

IHDN News

JULY 2015

MAY GOD BLESS YOU

MESSAGE FROM THE PRESIDENT

Message from the President

Dear friends,

We are midway through the year and we want to share with you all the latest about IHDN before we head out to Ghana.

Twenty years ago, our family moved from Chicago to Springfield, IL. We seize this moment to thank God for guiding us to this city. We thank all the hundreds of people he brought our way, especially those who have helped us fulfil this vision. We thank Pastor Bill Shereos, former pastor of Hope Church and Mr. Duane Young, for guiding the formation of IHDN.

IHDN will be 20 years old in 2016. Our work is mainly based in Ghana, where we have had the greatest impact. We are undertaking an ambitious building project to help us provide a 24-unit apartment for the staff of the hospital. Work is going on well but we still need extra help. Our prayer is that we will have the funds to complete this project by June/July 2016.

We would also like to invite our friends, who are able to travel, to prayerfully consider coming along with us on a mission trip to Ghana in 2016 (late January or mid July 2016). Think about it, pray about it, ask questions and come let us go and see what He has used us to accomplish.

Thank you for the support. May God bless you.

Sincerely

Dr. Edem Agamah

IHDN Hosts 4th Fundraising Banquet in Springfield

We hosted the 4th Fundraising banquet on March 27, 2015 in Springfield, Illinois. This annual event, called "Bringing the World Together," was attended by 288 guests. We had assistance from 120 volunteers. The aim of this event was to raise \$100,000 in support of the building of the staff apartment. We raised over \$55,700. We thank all those who volunteered their time to make this a successful event. We also thank all who gave sacrificially in support of this event. While we are thankful to all of you, we also welcome more donations to help us reach our goal.

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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

Thank God for a successful 26th mission trip to Ghana, January 29 to February 28, 2015

We thank God for another successful mission trip to Ghana, by a 7-member volunteer team, from January 29 to February 28, 2015. Please see the preceding edition of this newsletter for details.

We were also assisted by a Ghanaian medical team, made up of 3 doctors: Dr. Sylvarius Amuzu, Dr. Joshua Abaah (a part-time medical doctor), and Dr. S.M. Zakaria. Dr. Zakaria is a general surgeon and head of the Police Hospital, Accra and Mr. Emmanuel Danso, a nurse anesthetist.

Over **2,662** patients (65% female) were treated at the IHDN Mission hospital during this trip. Surgeries were performed on **21** patients. Most of the non-surgical patients had malaria, hypertension, or degenerative joint and spine diseases. The number of patients seen was much lower than in previous years, but they were much sicker. We admitted several people with malaria, severe bacterial infections, diabetes, blood clots, and respiratory failure. We also took delivery of the ambulance we shipped last year.

Pastors and Leadership Conference held in Ghana in February, 2015

About 30 pastors and Christian leaders attended a 3-day Pastors and leadership conference, hosted by IHDN from February 1 to 3 at Weta. While most of the participants came from the Agbozume/Klikor area, several came from out of town, including Keta, Aflao, Abor, and Akatsi. Pastor David Johnson of Hope Church, Springfield was the main speaker at the conference. Some of the topics discussed included Fundamentals of Church Leadership, the need for spiritual leaders, establishing a vision for the church, and defining a mission. Participants also learned about strategic planning for the church. At the end of the conference they were presented with certificates. They also gave Pastor Dave gifts in appreciation of his teaching. We thank all who made this possible.

Twenty-seventh mission trip to Ghana July 16 to August 17, 2015

We are undertaking the 27th mission trip to Ghana from July 16 to August 17, 2015. The team consists of the following:

Dr. Edem Agamah	Team leader
Mrs. June Agamah	Logistics coordinator

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

The main activities to be undertaken during this trip are:

1. Providing specialized medical and surgical care.
2. Evaluation and review of the ongoing construction work on the 24-unit, 4-story IHDN hospital staff apartments.
3. Advanced Medical and Surgical Nursing workshop.
4. Initiation of road construction at Worgbato.
5. Assisting the Elementary school at Worgbato.

Please pray with us as we undertake this trip. Pray for the Ghanaian team coming to help us and the people we seek to serve. Pray that in all these God's name will be glorified.

IHDN Mission Hospital completes registration as hospital

We finally completed the process of registration as hospital in June 2015 and received a certificate. This process took longer than expected because of the numerous administrative barriers and lack of sponsorship from the Christian Health Association of Ghana (CHAG). We thank all who worked hard to secure this accreditation. What this means is that we can benefit from higher reimbursement rates and grow our service lines.

The Two Faces of Poverty: Obesity and Malnutrition

by Akpene Sarah Agamah, MPH/MBA student, University of Illinois, Chicago

What do the South Side and West Side of Chicago have in common with poor villages in Ghana or other developing countries? In both places, members of these communities have limited access to affordable and nutritious food. They struggle daily to eat a healthy meal, partly because of where they were born or where they live.

It is very easy to think that extreme hunger and malnutrition are problems that exist exclusively in areas outside of the United States. We see pictures of malnourished African children on TV to highlight the need and to solicit donations. The story of the poor nutritional status of many Americans living in large urban areas has not been well publicized. Yet all across large cities in the U.S., especially the south and west parts of Chicago, people are hungry. If they eat at all, they eat unhealthy food and eventually become obese.

The two main causes of this situation are (1) lack of financial resources to obtain healthy food, and (2) complete lack of access to healthy food. The first reason is basic; poor people are more likely to be without the means to buy food. This is the reality for so many individuals in South Side and West Side Chicago. This parallels closely what exists in poor villages of Ghana, like Weta where the IHDN hospital is located.

The second reason is lack of access. This is more complex, and is part of the vicious cycle of poverty. People without access to food are more likely to be poor, and are more likely to have health issues. It is then harder for them to remove themselves from poverty because they are sicker and less resourced and less likely to be employed. In Chicago, there are several pockets where obtaining nutritious food is not even an option because there are no grocery stores. These community areas are overwhelmingly plagued with disinvestment, crime, and poor health, and mainly consist of minorities.

People who do not even have the option to buy healthy food are living in areas that the U.S. Department of Agriculture (USDA) calls food deserts. They are low-income communities where there is no grocery store within a radius of one half to one mile. Instead of grocery stores, these areas have convenience stores—which sell essentially unhealthy food for cheap prices, and a limited selection of fruit or dairy for exorbitant prices. As a result, many people in these areas are malnourished. This often takes shape in two forms: they are either undernourished because they are not able to access any food, or they present as obese because of their high fat content, but low nutrient consumption. In both cases their diets are lacking in the basic nutrients that we all need to have healthy and productive lives. This is similar to what happens in poor villages in the developing world. There is extreme unavailability of food, leading to severe forms of malnutrition like kwashiorkor or marasmus as seen at the IHDN mission hospital, however., obesity is not a major part of this form of poverty.

The stark contrast between the quality of life of someone living on the poorer West Side of Chicago, and some living on the wealthier North Side, is very troubling. The reasons for these differences are very complex. It can be traced back to decades of racial divides within the city, which still exist in Chicagoland and other major U.S. cities today. There is disinvestment in particular communities for various reasons including poverty and high crime rates. There are 29 food desert areas in Chicagoland alone. This problem of food access is a major public health concern because it exacerbates the health risk of people in these low income communities. When healthy food is hard to find, surrounding communities experience a dip in their overall quality of life.

Continued on page 5

Memories That I Will Cherish: My Six-Week Trip to Ghana, June 21-August 4, 2014

By Alikem Miriam Agamah, junior at Wheaton College, Wheaton, Illinois

Missionary Kid

Going to Ghana every year since 11 months of age has been a normal part of my life. Packing suitcases with medical supplies and medicines took precedence over what to wear when we got there! Normally, I go on trips to Ghana that last for only two weeks, so when it was planned that this trip would last for six weeks, I was both excited and curious to see how different it would be to stay in Ghana for much longer than usual. My grandparents had been living with my family in the States, and they wanted to move back home to Ghana, so my dad and my sister Aseye traveled with them back to Ghana. After staying for a week, my dad went back to the States, leaving Aseye and me to help take care of our grandparents and experience Ghana like never before. Overall, my trip this past summer was quite memorable. I was able to learn a lot more about the culture, eat wonderful food, see parts of Ghana that I hadn't before, and do so much more.

Village Life

My grandparents live in the village of Agbozume, which is 172 km (about a 2.5 hour drive) northeast of Accra, Ghana's capital. Agbozume is full of life, colors, vendors selling everything from mangoes to flip flops, and chickens and goats roaming around the streets. Occasionally one may see a group of children in their school uniforms walking to or from class. Right across the street from my grandparents' house is a seamstress shop that has beautiful yards of batik and kente cloth hung up on the doors. All these observations weren't out of the ordinary; but something about staying in Agbozume for much longer than usual gave me and my sister the opportunity to become immersed in its culture.

The Clock Takes Back Stage in Ghana

One thing that was really prevalent was that the majority of the people I observed and interacted with hardly ever rushed. They took their time to do things, and they never hesitated to stop to talk to someone they knew as they passed by. It is also customary for one to go unannounced to their friends' house and say hello if they happen to be passing by. There were so many visitors who came to see my grandparents, and it was such a joy witnessing my grandparents feeling so happy at home with their friends and family. Taking all these things in, I was able to reflect on the way the Western culture greatly contrasts in this way. As a society becomes more efficient, it tends to become more fast-paced and may fall in the trap of not taking time to relax and spend time with friends and family. Whenever I am in Ghana, I am forced to step back from always being in a rush and wait longer for things to get done; but in the process I am able to reflect more about myself and my surroundings. Although efficiency is so beneficial, it's harder for people, including me, to step back and appreciate all that has been accomplished. I have noticed that Accra has become more Westernized and more technologically efficient, and it makes me wonder if it is possible for a society to continue to progress and still be able to truly value the time spent in fellowship with others.

Taking Care of Business

While in Ghana, my sister Aseye and I spent our time at the IHDN Mission Hospital. We scanned receipts and records spanning several years onto a storage disc. We worked closely with Mr. Mark Dedzoe and the administrative staff to organize records and improve on their efficiencies. We also found time to do our homework for a summer class we took. We spent time playing with our little cousins and took pictures of cute babies. We learned how to say specific phrases in Ewe. We wrote them down in our notebook and practiced speaking the language with them. Our dad is very excited when we speak a bit of Ewe with him. We also had amazing people who cooked delicious food for us. They even taught us how to make plantain chips. In the mornings, Aseye and I would sometimes cook our eggs "over-easy," and our cousins would be fascinated by the fact that one could make eggs like that. Spending time with my cousins brought back memories of my childhood, playing with my sisters and friends.

Cultural Experience

Since Aseye and I stayed in Ghana for so long, we were able to travel to some parts of the country that we had never

Kakum National Park and go on the canopy walk 140ft up in the air. It was exhilarating to walk on huge bridges that were suspended over the tops of trees. I had never been in a rainforest before, and it was amazing to see such greenery around me as we hiked up the canopy walk

Conclusion

Every time I go to Ghana, I am reminded that I am so blessed to be living in the States where resources are abundant. However, the people of Ghana teach me that it is possible to live with little and still be happy. There are so many hardworking, grateful people that I am surrounded by whenever I go, and their joy is contagious. I strive to always be thankful for all that I have, knowing that there are people who are so happy with so much less. My time in Ghana this past summer has been an unforgettable experience of being immersed in a culture that is full of life, love, and gratitude.

(continued from page 3) The Two Faces of Poverty: Obesity and Malnutrition

Consumption of healthy food is associated with a lower incidence of chronic diseases such as obesity, hypertension, and diabetes, which affect low-income residents in disproportionate numbers when compared to those with a higher socioeconomic level.

Fortunately, some people are trying to find solutions to this problem. One Chicago startup—a mobile grocer called Crisp!—is focusing on alleviating the food desert problem in Chicagoland by offering a mobile food delivery service to these areas. This company recognizes that healthier and more productive families will be able to begin to break the cycle of poverty in at-risk communities. The mobile grocer provides fresh, healthy food at an affordable price to people without easy access to grocery stores. There is also a major push to open grocery stores, establish farmer's markets, and develop community gardens.

In a way, the ill health associated with poverty in a major city like Chicago is no too different from that seen in villages of Ghana— except that the pockets of malnutrition in Chicago are related to obesity in some cases. This is another face of poverty.

It may be easy for people to be moved to donate money in support of a malnourished kid in Africa. It may be harder to recognize the needs of an obese child living in a major U.S. city. Christians and churches should familiarize themselves with this problem. Yes, we should work together to help reduce hunger globally, but we should also not ignore the neighborhood next door with poor access to food. We should support any effort being made in the U.S. to make healthy food available to people in big cities, and we should do this for the glory of God.

Save the dates for future IHDN mission trips to Ghana

Winter Trip: January 28—February 13, 2016 (February 27 for Medical Students Electives)

Summer Trip: July 14-30, 2016

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Update on Construction of IHDN Staff Apartments

As at May 2015, over 25% of the block work has been completed at a cost of \$225,484, including a concrete floor for the 2nd floor and partially completed access road. We purchased a hoist to facilitate in moving of materials to higher floors, instead of the workers carrying materials on their head. Our prayer is that by December we will complete the 1st floor to allow partial occupancy by some of the 15 nurses sharing a six-room dormitory. We are also praying and asking our friends and well-wishers to help support this project, estimated to cost \$600,000-800,000.

IHDN Mission Hospital activity update

The hospital treated over 44,000 patients in 2014. The staff size has increased to 85 employees. The Ministry of Health has posted Dr. Eleazer Blasu to the hospital as full-time doctor. We now have 3 doctors including a part-time doctor on staff. The Hospital is sponsoring Mr. David Aggah, our staff pharmacist, to pursue a medical degree at the University of Allied Health, Ho. Mr. Julius Tettevi is being sponsored to pursue a degree in accounting at the same university. This brings our current educational sponsorships for staff to four.

The biggest challenge we face is delay in payment of claims submitted to the National Health Insurance Authority (NHIA). We are continuing to hope and pray that as the economy improves, the NHIA will be able to pay their bills on time.



Students from Worgbato elementary school



Pastors at the Pastor Leadership Conference



Ambulance in front of IHDN hospital



Staff apartments under construction



Mr. Danso, Pastor Dave & Dr. Zakaria



2015 Ghana Mission Team