

13-AUG-B-4

Reflections from a couple of Ghana mission participants, as all agree on the successful mission until Grace's later explosion after we had left Ghana and were in the Himalayas

August 3, 2013

Reflections

Mission to Heal Ghana trip, July 2013

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I will be forever touched by my experience with Dr. Geelhoed and the Mission to Heal team of volunteers who worked together to increase access to health services in Ghana.

Upon arriving in Ghana, we got right to work, and simultaneously set up clinic, and began to see patients and start surgeries. Not even a shortage of instruments dampened Dr. Glenn's can-do attitude! As a surgical nurse who has always worked in state-of-the-art facilities, I was at first shocked, and then amazed at how much we were able to do, with so little.

Everyone worked so selflessly, and with such sincerity in the desire to help others and learn. It was very challenging, and the conditions of heat, humidity, long hours, language barriers and such, compounded our stress. And yet, we laughed, learned, and enjoyed working together to solve problems and help our patients and each other through difficult moments.

The American and Ghanaian volunteer teams meshed seamlessly and Dr. Grace Ayensu Damquah, our host and the local clinic sponsor coordinator, provided us with a fantastic homestay. The Ghanaian people we worked with were skilled, caring and lots of fun!

I was profoundly moved by all of our patients, and the dignity and stoicism with which they bore their suffering. They were so grateful for the help they received from us. We were able to see a huge range of conditions, including many of the tropical maladies that aren't typically seen in the U.S. A.

As a clinician, it was a fascinating opportunity in a public health setting, and I had the chance to treat both surgical and non-surgical problems. Dr. Glenn holds "grand rounds" every evening and we discussed the most interesting cases of the day. His encyclopedic knowledge base shed much light on the details of cause, effect and treatment of various conditions we encountered. I learned so much and considered these evening discussions one of the most valuable aspects of the trip.

As a recent RN First Assistant grad without a lot of surgical assisting experience, I felt nervous and kind of insecure at first. But the mission serves as a sort of "confidence boot camp". Yes, you do get pushed out of your comfort zone! But ultimately, it gives you the chance to see what you are capable of, to do things you never thought you could do, and to experience a deep sense of achievement and accomplishment.

Dr. Glenn Geelhoed IS Mission to Heal. When you are in his presence, you have no doubt he is a man on a mission! His energy, focus and dedication are extraordinary. It was a privilege to work with him and to be part of this mission in Ghana.

Reflections on Mission to Heal Esicado Ghana- 2013

It is my simple understanding that the principle of reflection is the opportunity to record what one now sees as the world in the present, given particular personal experiences in the past. Yet, I think that the idea of reflection may go even deeper. It is to stare into the pool of this world and see a different self staring back; for as our world changes, our place in it changes as well. Within this principle there is a striving to understand the implications not just of recording and looking for our reflections but of being one, and living a life which causes reflection in others. Therefore as I reflect on another mission to the bleeding and broken parts of the world, I stare into the past experiences of these weeks and attempt to understand how God has used me to change this world and how it has been used to change me.

The journey to and from Ghana was only somewhat eventful with last minute visa applications, flight itineraries, and schedule changes. The nature of flexibility was and continues to be a centerpiece of such missions. It was a continuously good lesson in the care of God that even when I was inept with such simple things He graciously accounted for it and carried me through, using the kindness, hospitality, and patience of new found friends.

Such friendships were a continued blessing to all of us, and would prove to be the catalyst in the majority of our success in this region. The Ghanaian families we worked with were indeed quite motivated to conquer the disparities they witnessed among their own people. Such motivation provided us with every avenue for medical success. With the Ghanaians at the helm we were at best small players in a crew of local heroes, who took full responsibility in the aid of their brethren. Even as one of those small players I felt quite busy with the consultations and operations which came by the hundreds, and left no mystery as to the necessity of such work in this region.



As each patient would come I would wait for the interpreter, and as I waited I would be forced to sit and read their faces. Faces which bore the physical and emotional stories of lives of struggle and pain, yet most underlined with a smile, and each shadowed with the imprint of hope. Such a hope facilitated an inner endurance throughout ailments which made even medical professionals cringe, and which opened new definitions to the word "sickness".

The plethora of ailments which were present here were quite astounding, and the vast majority were severely exacerbated by chronic lack of care or management. Conditions which could have been quite treatable at the onset became life altering limitations, and vivid demonstrations of lack of knowledge and resources available to these people. With some we could help achieve a large measure of improvement others we were left feeling quite helpless. Most individuals presenting with softball to football size hernias and lipomas we were able to operate on and successfully treat. With our stock of medications we were able to treat patients with malaria, hypertension, acute and chronic pain, certain fungal, viral, and bacterial infections, and finally we were able to supply necessities for wound care and debridement.



Sadly, patients with most eye conditions, certain congenital malformations, and a whole host of other issues we were not able to treat due to severity of the condition or lack of resources. It was a difficulty to work with such patients, yet motivational in showing that the work must go on, and that a chronic commitment to such a cause may prevent and derail such predicaments in the future.

Looking to the future I continued to find myself quite humbled, as I always do, by the audacity of illness and the knowledge one must have to treat it. It was so easy to get caught up in the process of diagnostics, post op care, triage, and treatment that it took till the end of the day to recognize precious nature of the blessings we were able to bestow. In my perspective such medicinal care was the product of scientific discovery, molecular interaction, and physiological processes, yet I cannot help but think that to such a population we were treating, such gifts border heavily in the realm of miraculous. It begins to make one consider how right they indeed may be, and query as to the idea that discovery and knowledge into the minute aspects of a miracle indeed should not change its overall reality. Within that context I found it especially interesting to note the rich religious culture of these people. The majority were professing Christians, and were a comfort to me and a testimony to the call of God across the globe. I know after having been involved, that the drive of those who helped us with our mission was spurred deeply by their religious convictions, and when coupled to an absolute sense of community and family loyalty, became quite a transforming power within the community.



The idea of transformation was and continues to be a huge and almost audacious goal on these missions. It is



not enough to heal men for a few weeks and leave, we indeed hope to teach them to heal themselves for generations to come. As Ghana is a new mission point it was interesting to conceptualize the genesis of our long-term goals. Where does one even begin? I have realized in both this mission and the last that the first step is not to teach or do anything, but quite to the contrary to learn. One must first get themselves into the mindset of which they are attempting to interject, and interestingly for me that mindset of learning never stops, for the worlds that I enter when I step into the valleys of these people propose an infinite spectrum of insights into reality. As I understand it, as I am learning (which is constant) I can begin to impart some knowledge to those I am learning from, and we begin an interplay of knowledge and

learning which indeed is at the heart of medical relationships.

The depth of such relationships remains to me quite unmatched. There is a mutual respect and indeed a trust

which develops quite rapidly. It is the patients joy to receive care and my joy to see them joy in it. There is no legality, entitlement, or resentment, but simply an element of purified medicine. In the turmoil of the third world setting I find tranquility with the relationships I develop. Perhaps it is because I find myself placed within needs which require a unique compassion and perspective. It might be that to bare others burdens here, helps me to bare my own. It is for certain that such people demand and force reflection. They are walking emblems of the depths of this world. Their condition paints a whole different world than experienced by most. It is a canvas which disrupts every western notion of health and contentment. As these people and I worked together I got the feeling that together we were painting a different picture of the world. As they reflect on the free service I give, I reflect on their condition, hope, and attitude. Slowly, we change each other. It has been my goal as well as the goal of this institution to empower broken people to the point they can heal themselves and recognize their own potential.





In this particular mission our ability to morph into this relational interplay was greatly aided by the native Ghanaians volunteering to help us. Our ability to communicate with the community was deeply facilitated by relationships with the local television networks and radio shows. After broadcasting our arrival, they then graciously allowed us to display our work and mission to the audience we were working with. I believe one of the greatest moments was sitting in on the radio show, and after the show had received several messages expressing thanks, one last message came in asking the question, Why did we not charge anything for these operations, why did we not

take anything, shouldn't we have taken something? To me this was a wonderful moment, because in such a moment the epitome of our work and our mission was being realized. The counter cultural principle of our mission was at its most basic element being demonstrated and discussed. That making a difference requires thinking differently, and that seeing a community outside yourself and your own needs is the first step in cultural transformation. It is at its heart that greatest of virtues, self-sacrifice, and the demonstration of love. Granted, it is true to say that I received an abundance of things from these people, however money was not one of them. They shared with me their life, their pain, and their needs, and in my inmost caused reflection.

As I conclude this reflection I continue to follow through with the thought of reflection as changing and being changed. As I stared into the faces of these people and made their needs my own I could not help but reflect on reality, both mine and theirs, and indeed the present interplay we have with each other. Then within that thought is the question of how is what I am and what I am doing causing them to reflect, to change. For it was my goal to begin a process of transformative reflection in the hearts of the people here. I realize now more than ever that when one attempts to be the lens for someone else, we can't help but begin to see the world in a different way, and therefore ourselves different in it. A new reflection staring back

