a community of over 60,000 people. Over 90% of the patients have the National Health Insurance Card, which allow them to receive free medical care at any approved medical facility in Ghana.

IHDN is a participant institution in this program. We provide services and expect to be paid. Unfortunately, it takes over 6-8 months before claims are paid for services offered. Our patient volume has increased over the past few years and work as well as work load. The staff work under very challenging conditions.

To incentivize them, we initiated a staff welfare program to help them own items like a smart phone, TV, refrigerator or gas stove. IHDN buys these items in large quantities and receive a discount and passes on the savings to staff and the cost is deducted from their salaries over a period of time for example 12 months. For example, for about \$200, one can purchase either a smart phone, TV and pay about \$17 each month.

One advantage is that for them owning the smart phone is that we can use free social media apps like WhatsApp or Viber to communicate with the staff. Staff moral has gone up with this program. Hopefully, we can improve on this for the staff.