

I have always been suspicious of short-term medical missions, particularly in fields outside of surgery and GYN. What sustainable medical work really can be done in a week or two spent in an unfamiliar setting? Though I struggled with this, when I was offered the opportunity to join Dr. Aikins and Dr. Ayer's mission to Ghana with IHCV, I decided to go. I thought it would be mostly GYN work that would be sustainable in that I would be a part of procedures that needed follow-up only during the time that we were there. I was still undecided about what I was going into, and I thought the mission would help me figure it out.

I was wrong about many of my assumptions about the mission, and I'm glad that I was. I found out during the first meeting that this was not just a GYN mission, but would include general surgery, internal medicine, and pediatrics. During planning meetings, I heard Dr. Ayers and Dr. Aikins talk a lot about how important the sustainability of their organization's work was. I wondered how sustainable non-surgical work could be done.

I was assigned to join a pediatrics and general surgical team in Apam, Ghana. While the rest of the people on the mission would be at major hospitals, ensuring sustainability by working with Ghanaian doctors and medical students, my group was going to a district hospital that didn't have students. When I got there, I was shocked to find out that this hospital, home to 10,000 deliveries per year, was served by only 1 physician. Thus began an incredibly eye opening experience.

Though I have previously spent time volunteering in the developing world, I did not have first hand experience with the delivery of medical care in a resource-poor setting. Working as a sub-intern with 2 pediatricians, a general surgeon and a surgical resident who were part of the my mission, I learned so much as I came to appreciate how the realities on the ground made a short-term mission a very worthwhile endeavor for those we served. I scrubbed with the surgeons each morning on hernia repairs. The hernias we operated on were enormous; many of them clearly came with significant morbidity. While the repairs could, in theory, have been done by someone in Ghana for a whole lot cheaper than all of our flights, the reality was that there was simply no one available to do so. The one doctor there had very little time for elective cases, as he was responsible for managing every emergency that walked through the door.

My time in the afternoons with the pediatricians was even more eye opening. Though I knew statistics about the toll diarrheal diseases and malaria take on children in tropical climates, it became clear that I didn't really get it. Our short-term mission, allowed us to treat so many otherwise healthy children, presenting with severe diarrhea or malaria, who might otherwise have died. The work we did was sustainable simply because we saved the lives of well-children. I can't think of a better way to have a positive impact on the economic development of an unfamiliar place than by keeping healthy children, healthy. While it is a shame that we couldn't stay there long term, we were able to provide training to the nurses who cared for the children with us and will continue in our absence in how to properly calculate fluid requirements. Most importantly we sent children home physically and neurologically intact after diarrhea or malaria brought them very close to death.

I encourage any MSIV student to take the time to go to Ghana with IHCV. You will work hard, but you will learn a lot. Bring a journal, as there will be a lot to reflect on. There is little else you need other than an open heart, and an open mind.

