

ASA-USA 2008 MEDICAL MISSION REPORT
"AUGUST 11 – AUGUST 21"

ASA USA/PAAHF in collaboration with Anambra State Government just returned from Anambra State where they had gone to provide quality and free health care to all. This year's medical mission was a resounding success in terms of personnel, materials, logistics and execution. It was a great improvement over that of the previous years. We came with 54 professionals in fields of general surgery, gynecology, ophthalmology, internal medicine, family medicine, pharmacy, pediatrics, nursing, and anesthesiology. A total of two hundred surgical procedures (210) were performed at both Nnewi and Onitsha. More than twenty thousand patients (20,200) were seen and treated overall. Unfortunately some people were not seen at some of the towns due to the huge number of people that came to be seen. This year's crowd was unprecedented. People came from as far as Delta, Edo, Imo, Anambra, Abia, Ebonyi and Enugu states. Even though the mission was planned for Anambra, it was difficult to deny anyone that appeared before us the medical care they sought. We brought medications worth more than \$800,000 in the open market, which helped us reach more patients than the previous years.

The mission started from various cities and towns in the United States of America on the eight of August 2008. We all assembled in Amsterdam and boarded same flight to Abuja – Nigeria. Officials from the Presidency of the Federal Republic of Nigeria (NNVS) and Anambra State government received and helped us at Nnamdi Azikiwe International Airport. We thank them and appreciate their assistance. We spent a night at Crystal Park Hotel, Abuja, where we were treated to a sumptuous meal.

On the evening of Sunday, the 9th of August, we left Abuja for Enugu by air. At Enugu airport, more officials from Anambra state ministry of health were awaiting us with three air conditioned buses complete with security detail. We arrived at our hotel in Abagana, Anambra State late that same night very exhausted.

On Monday, the 11th day of August 2008, the medical mission proper kicked off. We had two surgical teams. One team was headed by Dr Udoh. The other team was headed by Dr Ikejiani. Dr Ikejiani's team was based at Nnewi throughout the mission. Patients were seen at various towns, those needing surgeries were triaged to Nnewi by our roving medical team. Dr Udoh's surgical team moved around with medical team.

At St Joseph's hospital in Adazi, we beheld a mammoth crowd that was surprisingly organized. This was the product of superb organizational skill of President General- Sir Willy Ekemezie, Prof. Bede Ibe and the Adazi community. This is worthy of emulation and may become the template for future medical

mission crowd control. We saw and treated thousands of patients. We ran out of medications because at that time we have not taken possession of the bulk of our medication from Holland due to delays in clearing our drugs by Customs and NAFDAC officials. We returned five days later to fill some of the unfilled prescriptions. We worked till darkness descended. The Adazi community showed appreciation. They received us later that night at Dr Obiadi's country home. There, we were treated to a sumptuous meal and entertainment with masquerade for finality. We thank the Adazi community for their hospitality.

On 8/12/08, we turned our attention to the Comprehensive Medical Center Abagana. The place appeared to have been dead for a while but came back to life with the arrival of the medical mission. We saw thousands of patients. This could not have been possible without the skillful planning and execution of Chief (Dr.) Innocent Onwubuya the PG of all PGs in Anambra state. We thank you the Okosisi of Abagana. We were later received by the Abagana community at the country home of Dr. Nwachukwu Anakwenze, the Okaome of Abagana.

On 8/13/08, we were at Iyenu hospital, Ogidi. We saw and treated thousands. Many of these patients had followed us from Adazi and Abagana. We thank the administrator of Iyenu hospital and his staff for their cooperation and volunteerism. The free lunch was appreciated.

On 8/14/08, we were at Onitsha .mammoth crowds were again waiting for us as expected. The crowd here was peculiar in that it was a microcosm of the whole Nigeria with representation from many states. Thousands were again seen.

This was repeated on 8/15/08. The management of Guinness Eye hospital Onitsha, led by Prof S.Nwosu, was of immense help. He offered us the use of their standard operating room for eye surgeries. Dr Vaughn was happy to use that facility. We are grateful to Prof. S. Nwosu and his team.

Our first week was challenging, what with the seemingly endless crowd that was unexpected, the delay in taking delivery of our medications and the jetlag. In each town visited, we managed to have only standing lunches but nobody minded. The week however ended with a wonderful reception that really came to us by surprise. Dr. Pius Okafor, the father of the NBA star Emeka Okafor hosted us to a dinner at his Enugwu-ukwu country home. Assorted African dishes were left at our mercy. This was watered down with ngwo and nkwo-enu. You see, you should have gone with us. Live band entertained and we danced our sorrows away until 1 am. Thanks Dr. Okafor. That was African hospitality at its best.

We visited Umuleri General Hospital on 8/18/08. This was the first medical activity at the hospital after it was rebuilt by the Anambra State government following the unfortunate strife between Agulueri and Umulueri communities. The crowd was again impressive. They were expectantly organized, with

canopies and chairs in place for patients. We saw and handed out thousands of prescriptions. The visit to Umulueri general hospital was a peculiar one. We not only saw and treated thousands but also played a role in cementing the emerging peace between AGULUERI and UMULERI as was emphasized during reception by the two communities.

On 8/19/08 we were at Our Lady of Lourdes hospital Ihiala. We were again met by a huge crowd. We saw and treated thousands of patients and dispensed a lot of reading glasses. We were entertained later that evening by the nuns who run the hospital. We are grateful to the Igwe of Ihiala who made out time to visit us three times in the course of that busy day.

On 8/20/08, we went to Umunze. We used the Anglican and Catholic hospitals and saw thousands of patients. We dispensed prescriptions to most of them. Later that evening, we were received by the community who showed their gratitude. The honorable commissioner for health again visited to ensure our operations were going on smoothly.

On 8/21/08, we were at Atani, where we treated thousands of patients and dispensed prescriptions to all of them. The community hosted us to a lunch to which we are very grateful. We thank Chief Ani Odunze for great his organizational skill.

On 8/23/08, we were received at a state banquet. This was organized by the Anambra State Government to show appreciation for the free medical services provided by our medical mission to the people of this state. The Commissioner of health Prof Amobi Ilika in his keynote address paid a glowing tribute to Dr. Anakwenze and the members of the medical team for their humanitarian work to Anambra. The governor in his remark, drew the attention of the delegates to the transformations the health industry witnessed under his leadership. The Government of Anambra State was of immense help and a good partner in this success story. Their logistical support was unparalleled. We are grateful to his Excellency **MR PETER OBI**, the Governor of Anambra State and his commissioner of health Prof. Amobi Ilika, who on various occasions visited us on site during the mission. The Governor was on line with us on daily basis to ascertain areas of further assistance.

This year's medical mission was a resounding success in great part due to the support of his Excellency GOV.PETER OBI and the excellent coordination provided by the commissioner of health Prof.Amobi Ilika and the entire staff of the Anambra State Ministry of Health.

Funding: We raised over \$70,000 for the mission, a sign of wide support the program enjoyed. The donations came from individuals who donated anywhere from \$25 to \$500. Various ASA-USA Chapters through out the country provided a tremendous financial support with Houston chapter being the highest donors at over \$11,000 followed by Los

Angeles at over \$6,000. Many others donated \$2000 each. Adazi-Nnukwu became the first town that gave us \$1500 for the mission. The highest town donor though was Nnewi with \$2100 and closely followed by Abagana at \$2,050. We thank all for the support. No amount of money was too small and none was too big for our people back home.

A lot of the medications came through private donors through the efforts of our members. Dr. Leroy Vaughn using his connections, had medications worth nearly \$300,000. Same efforts were successfully made by our national president Dr. Nwachukwu Anakwenze who had his business partners and friends donate both cash and medications. We also in special way thank Drs. Nnaemeka Uddoh, Emeka Anago, Nnemeka Udo and Chike Ezekwueche for their efforts in having their partners donate to the mission.

Volunteers: We had 54 volunteers that came from the US and another 40 local doctors, nurses and helpers. Among those from the US were 11 born Americans, 1 person from Grenada, 4 Yoruba speaking Americans, one person from Delta, few from Imo and Abia states, one Cameroonian, few students and of course Umu-Anambra. We can never thank enough the volunteers who left the comfort of their respective cities in the US, left their work without pay and paid their way to help bring succor to the down trodden of Anambra state..

Goals: The intention of our mission is not to take over the responsibility of the government in terms of health. We are heeding the request of the government to all citizens and friends of Anambra state to assist the government as it fights to emancipate the people from years of horrible governance. ASA-USA is happy to participate in that call. We are therefore working in collaboration with the government and they have been extremely supportive. We understand that no government is anyone in the work is able to do everything alone. USA thrives on the efforts of volunteerism and giving back by concept by the private individuals. We have also provided many communities through our missions the channels of communication with the state government and their town unions in the USA. More importantly our mission sets out to provide free and quality medical care to the poor, we teach them various ways of preventing serious illnesses. We agitate the minds of our people into freely discussing their diseases. We listen to many women who are abused, raped and infected with HIV/AIDS. We are non-judgmental in our approach and have so much respect for the traditions and culture of this great state. Everyone of us needs a helping hand every now and then and we are there to do that for those who are not able to fly abroad when they have headaches. We plan to help the state government update and equip the various community hospitals in Anambra State as a way to improve access to high quality health care. We appreciate your support in this regard. Thanks

Chris Anago M.D.
ASA-USA Chairman Medical Mission Committee

John Obegolu RN
ASA-USA Chief Medical Coordinator

Nwachukwu Anakwenze M.D., MPH. MBA
ASA-USA National President

All,

Find below the original e-mail from Dr. Uddoh that preceded mine. Matthew Obegolu satated that he did not see it and I assume that there are others too who may not have read it. Here we go....

September 16, 2008.

A Volunteer's observation during the August 2008 ASA-USA Medical Mission.

Thanks to the executive members of ASA-USA for issuing the report on the August 2008 Medical Mission to Anambra State. This was my first mission and I wish to use this opportunity to salute the pioneers who not only saw the need for the existence of such an organization but have striven significantly to answer the call of conscience-what we can do to help out those who call on us for help at home.

Many of us have responded magnificently to this call in cash and kind. In just over a few months, we were falling over each other to reach the target of \$70,000.00 which apparently we surpassed. It is an indication that a sensitive nerve has been touched. I have no doubt in the future we will continue to rally to the call, tax deductible or not for who among us will forget the place that first informed us in our own native ways the lasting values of love (ifunanya), respect (nsopulu), trust(okwukwe), working hard(igbanmbo) among so many virtues that are the foundation of a people. I know these same values are under assault, not by 96% of the people but by perhaps less than 4% of the people, those with little or no conscience(thus seemingly unrestrained), but we all get to take the rap. Several times in the report were mentions the various entertainments, the sumptuous meals, the air conditioned luxury buses, the hotel accommodations both at Abuja and Abagana, the armed security details that the government provided. These are testaments to the gratitude of our people. Our people give meaning to the word appreciation. They deserve an "A".

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This brings me to the main body of ASA-USA report, all peaches and cream. A good part of it, were I to be silent would be as if I were in the proverbial wild, wild, West where nothing got reported. Don't get me wrong, this is a constructive critique aimed at doing better next time around. We did the best that we could under constraining circumstances but with better planning significant opportunities did exist to deliver much needed help to the most important of all- the very people in need we came to see. You be the judge.

The bulk of medications meant for the mission were held up and / or arrived at Abuja two to three days late. As much as half way through our mission, nay till the morning of our departure people were still coming in trying to get their prescriptions filled. Some led(or misled) by our promise to them that the medication will arrive the following day had followed us, their prescriptions in hand from one town to the next only to be disappointed yet again. As a matter of fact some of us including myself on being told by the dignified, patient and hopeful patients that they have run out of transport money chasing us around, had to dig into our pockets to find the money for their transport back home. It is on record that as we grappled with what to do about the late arrival of the medications, a decision was made that we were to tell the churches, the centers that we had already visited to announce to the people that the medications had arrived and for them to come forward with their prescriptions, as soon as we were in possession of the truck loads of medications at Abagana. I attended mass at a near-by church the first Sunday we were in Abagana and heard no such announcement about the arrival of the medications even though by that time the consignments of drugs were with us. It bothers me. The dignity of our people should not be toyed with, subjecting them to this kind of running around neither should our reputation be so blatantly put at risk. This should not be permitted to happen again. Medications should have been shipped way ahead of time instead of traveling with us.

Throngs of needy people came to be seen. As early as 6am, they had already camped out at the various sites. I saw patients from Abakaliki, Agbor, Owerri, not to mention the surrounding towns and villages. Such was the fervent hope of our people to be spoken to and touched by the esteemed hands of their kith and keen from America and to receive the authentic, cure-all drugs from the good, ole

dependable USA. Without doubt it's not possible to see all but we should have gone the extra mile to see the most that could be seen. Instead of us all trooping out at 10am, instead of at most 9am, spending all that time on the road only to arrive at the designated center to be met by the milling crowd that will eat another 2-3 hours at crowd control and triaging, we should have worked in shifts. The first shift, perhaps the most important shift should comprise of experienced people who should be at the designated center by 6am, begin to map out areas where the crowd will be directed to stay as they arrive. They will set up the rooms, set up the equipments and designate areas for triaging. That done, their job is done for the day.. If they so desire as I am sure many will, they can help out with the main body that comes by 9am when attending to our people begins in real earnest.. Only at Onitsha General Hospital were the patients organized, sited, ready to be seen. As can be seen from what I am writing, the Medical Mission is not a picnic, none should have that illusion. In truth none did, but volunteers including myself wasted hours idling or just wandering around as people are wont to aimlessly wander when there is confusion and disorganization. It is a two week field trip to answer a calling, every hour should be accounted for. As young parents many of us wished we could have had our young children experience the land, the people, the environment, the endearing words from respected elders that fired us up, but for various reasons it has not worked out that way. We are witnesses to the sagacious words of the Igwe of Aguleri and the Minister from the neighboring Umuleri as they eloquently(now I know the origin of the eloquency of Obama!) assured us that there will never be any more blood letting between them.. Future misunderstandings they swore will be settled on the conference table. Now, we as graying parents have another opportunity to lead the way through participating in ASA-USA Medical Missions, this time our young adult children in High School, colleges, professional Schools etc are more likely to follow, eager to contribute and tour the ancestral land of their parents. Besides such meaningful field trips look good in a resume. Many of such kids were part of this past Medical Mission, most unaccompanied by their parents. As the Commissioner of Health cast his eyes on our beautiful Nigerian-American young ladies, he was moved to campaign passionately like a respected Uncle on behalf of our young and educated Igbo men urging them to get together with their female counter parts from the US. Said he, They(Igbo young men) will love you(Nigeria-American young ladies), they(Igbo young men) will cook for you, if you are sick, they will be there for you, they will bathe you.. On and on he went in good spirit as the crowd laughed and applauded at the government house. In this regard, I should also state my observation. I have practiced only OB/GYN for over 25 years. During this past

mission, I was pressed into duty to also see men and here's my verdict: Our women are strong, our men are strong, our women are beautiful. So there you have it, young men and women of Igbo extraction, the choice is yours, the field is wide, as wide as USA and Nigeria joined together at the hip. Be part of the Medical Mission next time around.

In most of the places we visited, we had snack for lunch while we worked. Not so at Atani. Atani I believe was the most distant place from Abagana we went to. It took some time getting there and then there was the customary additional hours it took to organize the crowd, prepare the rooms, triage before we could get started. Then came lunch time, instead of the working and snacking as in the past, the whole crew numbering over fifty had to be bundled up in buses to a hotel where we spent another 1 to 2 hours loading up on eba, rice and beer as loads of patients who had come to be seen as early as 6am waited at the Medical Center. Well, we came back, took sometime to restart our stalled engines, one to one and half hours later, we called it quits. As I edged my way to the bus through the crowd of people still waiting to be seen, a middle aged man complained to my hearing saying they were not seen, they did not get any medication and they had been there since early morning. No malice guys, just reporting what I heard so better can be done next time.

May I also add, in future the list of medications that are being shipped should be made available to the Medical Practitioners ahead of departure so we know what are available and bone up on them.

Last but not the least. Nigerian volunteer workers did complain to me that the discrepancy between their 1500Niara per day and 7500 Niara paid to the local Nigerian Physicians was just too much. They complained that their ears hurt from the thousands of Blood Pressure readings they had to take using the stethoscope. Sounds credible.

Lastly, let us not forget the calling of our time: It is one of hope and

capacity. It envisions individuals, families, communities working together to bring about in a lasting way conditions that upgrade all aspects of health that include physical, emotional, economic, social, environmental and spiritual well being. No calling is higher.

Chris. Emeka Uddoh, MD.(Philadelphia, PA)

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We can't solve problems by using the same kind of thinking we used when we created them.....
Albert Einstein

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