Deskan Institute and Training
2011 Santa Rosa Mission Guyana

In the Cinderella county of Guyana, Essequibo lies a beautiful, unique and secluded island approximately 800 km from the main land-Santa Rosa (Mariaba).
This is one of the 365 islands that is in the Essequibo River

Santa Rosa


WE WELCOME YOU
SANTA ROSA VILLAGE
All Visitors and Non-Residents report to Village Office
WORKING HOURS
Mon-Fri, 9:00 AM-12:00 PM
1:00 PM-3:30 PM
Sat, 9:00 AM-1:00 PM
Landing Fees $1.00
Visitors Fees $5.00



Our Journey from Georgetown to Acquero Begins Before Sunrise



Nigel, our Faithful Bus Driver: Journey with us from Georgetown to Parika for our next transfer: Supenaam. Captain of this boat journey: Gavin Gamel

August 2011 ***Photo*** *CEL*





Mission Team

All team members prepare to board boat for the Journey of a lifetime. Traveling on the Essequibo River for our next stop: Supenaam (*Photo by Mr. Charles Liverpool*)





Wherever He Leads I'll Go

In January of 1936, the Southern Baptist songwriter B.B. McKinney was leading the music at the Alabama Sunday School Convention which was held that year in Clanton. The featured speaker was Rev. R.S. Jones, McKinney's friend of many years who, because of ill health, had recently returned from missionary service in Brazil.

Wherever He Leads I'll Go

The two men were visiting over dinner one evening when Mr. Jones revealed to Dr. McKinney that his physicians were not going to allow him to return to South America. When asked about his future plans the missionary said, "I don't know, but wherever He leads I'll go."



Wherever He Leads I'll Go

The words stuck in Dr. McKinney's mind. Before the convention's evening session, he had written both the words and music of this song. At the close of Rev. Jones' message, Dr. McKinney related this story and sang "Wherever He Leads I'll Go" to the congregation.

by Billy Graham in Crusade Hymn Stories, Hope Publishing Company, 1967

Wherever He Leads I'll Go

"Take up thy cross and follow Me," I heard my Master say;
"I gave My life to ransom thee, Surrender your all today."
Wherever He leads I'll go, Wherever He leads I'll go,
I'll follow my Christ who loves me so,
Wherever He leads I'll go.

Wherever He Leads I'll Go

He drew me closer to His side; I sought
His will to know,
And in that will I now abide Wherever He
leads I'll go.
Wherever He leads I'll go, Wherever He
leads I'll go,
I'll follow my Christ, who loves me so,
Wherever He leads I'll go.



Wherever He Leads I'll Go

It may be thru' the shadows dim, or o'er the stormy sea,
I take my cross and follow Him,
Wherever He leadeth me.
Wherever He leads I'll go, Wherever He leads I'll go,
I'll follow my Christ, who loves me so,
Wherever He leads I'll go.

Wherever He Leads I'll Go

My heart, my life, my all I bring To Christ who loves me so;
He is my Master, Lord, and King,
Wherever He leads I'll go.
Wherever He leads I'll go, Wherever He leads I'll go,
I'll follow my Christ, who loves me so,
Wherever He leads I'll go.



Our boat roars across the Essequibo River:
Capt. D. guides us.
Dr. Dean braces the wind;
Dr. Liverpool & Leona Kyte in the background.





On to our next Journey:
Bus from Supenaam to Charity-Driver Farouk.
Our 2011 Mission Coordinator: Ms. Leona Kyte-

An outstanding person (outside) ensures Team is OK.



Harbor at Charity--view of the River



At the Mouth of the Pomeroon River, into Atlantic Ocean.

The boat ride into Santa Rosa from Charity is fantastic.



Photos by CEL

Speedboat to Warimuri via Pomeroon River and the Atlantic Ocean: Troy Henry, Captain (Peanut, Son)



Warimuri Mission:
Oldest Amerindian Settlement (village) in this area
Former Home of Our Mission Lay Pastor:
Ms. Leandra (Emily) Marks
Dr. Liverpool & Dr. Dean greet Medex at Clinic







Why Deskan Institute and Guyana Medical Relief Conducted 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.

Deskan's Mission Continues Because of Guyana Medical Relief (cont)

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.

Deskan's Mission Continues Because of Guyana Medical Relief (cont)

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.

Deskan's Mission Continues Because of Guyana Medical Relief (cont)

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.

Deskan's Mission Continues Because of Guyana Medical Relief

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.

Deskan's Mission Continues Because of Guyana Medical Relief (cont)

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.

Deskan's Mission Continues Because of Guyana Medical Relief (cont)

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.

Deskan's Mission Continues Because of Guyana Medical Relief (cont)

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.

Deskan's Mission Continues Because of Guyana Medical Relief (cont)

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.

Deskan's Mission Continues Because of Guyana Medical Relief (cont)

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.

Education Indicators & Emigration of Skilled Labor

Education is free, compulsory, and universal for ages 5 to 14. The public education system, especially in rural areas, is deteriorating because of a lack of adequate facilities. There is a shortage of trained teachers in rural areas. Primary education starts at 5 and continues for 6 years. Of the students who enroll in Grade 1, 59% reach the last grade of primary school and 1% of students repeat grades. The pupil teacher ratio is 26:1 in primary school. Secondary education begins at age 12 and is completed in 5 years.

Education Indicators & Emigration of Skilled Labor (cont)

Emigration of skilled labor is a major problem. A 2005 IMF report indicated that 89% of university educated citizens leave the country to seek better employment opportunities.

Education Indicators & Emigration of Skilled Labor (cont)

There is a dearth of education data and what is available is not considered to be credible. For example, the areas, however, there is a high rate of absence because of a shortage of teachers, poor facilities, and child labor. The literacy rate is 98.8%. This compares to an average of 91.0% for Latin America and the Caribbean.

Train-the-Trainer Institute

In support of these findings, 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.

Our Mission Team-2011

Photo by Charles Liverpool



Warimuri River (inset) to Moruca River to Acquero Guest House: Home for the next 4 days-August 2011





Team Members at Moruca Landing--
The Next Surprise: Getting Off at Acquero Landing





All Guests must register with Santa Rosa Village Council in Moruca.

Toshao DeSouza registers at Village council.

This is Mandatory





All Guests must check in at the Moruca Police Station: Welcome by the Toshao of the Village:





Welcome to Santa Rosa Village Office: Sign In, please…





Team Deskan heading back to Acquero Guest House- of course by boat!!! We are greeted by our caretaker and then a patient who just could not wait to see us!!!





The Acquero Guest House & Security Lodging



Dawn Breaks in Acquero!



Deskan Outreach Mission-Day 1-Kumaka Hospital Physician-Dr. Ali, Ms. Hamer (Med Student), Medex Holder, Dr. Liverpool & Dr. Marks.





Deskan Outreach Mission Day 1& 2.
Pediatric Care is so needed. Pediatrician! Yes Welcome.
Dr. Gwendolyn T. Dean (In red hat)





Mission Deskan At Kumaka Hospital: Our Lay Pastor: Ms. Sharon Jones from Queenstown, Essequibo: Sharing Hope, Faith & Charity: Psalm 23.





Vision Care!! We need glasses! Do you people have any? Coordinator: Ms. Antonette Hamer: 2nd year Medical School student Cuba: 72 Reading Glasses & 43 shades for the elderly distributed in Acquero, 2011







Care of the elderly: Nurse in Charge: MS. Stacy Noble & Ms. Cindy Marks (a 5thyear medical student from Cuba in consultation with Dr. Liverpool: (1) Stroke (2) 102-temp, chills, etc. both patients, referred to Charity hospital: Heart defects increase heart rate and increase blood pressure 240/110. Emergency care ASAP : Charity Hospital





Santa Rosa Catholic Church Mission Established 1837 by the Jesuits



Brother Juan, from Catholic Mission with Dr. Dean



"As we returned by speedboat to the Acquero Guest House, after visiting the Santa Rosa Mission Catholic Church, I noticed a family in a canoe headed our way. The mother held an umbrella over their infant for shade in the bright mid-day sun as the father slowly paddled the canoe. This Amerindian family taught me so much about ***living simply*** and ***simply living***." (Dr. Gwen Dean)



A family in a speedboat headed to Mission Deskan to see Pediatrician 2011



Pediatrician Dr. Gwendolyn T. Dean “New Amerindian Life at 22 days old” 2011 with Emily Marks assisting-- What a blessing for this family.



Dr. Dean:

"This well newborn is the 5th son of 8 children, all born by normal spontaneous vaginal delivery without any perinatal complications in the hospital at Kumaka. Wearing a cloth diaper and clearly content as most breastfed infants are, this new life is a perfectly normal male newborn. For me he represents my new life after this mission to South America."

The World Health Organization Recommendations for Optimal Cesarean Section Rates

The best outcomes for mothers and babies appear to occur with cesarean section rates of 5% to 10%. Rates above 15% seem to do more harm than good (Althabe and Belizan 2006).

http://www.childbirthconnection.org/article.asp?ck=10456



The World Health Organization Recommendations for Optimal Cesarean Section Rates

Why is the C-section Rate in the US Rising?

With the 2007 rate at 31.8%, about one mother in three now gives birth by Cesarean section, a record level for the United States.

http://www.childbirthconnection.org/article.asp?ck=10456

At Dusk: Our Mission Draws to a Close



As Dusk Draws Near: Denise Tucker Must learn how to paddle in a canoe, Acquero, 2011



At Dusk Our Mission Draws to a Close: Anyone for a swim?



Summary of Deskan Mission 2011

"The journey to this breath-taking village began with a long drive from George-town to Parika. At that point, we changed course, sailed on a speedboat to Supenaam and then once more, thank you father-for land: there it was again.

Summary of Deskan Mission 2011 (cont)

"Bus from Supenaam to Charity. And finally the longest trip of them all to Warimuri (a species of the black ants) and then to the guest house in Acquero (1 mile) from Santa Rosa by another boat. (All is well again!)" Dr. Cindi Marks.

Summary of Deskan Mission 2011 (cont)

Medical Experience

"As a fifth year medical student, this trip 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.

Summary of Deskan Mission 2011 (cont)

"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)

Summary of Deskan Mission 2011 (cont)

"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.

Summary of Deskan Mission 2011 (cont)

"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.

Summary of Deskan Mission 2011 (cont)

"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

Friendship & Communication:
I Have Learned the Importance of Communication

Friendship by Dr. Cindy Marks

- The team consists of nurses, doctors, spiritual leader and mentors.
- Mr. and Dr. Liverpool-two outstanding and outgoing individuals who guided me along the way.
- Dr. Gwen Dean-Pediatrician, a woman who is focused and strong, and who taught me "as an individual you must be a people person"; she taught me how to transform from a doctor to a comedian (smile.)
- Stacy Noble- a nurse, who wasn't afraid to share her knowledge and experience.

Friendship & Communication:

I Have Learned the Importance of Communication

- Denise Tucker- register the hand that calmed every storm with a smile or joke.
- Leona Kyte-our coordinator and mentor, calm and strong individual who's always ready to learn or share with others.
- Sharon Jones and Emily Marks-our spiritual backbone along the way – a thought and a prayer.
- Antoinette Hamer- second year medical student who was eager to learn new stuff.
- The individuals mentioned above are now my new family. The bonds that were formed will never be broken.



Friendship & Communication:

Even though the mission was to work, we made it a duty to share and spend time with each other. Share jokes, overcome fears and try new adventures and experiences. For me I did activities that I never thought I would, such as -boat riding, teach Sex Education (safe sex) in front of people. We visited the airstrip in Moruca called the Bibmichie. Cindy Marks

Friendship & Communication:

“I am glad I made this trip.. I can say I had a working vacation. All those patient that I registered was so happy that we came to Acquero to help them. I love it. Can’t wait for the next mission.” Denise Tucker

Friendship & Communication:

"I was concerned as to how my people would view me, since I left this village more than 30 years ago, and now I am coming to tell them what to do.

"How to take care of their health. But I feel good and blessed to be able to help my people." Emil Marks.



What We Saw

Chief Complaints from 45 Elderly, Adults and Young Adults

- A total of 9 Elderly patient ranging from Age 63-75 with complaints of Stroke, Heart Disease, Asthma and Diabetes
- A total of 8 Adults from age 51-59 chief complaints : Diabetes, and Vision problem, such as loss of vision in one eye, reading problems, can not afford to buy reading glasses, sugar problem ,etc

What We Saw

Chief Complaints from 45 Elderly, Adults and Young Adults

- A total 26 of Young adults to adults age 18-50 years with complaints of, Hypertension, Prostate Cancer, Cervical cancer, suicide, Fibroids, UTI/STI, Kidney problem, Polio and Clubfoot.

- A special thank you to all for this mission.

Dr. Liverpool

What We Saw:
Chief Complaints: Pediatric

Chief Complaint (Most frequent)	(Other)
1) Scabies/Impetigo	Allergic conjunctivitis
2) Worms	Varicella
3) Fungal skin infections	Headache
4) Reproductive health (female)	Asthma
5) Occupational back pain	Foot deformity with pain
6) Decreased appetite	Systemic Lupus Erythematosis
7) Fever	Dehydration (mild)
8) Upper Respiratory Infection	Pharyngitis
9)Sinusitis	Developmental Hip Dysplasia
10) Strabismus	History of kerosene ingestion Otitis externa Well Newborn

32 Pediatrics: Patients 22 days old to 22 years old

Age groups	Number served
Infancy (0 - 11months)	3
Early Childhood (1 – 4 yrs)	5
Middle Childhood (5 – 10 yrs)	8
Adolescence (11- 21 yrs)	15
Young Adult (> 21 -25 yrs)	1





Dr. Dean
Deskan Outreach in Buxton

Buxton: Pediatric Care: In three hours 14 Patients: 11 months old to 11 years old

Age groups	Number served	Gender M	F
Infancy (0 - 11months)	2	1	1
Early Childhood (1 – 4 yrs)	6	2	4
Middle Childhood (5 – 10 yrs)	5		5
Adolescence (11- 21 yrs)	1	1	
Young Adult (> 21 -25 yrs)			

Buxton: Chief Complaints

Chief Complaint (Most frequent)	(Other)
1) Upper Respiratory Infection	Headache
2) Health supervision	Posterior cervical adenopathy
3) Scabies/Impetigo	Overweight
4) Dehydration (mild)	Dental caries
5) Heat rash	Asthma
6) Worms	Speech and language delay
7) Vulvovaginitis	
8) Decreased appetite	
9) Fever	
10)Purulent rhinitis	

Deskan Education & Scholastic Outreach: 6 Students whose scores were at the top for CXC 2011 in Buxton: Company Rd. (F'ship) Primary School.

Award presented by Charles E. Liverpool



Buxton: Donation of Reading Glasses to Ms. Joseph, Region 3 Coordinator from the Ministry of Health for the Buxton area.

All reading glasses were tested and packaged by the Atlanta Lions Club.



Team Deskan Mission
2011 Closing Award Ceremony
(Rohan Sagar, Charles, Dr. Dean)



Next Mission 2012: And Here is Why



Clinic Sign - Buxton

GUYANA'S LOCAL HEALTHCARE SYSTEM HAS MADE STRIDES BUT STILL A HAS A LONG WAY TO GO

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 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 at her wedding.

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 un-empowered 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 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.

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 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 is a Guyanese who grew up in the village next to Janet Mohamed in Mahaicony. He holds a Masters in International Relations from San Francisco State University. He is the Chief Operations Officer of a US based NGO,* ***Guyana Medical Relief****. This organization is made up of mainly Guyanese living in the Los Angeles area of California.* ***Guyana Medical Relief*** *has over the past 27 years worked closely with the Ministry of Health and has been part of Guyana's medical programs. Since its inception* ***Guyana Medical Relief*** *has sent over US$40M in medicines and medical supplies to Guyana. The seven hospitals it serves include New Amsterdam, Suddie, Linden, Bartica, St Joseph's, Davis Memorial and Mahaicony. Even though this NGO has recognized the need for a more professional compliment of human resource within the health sector, it has focused on assisting in the infrastructure of Guyana's health care system. When New Amsterdam Hospital needed a set of pumps for its sewage system,* ***GMR*** *provided this. When Mahaicony needed an X-ray department, before its expansion,* ***GMR*** *provided this. This organization also built a VIA clinic for women. This is a result of the recognition that Guyana's women have a 12 percent chance of being diagnosed with cervical cancer.* ***Guyana Medical Relief*** *is in the process of building a second VIA clinic at the Bartica Hospital. This is due to be completed later this year.*

Wherever He Leads, I'll go.



Thanks to You All!

Teach me to do your will, for you are my God; may your good spirit lead me on level ground.(NIV)

Psalm: 143:10

(into the Atlantic –
His mercy endureth forever!)