Deskan Institute & Training, Inc.

Restoring Hope through Compassion

Newsletter

Volume 1, Issue 1 Fall/Winter 2011

Special points of interest:

- Briefly highlight your point of interest here.
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Why a 2010 Deskan Medical Mission to HAITI



The nation of Haiti comprises the western one-third of the island of Hispaniola, west of the Dominican Republic and between the Caribbean Sea and the North Atlantic Ocean. Haiti's geographic coordinates are at a longitude of 72Â° 25′ west and latitude of 19Â° 00' north. The total area is 27,750km Â² (or approximately 10,800 sq miles), of which 27,560kmÂ² or (10,640 sq miles) is land and 190kmÂ² (73 sq miles) is water. This makes Haiti slightly smaller than the U.S. state of Maryland. Haiti has 1,771km (1,100 miles) of coastline and a 360km (224 miles)-border with the Dominican Republic.

One Year Later



Haiti experienced an earthquake of 7.0 at 4:35pm local time…



...and maps released by the United States Geological Survey (USGS) show the epicenter of the earthquake and the severity of the tremors. The cities of Carrefour, Petit Goave, Leogane, Grand Goave, and Gressier and Jacmel all experienced violent shaking with lots of structural damage. In Miragoane and Port-au-Prince the shaking was severe and sustained heavy damage.



Haiti 2010

Why We Care to Serve



As expected we arrived in Haiti after the acute injury phase. We had expected to be treating secondary infections and dealing with disease resulting from the combination of poor or non-existent sanitation in the tent cities and rainy season flooding. Fortunately, it was still relatively dry and we did not have to deal with the anticipated rainy season's medical disaster – which we fear is still to come. There are some port-a-lets in the formal refugee camps, but women and children are reportedly afraid to use them at night and so the ground around the tents is becoming contaminated.

"..the ground around the tents is becoming contaminated."



Medically, we provided follow-up for some quake-related injuries and issues. We treated some secondary infections but not as many as we had anticipated. We provided a lot more primary care than acute quake-related injury or illness care. Many people who in the past had some access to routine care for chronic medical conditions, no longer had access adding to the primary care burden. We did see a lot of anxiety, hyper-vigilance, and post-traumatic stress. Large numbers of people complained of the inability to sleep, lack of appetite, stomach problems and nervousness.



Why We Care (*Continued*)

(One of our docs characterized the medical conditions we saw this way): "*Headaches, backaches, coughs, burns, abscesses, ear infections, heart murmurs, cataracts, breast masses and cysts, stomach aches, genital infections, urinary infections, rashes, malaria, parasites, broken arms, broken legs , hypertension, heart failure, diabetes were all seen but was more their chronic burden of illness than acute earthquake-related things. Much depression and post-traumatic stress was seen. Medically, the persons we saw had come through the earthquake with some injuries but most of their wounds were healing and had been seen by someone by the time we got there. There was less wound care than expected and somewhat less skin infection related to the poor hygiene of tent city life than expected.*")

"I thank God for you all and the support you continue to provide, especially funds to help pay the teacher's salaries. Please keep Haiti in your prayers- that blessings will one day soon arise out of the destruction."

Our mission, of course, was about much more than the medicine or assessing damage. It was about touching with—and being touched by—the Divine love of God; about offering hope, about shining the healing light of Christ into the darkness that had befallen our brothers and sisters in Haiti. We listened to their stories of tragedy and loss, held their hands, and prayed with them for God's comforting and healing touch.



It was good to be among our friends but difficult to witness their suffering, loss and grief. Almost everyone we encountered had lost family or friends. And yet, amid it all, we found that familiar steadfast faith, hope, and resiliency as they face the daily difficulties of life and an uncertain future.



For us there were many moments of grace including one special moment on our final night in Haiti.

WORDS OF A FRIEND LIVING IN HAITI AND TEACHING IN "TENTCITY"

"I leave you with a poem that I memorized some 45+ years ago":

Today upon a bus, I saw
A lovely maid with golden hair;
I envied her – she seemed so gay -
And oh, I wished I were so fair.
When suddenly she rose to leave,
I saw her hobble down the aisle,
She had one foot and wore a crutch,
But as she passed, a smile.
Oh, God, forgive me when I whine;
I have two feet – the world is mine.
And when I stopped to buy some sweets,
The lad who served me had such charm;
He seemed to radiate good cheer,
His manner was so kind and warm.
I said, "It's nice to deal with you,
Such courtesy I seldom find."
He turned and said, "Oh, thank you, sir!"
And I saw that he was blind.
Oh, God, forgive me when I whine;
I have two eyes – the world is mine.
Then, when walking down the street,
I saw a child with eyes of blue.
He stood and watched the others play;
It seemed he knew not what to do,
I stopped a moment, then I said:
"Why don't you join the others, dear?"
He looked ahead without a word,
And then I knew; He could not hear.
Oh, God, forgive me when I whine;
I have two ears – the world is mine.
With feet to take me where I'd go,
With eyes to see the sunset's glow,
With ears to hear what I should know:
Oh, God, forgive me when I whine.

I'm blessed indeed, the world is mine.



HAITI 2010: We lost every thing we had.



Now we live in a tent..
We are eating and very happy 2011.

Being in the countryside certainly reminds me of how much I take for granted. I often whine and moan about the many injustices--things like Congress allocating more than $1.14 billion in reconstruction money for Haiti with the bulk of it going to USAID and the State Department. These realities are dispiriting but each new day, each new sunrise brings with it the opportunity for new blessings. From the rising of the sun to the going down there are a multitude of reasons to give praise. Oh, God, forgive me when I whine.
I'm blessed indeed, the world is mine.

Why Deskan Institute and Guyana Medical Relief Conduct a Medical Mission to Guyana 2011:

- **According to research findings, there are 230 nurses and midwives per 100,000 people, 50 physicians per 100,000 people, 4 dentists per 100,000 people, 0.5 psychiatrists per 100,000 people, and 250 hospital beds per 100,000 people. The prevalence of HIV/AIDS is 2.5% of the adult population (15-49 years old). This is above the 0.5% average for Latin America. In 2007, there were 13,000 people living with AIDS of which 7,100 were women 15 and older. Of the people with AIDS, 45% are receiving antiretroviral drug therapy. The prevalence of tuberculosis is 110 per 100,000 people (in the U.S., it is 2.5 per 100,000 people) and the tuberculosis death rate is 15.0 per 100,000 people.**
- **The prevalence of diabetes is 10.2% of the population between 20 and 79 (the average for North America and the Caribbean is 11.7%). According to the International Diabetes Federation, there are 44,600 people with diabetes and 1,131 people will die this year from complications of diabetes.**
- **The prevalence of obesity is 6.8% for males and 17.0% for females and the prevalence of smoking for teenagers 13-15 is 14.9%. In 2006, there were 58,003 cases of malaria and 76 deaths as a result of complications from malaria.**
- **The per capita health expenditure in 2006 was $144 and the total expenditures on health were 5.9% of GDP. The mortality rate for cancer is 112.0 per 100,000 people, the mortality rate for cardiovascular diseases is 449 per 100,000 people, the mortality rate for malaria is 10 per 100,000 people, and deaths from HIV/AIDS is 160 per 100,000 people. The homicide rate in 2008 was 20.7 per 100,000 people. There were 207 road traffic fatalities in 2007. The U.S. Department of State Travel Advisory notes that "Medical care does not meet U.S. standards.**
- **Care is available for minor medical conditions, although quality is very inconsistent. Emergency care and hospitalization for major medical illnesses or surgery are very limited, due to a lack of appropriately trained specialists, below standard in-hospital care, and poor sanitation. There are very few ambulances in Guyana…In the event of an emergency, the number for an ambulance is 913, but this number is not always operational and an ambulance may not be available. Visitors are advised to bring prescription 14 medicine sufficient for their length of stay and should be aware that Guyana's humid climate may affect some medicines…Tuberculosis is an increasingly serious health concern." In the WHO's ranking of the world's health care systems, Guyana ranks 128 of 190 countries.**







Guyana Mission Team

Guyana has the Second Highest HIV/AIDS Prevalence Rate next to Haiti!!!

HIV/AIDS-associated stigma among Afro-Caribbean people living in the United States.

The HIV/AIDS epidemic continues to impact the Caribbean region disproportionately. Social stigmatization of people with HIV/AIDS (PWHA) remains as a barrier to effective prevention efforts, case reporting, and treatment. Estimates of AFRO-CARIBBEAN people living with HIV/AIDS are questionable because this population is unwilling to be tested or disclose their status, fearing stigmatization.

Deskan's Mission Embraces...Early Intervention Services!!! And in so doing provides yearly activities that address the following:

DESKAN provides prevention education, training and resources in these areas.

- Family Centered Case Testing and referral Programs.
- Early Intervention Services
- General health and nutritional counseling for people living with HIV/AIDS.
- Policy Advocacy.
- Training and Technical Assistance.
- Peer-Based and Therapeutic Support Skills Building Groups and Community Management.
- Awareness and prevention of sexually transmitted diseases (STDs).
- HIV/AIDS/STIs HIV Counseling based research

DIABETES PREVENTION & CARE

8.5 percent of all deaths in Guyana linked to diabetes **– Health Minister, DR. Leslie Rammasamy.** Diabetes, he said, is either the number three or four cause of death in Guyana as it changes places with cancer from year to year and accounts for an average of about 425 deaths each year, or about six deaths for every 10,000 persons in Guyana. About 8.5 percent of all deaths in Guyana are because of diabetes, he added. In 2008, diabetes ranked as the leading cause of death in Region Nine, number two in Region Five, number three in Regions Three and Six, number four in Regions Four and Seven, number five in Regions Two and 10 and number seven in Region One. While diabetes affects people of all ages, it is also a disease that becomes more prevalent with the aging process, the Minister asserted. According to him, in the age group 15 to 44 years in Guyana, diabetes ranks as the number nine most important cause of illness. But in the age group above 45 years old, diabetes ranks as the number two. He added that one of the most important causes of heart diseases is diabetes.

TYPE 2 DIABETES

CASE > this 65-year-old man has a long-standing history of type 2 diabetes, and has faithfully taken metformin and glyburide. However, he presents with a high HbA1c, high blood pressure, and his creatinine is elevated. In addition, his ECG is abnormal.

Definition

Type 2 diabetes: once known as adult-onset, or noninsulin-dependent diabetes, is a chronic condition that affects the way your body metabolizes sugar (glucose), your body's main source of fuel.

With type 2 diabetes, your body either resists the effects of insulin — a hormone that regulates the movement of sugar into your cells — or doesn't produce enough insulin to maintain a normal glucose level.

Untreated, type 2 diabetes can be life-threatening.

There's no cure for type 2 diabetes, but you can manage — or even prevent — the condition. Start by eating well, exercising and maintaining a healthy weight. If diet and exercise aren't enough to control your type 2 diabetes, you may need diabetes medications or insulin therapy to manage your blood sugar.

"In fact, you may have type 2 diabetes for years and not even know it."

DIABETES: Symptoms

Type 2 diabetes symptoms may develop very slowly. In fact, you can have type 2 diabetes for years and not even know it. Look for:

***Increased thirst and frequent urination.** As excess sugar builds up in the bloodstream, fluid is pulled from the tissues. This may leave you thirsty. As a result, you may drink — and urinate — more than usual.

***Increased hunger.** Without enough insulin to move sugar into your cells, your muscles and organs become depleted of energy. This triggers intense hunger.

***Weight loss.** Despite eating more than usual to relieve hunger, you may lose weight. Without the ability to metabolize glucose, the body uses alternative fuels stored in muscle and fat. Calories are lost as excess glucose is released in the urine.

***Fatigue.** If your cells are deprived of sugar, you may become tired and irritable.

***Blurred vision.** If your blood sugar is too high, fluid may be pulled from the lenses of your eyes. This may affect your ability to focus clearly.

***Slow-healing sores or frequent infections.** Type 2 diabetes affects your ability to heal and resist infections.

***Areas of darkened skin.** Some people with type-2 diabetes have patches of dark, velvety skin in the folds and creases of their bodies — usually in the armpits. This condition, called acanthosis nigricans, may be a sign of insulin resistance.

DIABETES: When to Call a Doctor

See your doctor if you're concerned about diabetes or if you notice any type 2 diabetes symptoms.

Causes

Type 2 diabetes develops when the body becomes resistant to insulin or when the pancreas stops producing enough insulin. Exactly why this happens is unknown, although excess weight and inactivity seem to be contributing factors.

Insulin is a hormone that comes from the pancreas, a gland situated just behind and below the stomach. When you eat, the pancreas secretes insulin into the bloodstream. As insulin circulates, it acts like a key by unlocking microscopic doors that allow sugar to enter your cells. Insulin lowers the amount of sugar in your bloodstream. As your blood sugar level drops, so does the secretion of insulin from your pancreas.

Glucose — a sugar — is a main source of energy for the cells that make up muscles and other tissues. Glucose comes from two major sources: the food you eat and your liver. After intestinal digestion and absorption, sugar is absorbed into the bloodstream. Normally, sugar then enters cells with the help of insulin.

The liver acts as a glucose storage and manufacturing center. When your insulin levels are low — when you haven't eaten in a while, for example — the liver metabolizes stored glycogen into glucose to keep your glucose level within a normal range.
In type 2 diabetes, this process works improperly. Instead of moving into your cells, sugar builds up in your bloodstream. This occurs when your pancreas doesn't make enough insulin or your cells become resistant to the action of insulin.

In type 1 diabetes, which is much less common, the pancreas produces little or no insulin.

DIABETES: Risk Factors

Researchers don't fully understand why some people develop type 2 diabetes and others don't. It's clear that certain factors increase the risk, however, including:

Weight. Being overweight is a primary risk factor for type 2 diabetes. The more fatty tissue you have, the more resistant your cells become to insulin.

Fat distribution. If your body stores fat primarily in your abdomen, your risk of type 2 diabetes is greater than if your body stores fat elsewhere, such as your hips and thighs.

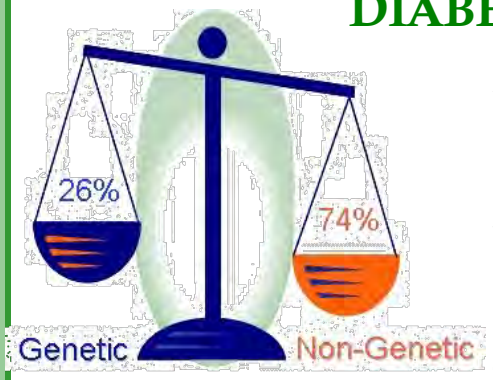
Inactivity. The less active you are, the greater your risk of type 2 diabetes. Physical activity helps you control your weight, uses up glucose as energy and makes your cells more sensitive to insulin.

Family history. The risk of type 2 diabetes increases if your parent or sibling has type 2 diabetes.

Race. Although it's unclear why, people of certain races — including blacks, Hispanics, American Indians and Asian-Americans — are more likely to develop type 2 diabetes than whites are.

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DIABETES: Risks (Continued)



Age. The risk of type 2 diabetes increases as you get older, especially after age 45. That's probably because people tend to exercise less, lose muscle mass and gain weight as they age. But type 2 diabetes is also increasing dramatically among children, adolescents and younger adults.

Pre-diabetes: Prediabetes is a condition in which your blood sugar level is higher than normal, but not high enough to be classified as type 2 diabetes. Left untreated, prediabetes often progresses to type 2 diabetes.

Gestational diabetes. If you developed gestational diabetes when you were pregnant, your risk of developing type 2 diabetes later increases. If you gave birth to a baby weighing more than 9 pounds (4.1 kilograms), you're also at risk of type 2 diabetes.

Family history. The risk of type 2 diabetes increases if your parent or sibling has type 2 diabetes.

Race. Although it's unclear why, people of certain races — including blacks, Hispanics, American Indians and Asian-Americans — are more likely to develop type 2 diabetes than whites are.

DIABETES: Complications

Type 2 diabetes can be easy to ignore, especially in the early stages when you're feeling fine. But diabetes affects many major organs, including your heart, blood vessels, nerves, eyes and kidneys. Controlling your blood sugar levels can help prevent these complications. Although long-term complications of diabetes develop gradually, they can eventually be disabling or even life-threatening. Some of the potential complications of diabetes include:

Heart and blood vessel disease. Diabetes dramatically increases the risk of various cardiovascular problems, including coronary artery disease with chest pain (angina), heart attack, stroke, narrowing of arteries (atherosclerosis) and high blood pressure. The risk of stroke is two to four times higher for people with diabetes, and the death rate from heart disease is two to four higher for people with diabetes than for people without the disease, according to the American Heart Association.

Nerve damage (neuropathy). Excess sugar can injure the walls of the tiny blood vessels (capillaries) that nourish your nerves, especially in the legs. This can cause tingling, numbness, burning or pain that usually begins at the tips of the toes or fingers and gradually spreads upward. Poorly controlled blood sugar can eventually cause you

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DIABETES: Complications (Continued)

to lose all sense of feeling in the affected limbs. Damage to the nerves that control digestion can cause problems with nausea, vomiting, diarrhea or constipation. For men, erectile dysfunction may be an issue.

Kidney damage (nephropathy). The kidneys contain millions of tiny blood vessel clusters that filter waste from your blood. Diabetes can damage this delicate filtering system. Severe damage can lead to kidney failure or irreversible end-stage kidney disease, requiring dialysis or a kidney transplant.

Eye damage. Diabetes can damage the blood vessels of the retina (diabetic retinopathy), potentially leading to blindness. Diabetes also increases the risk of other serious vision conditions, such as cataracts and glaucoma.

Foot damage. Nerve damage in the feet or poor blood flow to the feet increases the risk of various foot complications. Left untreated, cuts and blisters can become serious infections. Severe damage might require toe, foot or even leg amputation.

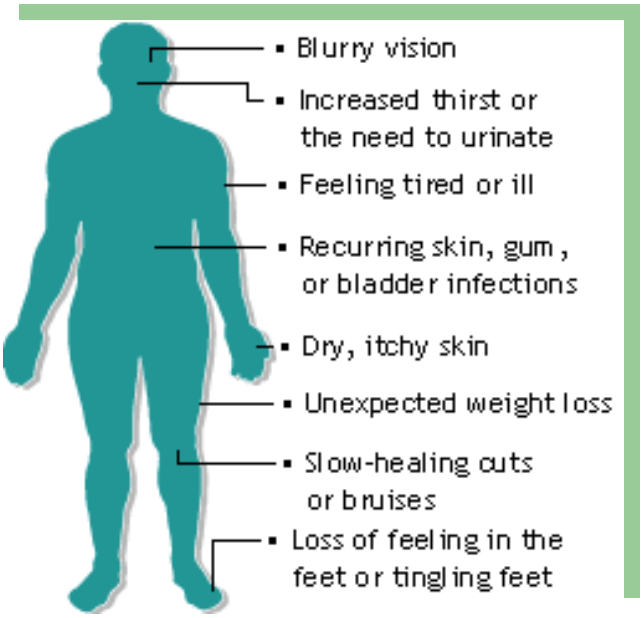
Skin and mouth conditions. Diabetes may leave you more susceptible to skin problems, including bacterial and fungal infections. Gum infections also may be a concern, especially if you have a history of poor dental hygiene.

Osteoporosis. Diabetes may lead to lower than normal bone mineral density, increasing your risk of osteoporosis.

Alzheimer's disease. Type 2 diabetes may increase the risk of Alzheimer's disease and vascular dementia. The poorer your blood sugar control, the greater the risk appears to be. So what connects the two conditions? One theory is that cardiovascular problems caused by diabetes could contribute to dementia by blocking blood flow to the brain or causing strokes. Other possibilities are that too much insulin in the blood leads to brain-damaging inflammation, or lack of insulin in the brain deprives brain cells of glucose.

Hearing problems. Diabetes can also lead to hearing impairment.

"Type 2 diabetes may increase the risk of Alzheimer's disease and vascular dementia."



Accomplishments/Highlights



Provided coats, blankets and personal hygiene products to over 100 men, women and children in need and homeless.

They are why we serve…

DESKAN for October 2010 to December 2011

- Provided meals and clothing to more than 5850 Atlanta hungry and homeless individuals.
- Provided coats, blankets and personal hygiene products to over 100 men, women and children in need and homeless.
- Held workshops and information sessions on HIV/AIDS, STI's, domestic violence, child abuse and rape.
- Provided counseling services to over 1200 individuals, including young adults, children and youths in the Atlanta and DeKalb Communities.
- Conducted 10-day educational and mission trips to HAITI in February, April and October 2010.
- Provided workshops on Cancer, Hyper-tension and HIV/ AIDS Counseling. Care
- Supported Atlanta Caribbean hard-to-reach population.
- Participated in 10-day (Easter) fact-finding and evaluation medical mission to Guyana

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Accomplishments/Highlights (Continued)

August 2010 and July 2011.

- Sent [10] barrels of donated medical supplies, school supplies and children's clothing to Guyana for churches and schools.
- Provided clothing and personal hygiene products for the elderly clients at nursing home in New Jersey.
- Provided support of school supplies to seven (7) graduating seniors off to college and one off to medical school in 2010.
- Provided school supplies to three graduating seniors off to college and university in 2011.
- Provided food, toys and clothing to over 500 children for 2010 Christmas holiday. This activity is supported by United Way/Toys-for-Tots program.
- Provided 1800 toys to over 700 children in 2011.
- Provided clothing to women in our "Second Chance Program" for returning to work.
- We offered volunteer opportunities to those that were in need of community service hours ordered by the courts...A total of five individuals ranging from young adults, adults and seniors over sixty.
- Annual Recognition AWARD Services for Deskan Volunteers.

Deskan… "provided food, toys, and clothing to over 500 children for 2010 Christmas holiday."

Homeless Feeding & Clothing

Women and children make up the fastest growing segment of the homeless population with half of the women and children living in the State of Georgia.

Deskan's team seeks to develop a plan that effects behavioral changes through Education Programs, Life Skills Training, Mentoring, Conflict Resolution and Community Involvement.

Our Monthly Feed Program is at My Sister's House at the Atlanta Union Mission, Atlanta, GA. We provide nutritious meals monthly to more than 245 women and 80 children on the first Saturday of every month.

"Every day 11,000 children die of hunger around the world while 200 million suffer from malnutrition and a lack of protein and calories. More than 800 million people are suffering from hunger in the world, and some 70 percent of them are women and children."



Homeless Feeding & Clothing (Continued)

Here are three Testimonials from the 383 families requesting help for the month of November 2011 in order to put food on their tables for Thanksgiving Day dinner:

DESKAN provided food baskets to 54 families and 216 children

- *I am a 65-year-old male. My wife and I have not had any food for a couple of days. You see, by the time my Social Security check comes, I am already broke. We get $731.00 a month to pay rent, light bill, clothing and food. I used to be able to get some handyman work, but not anymore. No one understands this!!*
- *I am a mother of five children. I lost my job since last year and I have not been able to find work as yet. Some months are harder than some. The State has granted me food stamps for food. Not some items like toilet paper, clothing and medicine. I am sick, my kids are sick. I get some help sometimes from agencies but not all the time. I have a handicapped 2-year-old child.*
- *I am a mother of two children, a 10-year-old and an 18-month-old girl that was born weighing one and one-half pounds. She is still being monitored by the hospital. So I can not work. My husband walks way after she was born. My mother helps when she can. I just need to have a meal for Thanksgiving. My daughter is helping me to adjust many days and nights.*

DESKAN provided food baskets to 54 families and 216 children for the Thanksgiving Day dinner of 2011.
We are truly thankful to all our donors that made this possible.

NEW ADDITION TO THE FAMILY:

DESKAN INSTITUTE & TRAINING, INC
VACATION BIBLE CAMP
SUMMER OF 2011 JUNE 13 TO JULY 2011
COORDINATOR/ DIRECTOR: MS. DIONNE LIVERPOOL

Train-the-Trainer Institute

Deskan Institute & Training, Inc. conducted a Train-the-Trainer Institute to train local trainers, creating educational resources for trainees to address gender issues in the prevention and treatment of diabetes, and educating local partners on how to eat healthy and on time. Nutritional and lifestyle education, additional screening for risk status, implementation of care plans for foot care were also included.

THANK YOU

Deskan Institute wishes to thank all our supporters, volunteers Board Members and well-wishers for your unbending support to our Organization. Our Missions would not succeed without your help. Over the past twenty-five years, you have devoted your time, talents and resources to our Missions, without fail. This is the hallmark of true commitment to our cause. Thanks to you.

As a fifth year medical student, this medical mission was an out of body experience. Meeting my people at that level was a blessing from God. The learning experience was beyond what words can explain. We met people with diverse adversities: from a simple cough, diabetes, hypertension, allergies to STIs and the most remarkable to me polio (a lady who suffered with polio since a child) and it brought pain to my heart knowing that there was nothing I can do as a future doctor.

Dr. Cindi Marks

I am overwhelmed to report that when a patient's sight was restored or improved by one of the glasses we distributed; the joy and contentment that it brought to them made each moment we volunteered much more worthwhile.

Generally, with the resources available to us, we could not have done a better job. But truly, it's quite sad to know that we could not have been of more assistance to the people of Moruca as it relates to certain vital lab tests, x-rays, ultra sound, etc.

The experience was one of a life time and it has left me with a burning desire, to do more, give more and strive to be best I can be in my future endeavors.

Ms. Antonette Hamer (1st Year Medical Student)

Serving the people of Guyana, again (the Amerindian Community in the Pomeroon area), we extend our heart-felt thanks for your assistance, once more.

THANK YOU TO OUR SUPPORTERS (Continued)

EDUCATION SUPPORT:
There is a high rate of absence because of a shortage of teachers, poor facilities, and child labor. The literacy rate is 98.8%.



(Left) School children in Buxton receive books and supplies donated by All God's Little Children and Deskan.



(Left) Charles Liverpool (Deskan) donates solar calculators and stipends to top students of Company Road Primary School



(Right) St. Sidwell's Primary School - computer donated by Mr. Conrad Joseph and Horace De. Barros.

Saint Sidwell's Primary School, Georgetown, Guyana marks its 100th anniversary on Saturday (September 3, 2011) Current Head- Mistress, Ms. Donna Morgan. DESKAN along with two past students currently residing in Canada donated ten computers, food and school suppliers to aid Computer Literacy and boost technological Skills. DESKAN also purchased paint for painting blackboards, materials for the building of a school library, books for school children, and school supplies.

GUYANA STILL A HAS A LONG WAY TO GO

And as you so generously displayed during (2010) last year's Earthquake disaster in Haiti, we offer our sincere gratitude to you for the help you provided – to afford us the opportunity to visit and serve in Haiti on two separate occasions after our February 1st trip. (Much help is still needed, and only time can heal their wounds. Do, stand by us!)
BUT There is also GUYANA!!

Please read — WHY WE SERVE!!

She died on August 11th, 2011 at 04:30 hrs. When her daughter, Roseanne, went to the hospital at 6 O' clock that morning, in time for visiting hours, her bed was empty and the mattress turned down. Her heart sank deep into the pit of her stomach. She instinctively knew what that meant. Upon enquiring from the nurse in charge she was told that her mother was dead…she died a couple hours ago.

In many ways Janet Mohamed, aka Maamie, was a victim of a combination of circumstances: The relatively limited training of the doctors in Guyana; a health care system still struggling to achieve legitimate professionalism and a sizable population of poorly educated patients whose destiny lie at the hands of the first two circumstances….a circle of life among the poor semi-literate masses.

She had been complaining of pain in the lower abdomen for awhile. She was admitted to the Mahaicony Hospital and given pain killers and the ever present saline. Her stay was for about four days the first time. She was told she had gall stone and she was treated for pain. She also suffered from high blood pressure, high cholesterol. This, the doctors claim prevented her from being operated on. Meanwhile, she had to bear the pain, after all so many other people with gall stone bear such pain, according to one doctor at the time. She had to have her blood pressure and cholesterol lowered before they can operate. Meanwhile the sedatives worked for the few days she was in hospital and then after they had taken effect she was discharged. That same day she was readmitted because of pain….the sedatives and pain killers had worn out. This cycle of hospital admittances and discharges…sometimes self discharges… continued for a couple months.

She went through the same routine at the Fort Wellington Hospital. She was admitted for pain that same day…in fact she asked to be admitted…was given saline, pain killers and sedatives and the usual compliment of medications to treat high blood pressure and high cholesterol. When she thought she was better she obtained a discharge from the hospital and went home. That same evening she went back to the Mahaicony Hospital. The pain was too much. By this time the Cuban trained doctors were at their wits end trying to figure out what to do. They received a call from Beverley Harper from the Rotary in Georgetown. Beverley had contacted Dr. Beri Ramsarran, the Junior Minister of Health who in turn lit a fire under the doctors at Mahaicony. This infuriated the doctors who promptly referred her to Georgetown Hospital. They either could not or did not want to help her. So much for trying to find out the real cause of her pain.

At the Georgetown Hospital Maamie was admitted to the psychiatric ward; a result of the referral letter from Mahaicony. This was greeted with a mixture of anger, frustration, helplessness, and she had nowhere else to turn. She decided to go to a private

"The relatively limited training of the doctors in Guyana; a health care system still struggling to achieve legitimate professionalism and a sizable population of poorly educated patients whose destiny lie at the hands of the first two circumstances…"

MAAMIE (Continued)

"Total cost: over $150,000.00G. Her life savings were slowly depleting and she had the prospect of having to pay the private doctor for each clinic visit."

hospital. She went to St Joseph Mercy Hospital in Georgetown. She was told she had to spend a week there in order to diagnose her condition. After about five days she was prepped for surgery. Moments before the surgery the doctor notified her that he could not operate because she only has a fifty-fifty chance. He said he will treat her at his private clinic in Berbice. She was sent home again. Total cost: over $150,000.00G. Her life savings were slowly depleting and she had the prospect of having to pay the private doctor for each clinic visit. Next stop: Balwant Singh Hospital: Same routine: admittance; hospital bill; discharge. She finally ended up at Mahaicony Hospital. Her money had run out. After a few days she was discharged again. Her final admittance was at the Georgetown Hospital. She spent a few days there and was discharged in a body bag.

Maamie left behind a husband, nine children, one of which has a heart defect and need care for the rest of her life, and two adopted children who were orphaned when her brother died of poisoning. She had a limited education. She was not very bright in school, probably because her own parents could not read and write. She worked hard, digging coconuts, usually stolen from nearby Park Estate in Mahaicony in order to make ends meet. She was a good runner in school. In fact she was the best. She was always paces ahead of her second place opponent. She was in demand during her school days. Novar School wanted her parents to transfer her from Champagne so that they can run for the school. But it was more convenient to send her and her other eight siblings to Champagne. They walked the couple of miles barefooted and did not have to go through the public road but take the trail to school.

This perpetuated their lives in the shadow of the active community and easily allowed them to stay on the fringes of social activities in the villages. Her family did what was necessary to stave off hunger. The cows they were able to own were always grazing in somebody else's rice field; the coconuts they dug for copra were usually stolen. In fact, according to her last son, Bernard, his mom had to steal to achieve her wishes of owning her own home and purchasing her land. He remembered as a child he was taught to steal coconuts with her. He remembered as a youngster, shots being fired over his head. He usually was the lookout person. He was armed with a loud whistle and when the ranger is spotted he would blow the whistle. His mother did what she had to do to mind them, he said.



This picture taken about two years ago, shows Janet Khan, aka Maamie with her new daughter-in-law

MAAMIE (Continued)

Her hardened demeanor was a result of her hard life. She developed an abrasiveness that was her defense mechanism. Yet, with such front, she was a true mother who despite her children's seeming independence; she was also accused by some of her neighbors of teaching her children to steal… in fact that is all she taught them, according to one neighbor.

Her oldest son, Peter, made a life for himself. In the process he has earned his reputation of being not the most honest person. He married his wife, years his senior. She was already married when she hooked up with Peter. The village said that he married to get himself out of poverty. If this is the case then it worked, at least from the perspective of those looking in. Peter owns about four trucks, a comfortable air conditioned home, a car and he takes care of his sisters.

Her other sons are independent persons who have their own homes as well. Their homes are all lined up on the six rods wide property their mother bought, with Peter's in the front, closest to the road. However, despite this seeming prosperity, most of the boys in this family cannot read nor write. Those who can, do so in a rudimentary fashion. They still struggle with the shackles of their grandparents and parents. This struggle compels them to look only at what is possible today. This mindset makes them unable to look beyond tomorrow. The pain killers today are good for now. They deal with it when it wears off tomorrow. Who cares about the root cause of their poverty? Once there is food for today they will deal with tomorrow. And so it is with Maamie's medical condition. It was impossible to see beyond the pain. It was impossible to understand the root cause of the pain. Who cares… just make it go away. And when it went away, that was good for now. Until it rears its ugly head again.

If only the doctors were able to understand this prison that she lived within. Perhaps even she was not aware of her prison. After all this was the only life she knows. If only the health care system in Guyana was developed enough to cater to the true needs of these unempowered patients then perhaps things might have turned out differently for Maamie.

Even though Guyana's health care system has made tremendous strides over the past two decades, this is not enough to match those of its sister Caribbean nations. According to the World Health Organization, Guyana spends $133 per capita on health care. While this is small when compared to Barbados at $1,041US, there has been an improvement since 1990 when health care spending was far less. Add to this the difficult terrain that one has to traverse to reach the rural

"Even though Guyana's health care system has made tremendous strides over the past two decades, this is not enough to match those of its sister Caribbean

MAAMIE (Continued)

communities, then this per capita spending is just a drop in the bucket.

Even though Guyana's $2,670US per capita income pales in comparison to the major Caribbean economies, improvement has been steady. Trinidad's for example is $16,700US and Jamaica's is $4,590US. In 1990 Guyana's per capita income was $300US, showing an average steady increase of just over $100US per year.

"However, the three or four doctors are general practitioners who dole out prescriptions to about every patient…"

In 2006 Guyana's president, Bharat Jagdeo, signed an agreement with Cuba whereby Cuba will assist in building and running a set of five health facilities in Guyana. Cuban doctors will run these facilities while Guyanese scholarship recipients were being trained as doctors to take over the running of these facilities. Five years later the graduating doctors are back and attached to the various hospitals in the country. If Mahaicony is to be used as a measurement of the successes of this program then it must be admitted that improvements have been made. For the first time the Mahaicony Hospital has its own X-ray department, its own ultrasound department, its own lab to perform blood tests, an improved emergency and ICU department, Cuban trained Guyanese doctors, and again if the increase in patient load is a measurement of success of this program then Mahaicony has improved with patients leaving the long waiting lines in Georgetown for this health facility. .

However, the three or four doctors are general practitioners who dole out prescriptions to about every patient. Their professional demeanor is reflected by a salary that is not becoming of a doctor. They catch the hire car to and from work just like any other public employee. For most of them the opportunity to study to be a doctor via a fully paid scholarship was a lifetime opportunity they could not pass up. And now they are serving their commitment to staying in Guyana as a result of their scholarship contracts so they are encased in a culture where, with time, these "grassroots doctors" become a part of the fabric of this culture of lesser educated, rural masses where expectations are minimal. The opportunities for professional development are mainly limited to local sessions. They cannot join the self perpetuating brain drain that has been leaching this country for the past 40 years. Therefore they stay and attend to the masses of people like Janet Mohamed aka Maamie.

Maamie's death certificate listed her direct cause of death as cardiopulmonary arrest (heart attack). An antecedent cause giving risk of death was listed as chronic renal failure (kidney failure). It should be noted here

MAAMIE (Continued)

that her feet were beginning to swell about one month before her death and nothing noticeable was done to assist in alleviating this. Her other significant conditions contributing to death was listed as diabetes mellitus and hypertension. For most of us looking in it may as well be lack of education, lack of proper diagnoses, lack of professional doctors who can sit a patient down and explain her circumstance. And most of all a lack of will among the masses to demand a health care system that despite its enormous successes, still has a long way to go to avoid the unavoidable deaths such as Janet Mohamed's, aka Maamie.

POST SCRIPT: ABOUT THE WRITER OF THIS ARTICLE: *Sharir Chan: Chief Operating Officer, Guyana Medical Relief, who resides in Los Angeles and wrote the article for GMR. Reprinted with permission.*

"As it is written, He hath dispersed abroad; he hath given to the poor; his righteousness remaineth forever."
II Corinthians 9:9

"And most of all a lack of will among the masses to demand a health care system…"

Thanks to our sponsorship and shared collaboration of members in partnerships with
Guyana Medical Relief, Inc, Los Angeles, CA
St. Timothy's Episcopal Church
Global Christian Network Ministries, NY
Essequibo/Queenstown Association of NY
Guyanese American Cultural Association of Central Florida
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Deskan Institute & Training, Inc.
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- Guyana Medical Relief, Inc.
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- The Kaieteur Group of Connecticut
- Queenstown Essequibo of New York
- Southwest Medical Center
- Women Watch Africa
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Representatives

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Nurse Dillion Dainty
Patricia Dinally
Leona Kyte
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Precella Speid—862-452-9365
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Mission Guyana, South America 7/6/12 thru 7/15/12



CHURCHES

- DAYBREAK Ministries, Decatur, GA
- St. Timothy's Episcopal Church, Decatur, GA
- Christ the King Episcopal Church, Lilburn, GA
- and Bishop/Pastor Theodore Walker
- Church of God - Pleasance
- Global Christian Network Ministry - Berbice
- Gethsemane Gospel Church

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We're on the Web!
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60,000 pounds of children's clothing, shoes, baby food and pampers donated to date to recipients, December 2011.

Our Needs List

- Office Supplies—All; Computers/Laptops (New or Used)
- Blankets, Toiletries, Toothpaste, Toothbrushes
- Medical Supplies, Drugs,
- Ointments and Cough Syrups

Children and Baby Care Items:

- Bottles
- Pacifiers
- Baby Food and Formula
- All food items

School Items:

- Clothes
- Uniforms
- Book Bags
- Pens/Pencils/Sharpeners

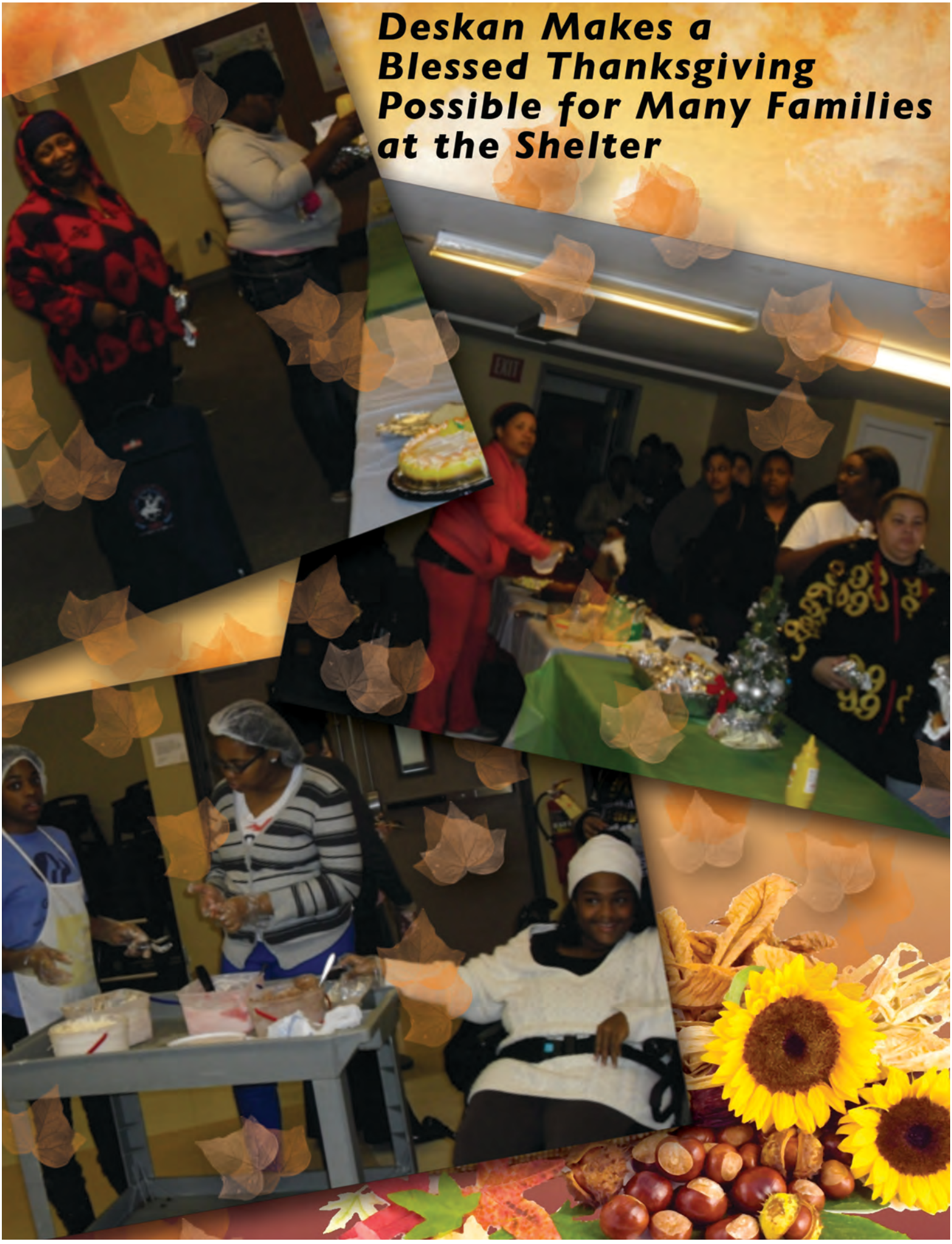
Food Pantry:

- Canned goods; all meats
- Chicken, Ham, Turkey
- Aluminum Foil, Plastic Wrap and Zip-Lock Bags
- Paper and Plastic goods
- School Clothes and Uniforms

"Teach me to do thy will: for thou art my God: thy spirit is good: lead me into the land of uprightness." Psalm 143:10

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Deskan Makes a Blessed Thanksgiving Possible for Many Families at the Shelter





Deskan and its Partners Held a Toy Drive and Collected Numerous Toys for Needy Children



Deskan and its Partners Made Christmas Dreams ComeTrue for Many Children