

IHDN News

JUNE 2009

MAY GOD BLESS YOU

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MESSAGE FROM THE PRESIDENT

Dear Friends,

We invite you to join us in thanking God for another successful mission trip to Ghana in February this year with three medical students from Washington University School of Medicine in St. Louis. These students, who have now graduated as doctors, were a great blessing to our work in Ghana. In return, they received a rich experience, which will remain with them for the rest of their lives. We document some of their experiences in this newsletter issue. We also share aspects of our 16th mission trip to Ghana. We thank all of you for supporting our work, and wish you a great second half of the year. May the Lord bless you.

God bless you and your family

Sincerely,

Dr. Edem S. Agamah

President, IHDN

You've caught me going to Ghana

by Linda Kelly, RN

We were walking down the hall, at the end of a seemingly extra-long day, when a co-worker asked, "When are you going to Ghana?" "In a couple of months," I answered. "You wouldn't catch me doing something like that! If I gathered the money to do that, I'd spend it on my family, do something fun with them! I wouldn't trek half way across the world to do something with people I don't even know!"

"Hmmm", I responded, thinking to myself how much she sounds like me in the not-so-distant past. It was one of those crystal moments, when you see yourself without intending to look in the mirror.

Yes, I am going to Ghana to do something with people I don't even know . . . yet! And I'm excited, and impatient, and just a tad apprehensive. But finally, I am beginning the adventure that God has been drawing me toward for the last several years. This, I'm sure of! Preparing for this trip has been a process of unknowns: giving up my plans for my future, new schooling and new training, and leveraging time and resources to be available when God calls. I wasn't sure how long I'd be "on-call," but I knew that when the opportunity a rose, I would recognize it.

COUNTRY ECONOMIC DATA (2007)

GHANA

Population (mill)	23.46
GDP (Billion) \$	15.5
% GDP growth	6.3%
Inflation	14.8 %

USA

Population (mill)	301.6
GDP (Billion) \$	13.751
% GDP growth	2.0%
Inflation	2.7 %

Source:www.Worldbank.org

We studied it in St. Louis but we saw it live in Ghana

by Dr. Syki Duong - Recent graduate from Washington University School of Medicine St. Louis

My trip to Ghana was a wonderful, unforgettable opportunity for learning, personal growth, and of course, fun. I traveled with two of my med school classmates (Dr. Jamie Wade & Dr. Samir Shah); and together, we were immersed in an experience that was full of huge smiles, open arms, and grateful patients.

In the days following our arrival, we traveled to Agbozume, where we would be living and working at the nearby, newly built IHDN hospital. We toured the facility, met the staff, and got straight to work. The staff members were so gracious in teaching us and helping us to get our bearings, whether by translating, demonstrating lab techniques, or simply directing us where to go. We each had our own consultation room in the beautiful new facility, complete with desk, air conditioner, sink, and examination table. I learned so much just from interviewing and examining patients. I would complete my initial assessment, then present patients to either Dr. Agamah (in the first week, while he was still in Ghana), or Dr. Barnor, the hospital's sharp young physician who would become not only our respected teacher, but also a great friend. Discussions about differential diagnoses and treatment plans were always hugely educational and enlightening; and by the end of the first week I felt I had fallen right into the swing of things (as long as a translator was by my side).

We saw patients of all ages, mostly with infectious diseases such as malaria or helminthic parasites, and patients with chronic diseases, such as hypertension, diabetes, and osteoarthritis. We also saw many gynecological cases, including pregnancy, abnormal uterine bleeding, and pelvic infections. Occasionally, we saw an emergency case due to severe cerebral malaria, sepsis from cellulitis, or motor vehicle accidents. Overall, the patients were pleasant, uncomplaining, and very grateful, despite our obvious lack of experience. It was in the consultation room, after treating a sick child or genuinely connecting with a patient who merely needed friendly, helpful health guidance, where I felt that my efforts were truly meaningful—both for the patient and for my own growth as a soon-to-be physician learning the nuances of patient care.

Another important aspect of our trip was community outreach and public health education. My favorite day was when we set out to Worgbato village, and, in an empty school room, treated a huge load of patients 'in the bush,' at no charge. The day was exhausting and we saw many more patients than we would see on a typical day at the IHDN hospital; but I had a fantastic, rewarding time. Weeks later we returned to Worgbato to help kick-start a women's health club. The aim is to educate and encourage women, as the primary head of child care and household duties, to discuss and implement important preventive health measures in their community. Under the shade of a mango tree, we each gave presentations on topics such as common gynecological infections, safe food preparation habits, prevention and treatment of diarrhea in infants, and the importance of health literacy and keeping track of household medical records. At another event targeted towards teenagers at the Somey school near Agbozume, we presented an educational session regarding consequences and prevention of teen pregnancy, HIV, and other sexually transmitted infections. I could tell by their questions and feedback that the students were interested and engaged.

Our trip wasn't all work. We had a lot of time to have fun with our new friends, learn about Ghanaian culture, and eat a ton of delicious food prepared by the amazing sister Grace. We went to church on Sundays, where we got to sing and dance with our friends. We went to the beach in Keta to play soccer and battle the waves in the ocean. We went to Togo, where we visited Auntie Agamah and explored the bustling market. We ate fresh coconuts while resting in a cool breeze at Worgbato. We visited the IHDN mango farm on a rainy but beautiful day. We went to the arts center in Accra, visited the Akosombo Dam at lake Volta, and toured Aburi botanical gardens. Above all else, the best part of these experiences was spending time with our new friends and getting to know what life is like in Ghana. I truly hope that after my residency training, I can return and reconnect with the people I met and do my part to provide the health care that the people of Ghana deserve. The mission of IHDN is not only inspirational, it is achievable; and I am amazed by the devoted, generous, and caring persons who make the mission possible.

Taking my colleagues back to Ghana

By Dr. Jamie Wade, Recent graduate, Washington Univ School of Medicine, St. Louis, MO

Standing on the freshly cleared grounds of the future International Health Development Network Mission Hospital, I listened intently as Dr. Agamah laid out his vision for the future: that the village he grew up in would have access to modern medical care; that every citizen would seize ownership of his or her well being; and that he would rise to meet a challenge his parents had laid before him. He had the privilege of an American education, a successful medical practice in the States, and a healthy and loving family; but his parents asked him to give back to his community and enlist his advanced knowledge for the service of others.

That was three years ago in the summer of 2006. It was Dr. Agamah's tenth year going back to his home county and providing free medical care to his village and the populations that surround it. This was a momentous year: he was finalizing the purchase of a large plot of land from local tribal chiefs with the promise to build for their people a mighty modern medical facility. This would be leaps and bounds ahead of the original exam room of ten years before: the shade of a mango tree.

I am sure that spending those two short weeks with Dr. Agamah after my first year of medical education changed my perspective in life. I had traveled extensively before this trip, but never with the poise and purpose due to the moment of throwing yourself at the absolute service of your fellow man. With just one MD staffing the makeshift clinic (then, the reconstructed living room of his parents' house), our days would stretch late into the night to see our average of 50 patients. My mind stressed under the flood of new stimuli—not only trying to learn and implement new medical knowledge, but also wrestling with the ideas of charity, wealth disparities, and stewardship.

The medical mission trip in February 2009 offered me a special opportunity to fulfill a promise I made two and a half years earlier. A tribal elder leaned in toward me during the land dedication and asked if I would come back once they had their hospital up and running. He asked me not to forget about them and their need. He asked me to serve.

My goals for this elective were simple: to continue to expand my education as a doctor in training through careful and precise history taking, as well as paying astute attention to physical exam findings to learn to rely less on expensive tests and equipment. I looked and acquired more exposure and experience in the arena of international health and medical relief, and saw in action what leadership in the global health care community looks like. Most importantly, I want to answer, for the first of many times in my life, the challenge Dr. Agamah has laid before me.

We have tried to help the people of Ghana and also enhance our medical school experience. One of the continuing frustrations in trying to help in Africa is wondering where to start in all this. You could start by knowing that hundreds of years of problems have existed. It's true: colonialism, slave trade, agricultural productivity, missionary pervasiveness with religious strife. It seems pretty easy to come here, recognize a plight, assess the odds against you, and put your shoulder into it anyway—while maintaining a smugness for being so pure and disadvantaged while knowing you can leave. You have to know that you yourself cannot change Africa. Africans are the only ones who can do this. As human beings, we have to do our part to get them the resources we have, to share from our inequitable surplus, and to give of not only material resources or money, but of our very selves.

The nature of service is giving of yourself without idealizing your effect on the world. As soon as you realize that you are nothing compared to the work that needs to be done, you can give up trying to see your results and just continue to work with what you can until your steam runs out—and it does run out. Charity is not what we make it to be. If you're giving out of pity, it's just different. Consider what you're doing as an investment in the world. Acknowledge them as people—people with dignity. This is the most important thing you can really do: show them that they have dignity and deserve respect.

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an example.*

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You caught me going to Ghana, - Continued

I have no idea what is in store—only possibilities and probabilities—but this just adds to the sense of adventure. I've lived long enough to realize that life is little more than a period of time. How much time is far less significant than how it is spent; and at the end of the day, loving God and loving each other is as much a realization of life's true value as it is our roadmap from Jesus for honoring and serving our Creator. Thus I believe that the greatest gift we have to give is a piece of our lifetime and undivided attention.

During this piece of my lifetime in Ghana I'm planning to share knowledge and experience that will influence and benefit those attempting to do in Ghana what I attempt to do in Illinois—nurse. God has dropped Ghana in my path for a reason, and the best way I can discover the specifics of this will be through the relationships I form. So I go open and eager to learn or to teach or to listen or to hold or to do whatever best fits the needs of those I encounter along the way. I trust God will toss me clues as we go. It will not surprise me to receive every bit as much as I give.

I am so fortunate! I never have to agonize over God's absence in my life. I see reflections of Him or sense His presence every day if I pay attention. The sacred pathway of the Naturalist (as Gary Thomas calls it) serves me well. A plethora of stars, rain dripping off a leaf, or the gentle persuasion of a frisky wind, and I'm there! So how will God reveal himself in the Equator's humidified subsistence? How does God show up? I can't wait to find out!

As for my friend in the hallway—I hope that on our next trip down the corridor I will be able to communicate clearly how my upcoming trip to Ghana is one of the best things I can do for my family. Fun family times and trips will surely continue now and then. However, what they inherit with this demonstration of service and obedience to God is without question one of the richest and most enduring legacies I could leave to them.

Mission trip to celebrate 1st anniversary of IHDN Hospital in Ghana

An 18-member volunteer mission team will be undertaking the 16th Mission trip to Ghana on June 24, 2009. Members of the team and their duties are listed below.

June 24-July 7, 2009: Team A

- | | |
|-------------------------|---|
| 1. Ms. Linda Kelly | Clinic, Nurses' Training Workshop |
| 2. Mrs. Patricia Wright | Women's Health & Enterprise Development |
| 3. Mrs. Donald Wright | Agricultural Science & Photography |
| 4. Ms. Marie Rhone | Junior High School, English & Math |
| 5. Ms. Joan Collins | Women's Enterprise Development |
| 6. Mr. Ryan Petter | Computer Science, Praise Band, Youth Forum |
| 7. Mr. Edward Hamilton | Computer Science, Landscaping, Construction |
| 8. Ms. Mary Payne | Elementary School English & Maths |
| 9. Ms. Carrie Rovey | Women's Enterprise Development |

June 24- July 14, 2009 : Team B

- | | |
|---------------------------|---|
| 10. Dr. Edem Agamah | Team Leader, Director of Operations & Clinics |
| 11. Mr. June Agamah | Logistics |
| 12. Ms. Akpene Agamah | Clinic, Praise Band, Youth Forum |
| 13. Ms. Aseye Agamah | Clinic, Praise Band, Youth Forum |
| 14. Ms. Alikem Agamah | Clinic, Praise Band, Youth Forum |
| 15. Ms. Sarah Blythe | Clinic, Praise Band, Youth Forum |
| 16. Ms. Marcy Winkelman | High School English |
| 17. Mr. Jeremy Embalabala | Computer Science, Agri-Business |

June 24- July 28, 2009: Team C

- | | |
|--------------------|---|
| 18. Mr. Ben Henkle | Clinic, Cardiovascular Disease Research |
|--------------------|---|

During this trip, we will host a Community Health Fair and join the team in Ghana in celebrating the 1 year anniversary of the IHDN Mission Hospital. Please join us in prayer for the team and the people we will serve in Ghana. Pray that God's name will be glorified in all that we do.

Cardiovascular disease research project to be launched in Ghana by IHDN Volunteer

Mr. Ben Henkle, a 2008 mission volunteer to Ghana and current Masters in Public Health (MPH) candidate at the University of Iowa will be leading a research effort in Ghana this summer. The research is entitled "Cardiovascular Disease in Rural Ghana: Prevalence and Risk Factors" About 300 persons, sampled from five locations of the Ketu and Keta districts of Ghana will be evaluated to determine the prevalence of cardiovascular disease and risk factors in these districts. Data to be obtained includes height, weight, pulse, blood pressure and socio-economic and family histories. This study has been approved by the Institutional Review Boards in Ghana and at the University of Iowa. Mr. Henkle will use the data to write the thesis for his MPH degree.

Gloria Henkle Memorial Fund supports IHDN

We received memorial donations totaling \$1,760 from several persons in support of Mrs. Gloria Henkle Memorial Fund. The late Mrs. Henkle and her family have been great supporters of the ongoing mission efforts in Ghana. We thank them and all those who donated to our work in Ghana.

IHDN supplies water to villagers at Weta

IHDN commissioned a water reservoir at Weta in March 2009. This reservoir will store clean water, which will be supplied to the villagers of Weta. Presently, there is no source of clean water to the villagers. This will help reduce water born diseases in the area. We thank all of you who prayed for and supported this project.

Mission team hosted at First Evangelical Lutheran Church, Decatur on Mother's day

The winter mission team was hosted at the First Evangelical Lutheran Church in Decatur on Mother's day. We were invited by the Wade family. Dr. Jamie Wade, who presented an excellent report with Dr. Samir Shah, made this a special mother's day for his mother Susan and the congregation. We thank all who made this happen. We also thank the leadership of First Evangelical Lutheran for hosting us and the ongoing support we received from them. IHDN is committed to building relationships with area congregations. Please contact us if you our your congregation would like to host a presentation about our work in Ghana.

Cardiac Monitor donated to Korle Bu Teaching Hospital

We donated a brand new Welch Allyn Cardiac Monitor, Model 622NP- E1 valued at \$5, 432, to the Cardio-thoracic Unit of the Korle Bu Teaching Hospital in Ghana. This was in appreciation of the excellent care provided to one of our team members, who fell ill during the 2008 mission trip to Ghana. Thanks to all who supported this effort.

IHDN Ghana takes delivery of container

We shipped a 40ft container to Ghana earlier this year. Unfortunately, the freight forwarder declared bankruptcy after collecting payment from IHDN. As a result the shipping line was not paid, IHDN had to pay the bill directly to the shipping line before the container was released in Ghana. This shipment ended up costing us a total of over \$15,000, instead of \$7,924. We have not been able to collect any funds yet from the bankruptcy proceeding. We thank all of you who stood by us during this difficult time with low resources and competing demands on us. We also thank God that all the items arrived safely in Ghana.

Financial Report for FY 2008 (January 01– December 31, 2008)

Total Contributions	\$399,417
Programs & Service Expenses	\$ 79,000
Hospital building Expenses	\$280,935
Net Income	\$39,482

Thank you for your faithfulness and partnering with us in this journey. Please visit us today at www.ihdn.org or send e-mail to ihdn@aol.com



Source of water before reservoir



Torgbi Sorkpor giving thanks for reservoir



Torgbi Akuna samples water from reservoir



Donation of cardiac monitor to Korle Bu Hospital



Hospital staff with February mission team



40ft container being delivered to hospital site