

IHDN News

June 1998

Volume 2 Issue 1

International
Health and
Development
Network
"Thanks for
making a
difference."

A LETTER FROM THE PRESIDENT

Dear Friends and Family of IHDN,

As most of you are aware, IHDN is sponsoring our second medical missions trip to Ghana from July 18 through August 14, 1998. We have had the opportunity to interact with some of you in various ways over the past two years. However, we have not been able to publish our newsletter as was originally planned. We have been limited by the lack of administrative support enabling us to publish regularly.

We know it is imperative that we keep our support base informed. We would like to thank all of you who have been involved in the preparation of the team. Some of you have donated money to pay for the cost of the trip. Others have lent a helping

hand with the shipment of the medical supplies. Some of you have also prayed for us. I want to thank all of you who have been involved so far. I encourage you to continue your support of the team while we are gone. We need people to be consistently praying for us while we are gone, that God's name will be glorified in all that we do. We also need people to continue to help us financially as we reach out to the poor in Ghana.

This edition of the IHDN Newsletter contains information on our efforts so far, what we are going to do in Ghana, and ways you could be involved.

Thank you for your interest and prayerful support.

In His Service,
Edem Agamah, M.D.

IHDN TRAINS MISSIONS TEAM FOR GHANA TRIP

IHDN is a medical missions organization based in Springfield, Illinois which seeks to develop effective and sustainable Primary Health Care programs in small towns and villages in the developing world using the earthly Health Care Ministry of Jesus Christ as the model.

Missions trips are needed to help establish and maintain IHDN projects. IHDN undertook an exploratory missions trip to Agbozume, Ghana, in 1996. Agbozume is a small rural town located in the southeastern part of Ghana. The area has a population of about 18,000. There is no physician or reliable medical facility in the area. This location was selected because of the IHDN board's familiarity with the area and availability of supportive local resources. The 1996 trip revealed that the needs in this area are tremendous.

The response of IHDN has been to recruit an effective volunteer team for a second trip to Agbozume. The past year and a half have been spent in recruitment and preparation of that team of volunteers. Presentations were made at Hope Evangelical Free Church, Memorial Medical Center, the Christian Medical and Dental Society, Moody Bible Institute, and informally to friends and family.

A lot of people showed interest in the



*Helping poor villages
help themselves
through
medicine, education,
and provision of
needed resources.
and faith in God.*

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IHDN welcomes the interest and support of friends as we seek to make a difference in the developing world. Please make your tax deductible gift payable to IHDN. Thank you.

IHDN TRAINS MISSIONS TEAM FOR GHANA TRIP

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mission trip, including respondents who were seekers. Respondents also had both medical and non-medical backgrounds. To respond to this interest and to help prepare the team, IHDN conducted a 12-month training course which was completed in January 1998. The material used for the training was "A New Agenda for Medical Missions" by Ewert (MAP Publications). This resulted in the selection of the 12-member team. Following are comments of two of the trainees.

GHANAIAN MEDICAL MISSION

The medical mission to Ghana will provide me the opportunity to fulfill four of my dreams. First, as an African-American, I feel as if I have a special affinity to West Africa. The medical mission trip will give me a month to establish relationships with the people to whom I feel related. Secondly, as an anthropologist, the medical mission to Ghana will provide me with what is called in anthropology, "ethnographic experience." In other words, the medical mission trip to Ghana will permit me to learn about the numerous cultures present in the region. Third, and most important, the trip to Ghana will provide me with the opportunity to help people of the developing world to help themselves in regard to health and possibly other international development issues. Fourth, I am seriously considering a career in international health and medical anthropology. This trip will provide me with the experience necessary to be an effective international health practitioner and medical anthropologist.

I must admit that before starting the IHDN training class, I thought the mission's primary concern would be to convert the people of southeastern Ghana to Christianity, meaning that the health aspects of the mission

through the training that everyone involved in the mission is genuinely concerned with improving the health status of the people of southeastern Ghana. It now appears that both spreading Christianity and improving health are the major foci of this project.

The most important principles I learned in the preparatory classes are the emphasis on prevention instead of treatment and empowering communities to help themselves in addressing their health and economic concerns.

I believe the best way I can contribute to improving the health status of Ghanaians is to encourage them that they do not have to accept their current situation and provide them with the tools, such as motivation, discipline, and knowledge necessary to better themselves.

Another objective I intend to accomplish during the medical mission is learning more about Christianity and missionary work. The medical mission to Ghana will give me the opportunity to see "Christianity at work."

Theodore W. Randall, Jr., MPH

TRAINING FOR MEDICAL MISSIONS TRIP TO AFRICA

There are several reasons for my decision to participate in the medical missions trip to Africa in 1998. However, the most compelling is the fact that I received my basic education in Ghana and this is an opportunity in a small way to reduce my indebtedness to her.

When Dr. Agamah invited me to be part of this group, I accepted the challenge with mixed feelings, despite my eagerness to make a contribution. As a computer applications programmer, I did not consider myself a viable candidate for the mission trip because the term "medical missions" had created in my mind the notion of a

team of doctors, nurses and other health professionals. I was relieved when he assured me there would be classes to prepare the missionary volunteers for the trip.

The preparatory classes have been very informative and rewarding. I share the view that curing the sick today and not having in place the mechanism to cure them tomorrow is a recipe for a vicious cycle of dependency. I am therefore delighted to learn that the emphasis of this mission is not on providing medical services for the people while the volunteers are there, but rather teaching them how to take care of their health on an on-going basis. Poor health is a function of several factors including ignorance and poverty. Consequently, an effective medical mission should by necessity address these non-medical aspects as well. Considering the magnitude and seriousness of the problems of Africa, this appears to be an impossible goal. But as the famous Chinese proverb goes, "a journey of a thousand miles starts with a step." The step the mission is taking is a small village in Ghana. This is where the variety of skills comes in. For example, with donated computer systems, the mission hopes to set up data processing classes to train kids in the village who have completed high school and are jobless.

I urge people who are willing to make a difference in the lives of people in Africa, but are unsure what is expected of them, to attend the preparatory classes to familiarize themselves with the details. This is an on-going venture. If you are unable to go in 1998, just be prepared for subsequent trips. Willingness and commitment count more than specific skills. Chances are, whatever your skills, your services will be invaluable.

Kwabena Bediako Adomako
Springfield, IL

Editor's Note: Theodore and Kwabena are not making the trip to Ghana at this time.

TEAM MEMBERS RAISE SUPPORT FOR GHANA TRIP

One of the greatest deterrents for overseas missions volunteers is the cost involved in making the trip. The estimated cost per person for the 1998 Ghana trip is about \$2,550 including shipment and procurement of supplies. IHDN encouraged and promoted individual fund raising ef-

forts by the volunteers. Nancy and Tim Rice and Vivienne Dawkins were able to raise their full support. We praise God for the generosity of all the people who gave to them.

Christ Community Medical Clinic in Memphis, Tennessee is sponsoring three of their staff.

The rest of the team members are financing the trip themselves. Some of them need help to reach the target. This is an opportunity for people to donate to help in defraying the costs of the trip.

1998 GHANA MEDICAL MISSIONS TEAM MEMBERS

TEAM A: July 18 - July 31, 1998

Mr. Tim Rice	Computer Systems Manager, Illinois State Legislature, Springfield
Mrs. Nancy Rice	Nurse, Memorial Medical Center, Springfield
Ms. Carolyn Holmes	Nurse, Memorial Medical Center, Springfield
Ms. Vivienne Dawkins	Nurse, Illinois Department of Human Services, Chicago
Dr. David Pepperman	Family Physician, Christ Community Medical Clinic, Memphis
Ms. Ela Jones	Nurse, Christ Community Medical Clinic, Memphis
Mr. Melvin Green	Paramedic, Christ Community Medical Clinic, Memphis

TEAM B: July 18 - August 14, 1998

Dr. Edem Agamah	Hematologist/Oncologist, IHDN President, Springfield
Mrs. June Agamah	Homemaker and Public Health Student, Springfield
Ms. Harriet Steahly	Nurse, Memorial Medical Center, Springfield
Mr. Janet Attiogbe	Teacher, Cleveland
Ms. Lucy Agamah	Housekeeper, Springfield
Ms. Akpene Agamah	Junior Medical Missionary
Ms. Aseye Agamah	Junior Medical Missionary
Ms. Alikem Agamah	Junior Medical Missionary

MEDICAL SUPPLIES ARRIVE IN GHANA

In April, IHDN undertook the shipment of a very large amount of medical supplies to Ghana. We rented a Ryder truck which was fully packed and driven to Chicago by one of our volunteers, Theodore Randall, with assistance from Kwabena Adomako.

We have been informed that the shipment has arrived in Ghana. Praise God for this effort. Pray that we will overcome the bureaucrats and barriers in clearing the goods at the port.

The items shipped include basic needs such as angiocaths, sterile gloves, Foley catheters and Peritoneal dialysis catheters. These will be donated to:

1. Korle Bu Teaching Hospital
2. Cardiothoracic Center
3. Ho Government Hospital
4. Keta Hospital
5. Dzodze Catholic Hospital
6. Aflao Health Center
7. Midwife at Agbozume
8. Dr. Jim Clarke - Navigators
9. Dr. Oduro-Boatend - St. Luke' Society
10. IHDN project site

WANTED:

Men and Women of faith to pray for IHDN regularly - that God's glory would be shown to all - that we know and obey His will.

GHANA PREPARES FOR IHDN MISSIONS TEAM

A 16-member National Planning Committee for the IHDN mission trip has been formed in Ghana. This committee is currently making arrangements to host the American missions team. Over 50 Ghanaian volunteers are expected to participate in this project.

Please pray for the work of the committee and resources to help us host the volunteers at Agbozume.

IHDN PLANS A HEALTH FAIR IN GHANA

The IHDN team visiting Ghana is planning a Health Fair in Agbozume July 24 - 27. The team will screen the villagers for high blood pressure, anemia, diabetes, and breast cancer. They will also immunize children. The team will also provide education on Christian values and discuss the basics of the Christian faith. The "Jesus" film will be shown in the local language. Over 5,000 villagers are

expected to benefit from the fair.

Other programs the team will undertake include

- 1) training lay community health workers
- 2) Christian leadership training
- 3) Computer science training

Please pray for these activities and for open hearts to receive the Gospel. Pray for the safety of all involved in this project.

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International Health and Development
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