



# Canada-Guyana Outreach Mission

## *Health Care for Guyana*

### 2018 MISSION REPORT

**The total number of patient visits this year was 1,227, a 45% increase over last year.**

#### SEVEN CHILDREN RECEIVE SURGERY IN MARCH

While on our medical missions to Guyana in 2016 and 2017, Dr. Clare Mitchell (Developmental Paediatrician and Medical Director of CanGO) and the Developmental/Mental Health Team saw eight (8) children in Regions 1 and Region 2 with cleft lip and/or palate, requiring surgery. These children were then referred to Dr. John Mitchell, President of the Health and Educational Relief Organization (H.E.R.O.), a surgical organization from New York.

On March 2, 2018 one of CanGO's Directors, Conrad Joseph, flew to Guyana to make final arrangements for the children and a parent each to travel to Georgetown for the surgery and for accommodation for the group while the children were having surgery. Sharir Chan, Chief Operating Officer of Guyana Medical Relief (GMR), partnered with CanGO on this project. On March 9, Conrad and Sharir met all the children and their parents in Charity and brought them to Georgetown where arrangements were made, through the Ministry of Indigenous Peoples Affairs, for them to stay at the Amerindian Hostel.

On March 9, children had their pre-operation (Pre-Op) visit with Dr. Doron Ringler, an Oral and Maxillofacial Surgeon from New York, who performed the surgeries. He was assisted by Dr. Rajkumar, a local Plastic Surgeon. Over the next three (3) days, seven (7) of the eight children had surgery. Unfortunately, the eighth child was sent home because she had surgery previously at the Georgetown Hospital and would need to return in August for additional surgery.

On March 22, 2018 the children had their Post-Op appointment with Dr. Rajkumar and, upon their release, Sharir accompanied the children back to Charity where they boarded the boats to their homes.



## 2018 MEDICAL MISSION

The composition of our 2018 Medical Mission team was as follows:

**Ten (10) Physicians:** Dr. David Alsobrook (Family Physician), Dr. Teresa DeSantis (Emergency Medicine), Dr. Joyce Dobbertin (Family Physician), Dr. Anne Galante (Gynaecologist), Dr. Veronika Jedlovszky (Pulmonologist/ General Internist), Dr. Tim MacDonald (Family Physician), Dr. Clare Mitchell (Developmental Paediatrician and our Medical Director), Dr. Denise Niemira (Family Physician), Dr. Mitch Persaud (Paediatrician/Allergist), and Dr. Lloyd Stoll (Dentist and VP of the Guyana Medical Relief).

**Seven (7) Nurses:** Chandra Chunilall, Robert McKenzie, Nancy Persaud, Anneke Schroder, Jacquie Dobbertin, Julyann Calendar and Kesharie Courtman.

**Five (5) Allied Health personnel:** Paula Holla (Physiotherapist), Anne Dworschak-Stokan (Speech Language Pathologist), Paula Folkeard (Audiologist), Patricia Stoll (Dental Assistant) and Patrick Fung (ECG Technician),

**Seven (7) Support Personnel:** two (2) Chefs (Annie Joseph and Allison Grant), and five (5) support staff (Judy Harrison, Conrad Joseph, Alan Davis, Sharir Chan (who is also the Chief Operating Officer of GMR), and Yvonne Triesman).

Also accompanying the team this year was Cyril Bryan, Editor and Publisher of Guyanese-on-Line. Cyril has been following us for many years and wanted to obtain first-hand information about CanGO's mission work with the view of assisting CanGO with fundraising.

This year, we were divided into 2 teams:

### WEEK 1 – GENERAL



**Team 1** arrived on **Saturday, October 27** and was divided into two groups. The first group provided clinics at the Longhouse in Warakaba for patients from Karawab, St. Monica, Kabakaburi, Akawini and Warakaba. These are all Amerindian villages in Region 2.

The second group treated patients from Santa Rosa, Waramuri, Karaburi and Manawarin, all Amerindian villages in Region 1.

## WEEK 2 – DEVELOPMENTAL/MENTAL HEALTH (D/MH)



**Team 2** - Developmental/Mental Health – arrived on **Sunday, November 4**, 24 hours after their scheduled arrival (their flight was diverted back to Toronto due to problems with the aircraft). This team saw patients with developmental disorders and mental health issues as well cardiac problems, hearing problems and difficulty with speaking, and other oromotor problems from Karaburi, Waramuri, and Santa Rosa at the Kumaka District Hospital in Region 1. Patients from Manawarin were seen at the Manawarin Health Post, patients from Charity were seen at the Oscar Joseph District Hospital, and patients from St. Monica, Karawab, Akawani and Kabakaburi were seen at Warakaba in the Upper Pomeroon River.

The D/MH team was able to provide comprehensive inter-disciplinary assessments for the children seen in these remote regions of Guyana. Examples are: a child with global delays in development and cerebral palsy was able to see a nurse for triage and general assessment, a physician for diagnosis and management of health concerns such as respiratory problems, seizures and growth, an audiologist for an assessment of hearing, a physiotherapist for mobility, sensory assessment and seating, a speech pathologist for problems of communication and feeding and a sonographer for an echocardiogram when there were concerns about congenital heart disease (a relatively common co-morbidity). While the majority of these children had conditions that are lifelong, we were able to provide families with some understanding, as well as advice and tools to improve participation and quality of life. Of the seven (7) children who had cleft lip and palate surgery in March 2018, the D/MH team was able to see six (6) in follow-up to assist with ongoing care of this chronic condition.

The D/MH team is continuing to work with clinicians, administrators and educators in Guyana to build capacity for the care of children with disabilities. Some of the initiatives this year included: (1) local therapists joining our clinics, (2) gaining permission to have local therapists accompany us to remote regions, (3) discussing the care of children with complex needs with local health care providers, (4) discussing the needs of specific children with teachers and principals who could include them in their classrooms in the years to come, (5) investigating the specific requirements and barriers for seating (chairs that are suited for traversing over rough terrain but are light enough to lift into boats), and (6) speaking with the Chief Audiologist in Guyana to understand how audiology services and hearing aids are provided. The team also continues to collaborate with the central treatment centre in Georgetown and have started the planning process that would enable a Paediatric trainee from the Guyana Paediatrics Program to join the 2019 Mission.

The D/MH team again travelled to the New Amsterdam School for Special Needs Children. This is a highly specialized school for children with a variety of disorders including Down Syndrome, Hearing Impairment, Autism Spectrum Disorders, Intellectual Disability and others. All teachers are proficient at American Sign Language, and all students have a specialized and individualized program. Transportation and lunch for this trip was provided by the United Women for Special Children (UWFSC), an organization whose main focus is fundraising to assist the special needs schools, and lobbying for rights of children with special needs. On the last day (November 13) the D/MH team also visited the Ptolemy Reid Centre where children with developmental issues were seen and treated.

### EQUIPMENT FOR CHILDREN WITH SPECIAL NEEDS:

CanGO was very fortunate to receive donations of a state-of-the-art wheelchair, two strollers and a walker for children with mobility issues. The state-of-the-art wheelchair was donated by the Smart Family of Canada whose son, Benjamin, passed away a few years ago (you will find Benjamin's story on our Facebook page, "Canada-Guyana Outreach Mission" or on our website [www.cangomission.org](http://www.cangomission.org)). Benjamin's wheelchair was presented to a child in Berbice, the strollers were presented to children in Waramuri and Manawarin and the walker went to a child in Manawarin.



CanGO also purchased a transport chair that was presented to a 12-year-old child from Karawab who was diagnosed by Dr. Mitchell and the D/MH Team with cerebral palsy and a subluxed right hip.



### ADDITIONAL HEALTH CONCERNS ENCOUNTERED:

Problems presented to the teams included respiratory tract infections, diabetes, hypertension, skin rashes, back pain, worms, asthma, abdominal pain, diarrhea, UTI, vaginitis, seizures, STDs, typhoid, and conjunctivitis. The teams made 73 medicine referrals to the appropriate health facility for additional treatment.

### SURGICAL REFERRALS:

This year, eleven (11) referrals for surgery will be made to H.E.R.O. This team travels to Guyana each year and performs surgeries at the Georgetown Public Hospital.

**AUDIOLOGY TESTING:**

Hearing screenings for children and adults were completed throughout the mission. High end digital hearing aids and hearing aid batteries were provided to Dr. Ruth Quaiocoe, Chief Audiologist in Guyana, for use once the required hardware and software are obtained for programming. Some consultation was provided regarding Guyana's newly acquired Auditory Brainstem Response (ABR) equipment that is required to accurately test and fit hearing aids to infants and difficult to test children with hearing loss. Links were provided to the Hear the World Foundation which is currently taking applications until January 2019 to support programs that have a positive impact on the quality of life of children with hearing loss. It was suggested that an application be submitted to Hear the World to support professional training of local staff and set up of the ABR equipment for pediatric diagnostics and hearing aid fittings.

**SPEECH/LANGUAGE TESTING:**

New to the Developmental team this year included a Speech Language Pathologist (SLP) who specializes in Cleft Lip and Palate and Craniofacial Disorders. Six of the seven children who had surgery to their palate and/or lip in March received a full consultation. Some of these children were identified with a soft palate cleft and were encouraged to have this repaired in the upcoming year. The SLP spent time discussing cleft lip and palate, expectations of surgery before and after and general details of surgery to the child and parent. Speech therapy strategies, home programs and tools to maximize success were provided. We also met with a young lady and a young girl who had not yet had their cleft lip and palate repaired. They were referred to the H.E.R.O. program for possible upcoming surgery. Other children with speech or learning difficulties (e.g., dysphonia, speech and language delay, hearing loss) were seen. The SLP had an opportunity to liaise with the local therapist to discuss treatment for cleft lip and palate, articulation delays and oral-pharyngeal dysphagia at the Oscar Joseph District Hospital in Charity.

**CARDIAC ASSESSMENTS:**

A total of one hundred and six (106) non-invasive cardiac testing in the form of echocardiograms were performed on patients with known cardiac conditions, especially congenital, and also on patients with acute chest pain and shortness of breath. This was a collaborative effort between the D/MH team and the Georgetown Public Hospital Corporation (GPHC) Echo Lab. The echocardiographer, Mr. Patrick Fung, received his training in Guyana and completed courses from Libin Cardiovascular Institute of Alberta under the supervision of Dr. Debra Isaac. Echocardiograms were performed in remote villages for patients of all ages. Some patients were returning with previously diagnosed cardiac conditions and some were referred to Georgetown and closer health facilities for further care and management. This is a service which patients would otherwise not receive unless they have the funds to travel to Georgetown or more advanced facilities.

**TESTING FOR CERVICAL CANCER:**

According to the 2015 Cancer Surveillance Report, the second leading cause of cancer deaths recorded by the Guyana Ministry of Public Health is cervical cancer. Over a 10-year period in Guyana, collected data revealed that cervical cancer accounted for 1,014 deaths. Keen efforts are being made by the Ministry to address this form of cancer. Sadly, younger women in the 15-39 age group have the highest incidence. One of the strategic tactics being embraced by the Ministry is the Visual Inspection with Acetic Acid (VIA) screening. This screening method is one that is intended to help with the early detection of cancer. Working with the Ministry's goal in mind, Dr. Anne Galante (Gynaecologist) performed ninety-three (93) VIA tests on women in Santa Rosa, Karaburi, Waramuri and Manawarin, all Amerindian villages in Region 1.

**GUYANA MEDICAL RELIEF (GMR):**

The partnership with GMR, (a US-based organization that supplies medication and medical supplies to Guyana on a regular basis) continued this year. GMR has generously supported CanGO's mission for the past two years both financially and with medication that they receive from Direct Relief, another American company.

**Renovation of the Longhouse at Warakaba:**

Earlier this year, CanGO submitted a proposal to GMR for funds to continue with the renovation of the Longhouse which was approved. These funds were in addition to their annual financial support to CanGO. These additional funds, together with monies from CanGO, were used for the following: (a) renovation of the ceiling; (b) closure of the overhanging eaves thereby preventing the bats from entering; (c) completion of the electrical wiring of the building and (d) installation of 16 solar panels on the roof of the building.

**OTHER INITIATIVES:****Days For Girls (DFG):**

DFG is an international organization that manufactures reusable feminine hygiene kits and distributes them to girls in order to enable them to stay in school. Each kit lasts 2-4 years. This year a member of DFG, Jillian Johnston, accompanied CanGO and distributed over 200 kits to children at three (3) schools in Linden.

**Training Program in Otolaryngology – Head & Neck Surgery**

On August 1, 2017 Dr. Shawn Legall, an Otolaryngology resident in Guyana, arrived in Canada to begin a 10-month Fellowship in the Department of Otolaryngology – Head and Neck Surgery at Western University. This program was spearheaded by Dr. Leigh Sowerby and was administered in partnership with the Global Health Interest Group of the Canadian Society of Otolaryngology – Head & Neck Surgery. On April 30, 2018 Dr. Legall completed his Fellowship and returned to Guyana to begin his career as a General Otolaryngologist at GPHC.

**ACKNOWLEDGEMENTS:**

Members of the CanGO team would like to express sincere appreciation to the following organizations that made this year's mission a resounding success:

All Saints CWL, Strathroy, Canada	Health Partners International of Canada, Ottawa, Canada
Direct Relief, California, U.S.A.	Lion Tamesh Jagmohan, Essequibo, Guyana
Fly Jamaica Airways, Toronto, Canada	Ming's Products and Services, Georgetown, Guyana
Friends of Serviam, Ottawa, Canada	Ministries of Public Health, Foreign Affairs and Indigenous Peoples Affairs, Guyana
Georgetown Public Hospital Corporation, Guyana	Pharmasave. London, Canada
Govie & Narda Nauth, Charity, Guyana	Project DAWN, Liliendaal, Guyana
Guyana Cancer Foundation	Shopper's Drug Mart, Ingersoll, Canada
Guyana Medical Relief, California, U.S.A.	Toronto Kaitour Lions, Toronto, Canada
Guyanese Online	TransArtic Canada Inc., Woodstock, Canada
Health and Education Relief Organization (H.E.R.O.), New York, U.S.A.	United Women for Special Children, Georgetown, Guyana

We're also indebted to the **many** individual donors and volunteers - too numerous to mention – for their continued support of this very worthwhile endeavour.

And finally, Yvonne Triesman, President of CanGO, would like to express her gratitude to the CanGO family for their commitment and service to the people of Guyana. Without this group of dedicated professionals, this mission would not have been possible.

Please visit our website at [www.cangomission.org](http://www.cangomission.org) for additional pictures of the 2018 Medical Mission.

**2019 MISSION**

The next mission is currently being planned for the Fall of 2019. At that time, members of CanGO will be returning to the areas where we worked this year to provide continuity of care to patients.