



Health Care for Guyana

REPORT OF THE 2016 MISSION TO GUYANA

PRE-MISSION VISITS BY THE ORGANIZING TEAM

On October 18, Yvonne Joseph Triesman and Judith (Judy) Harrison, two members of the Organizing Team of the Canada-Guyana Outreach Mission's (a.k.a. *CanGO*) left Toronto for Guyana. They were joined by two additional members, Conrad and Marlene (Annie) Joseph on October 21. Our task was to finalize arrangements for the upcoming mission.

The Organizing Team met with Hon. Carl Greenidge, Vice President and Minister of Foreign Affairs, Hon. Dr. George Norton, Minister of Public Health, Hon. Sydney Allicock, Minister of Indigenous Peoples Affairs, Ms. Anyin Choo, Head of the Diaspora Unit and Sophia Darlington, Foreign Affairs Officer (both of the Ministry of Foreign Affairs). Discussions centered on the healthcare needs of the Guyanese people and how *CanGO* could best assist Guyana to meet those needs.

SITE VISITS

On October 19, Judy and I, along with Sharir Chan, Chief Operating Officer of Guyana Medical Relief, as well as Michelle Ramsaroop and Ramona Chanderballi, both of "Days for Girls" traveled to the interior to make site visits to all the villages where our teams would be working. Our first stop was at the Kumaka District Hospital in Santa Rosa where we met Dr. Sedar Asare, the local physician, and Dr. Orin Lewis, the physician from Waramuri. The following day we traveled to Charity and then onto Kabakaburi, Waracabra and Karawab. We had meetings with the Toshaos and the health workers in all the villages and organized the clinics for the next two weeks.

Conrad Joseph and I also paid a courtesy call on the Canadian High Commissioner to Guyana, Mr. Pierre Giroux. Discussions centered around the work that *CanGO* has been doing, and continues to do, in Guyana.

WEEK 1

Developmental/Mental Health Group

On October 29, Dr. Clare Mitchell (Developmental Pediatrician), Dr. Linda Plowright (Psychiatrist), Tania Shearer (Occupational Therapist), Janna (Anneke) Schroder (Nurse), Gomattie Chunilall (Medical Student), and Tasha Ramparas (Medical Student) arrived in Guyana.

This team completed four specialized Developmental Pediatrics/Mental Health clinics in Santa Rosa, Charity, Waracabra and Kabakaburi, Amerindian villages in Regions 1 and 2. In coordination with the local health centres, nursing and midwife staff, and Toshaos, patients of all ages with delays in development and/or problems with behavior, emotional or mental health were assessed.

Problems addressed included global developmental delay, cerebral palsy, complications of prematurity, sensory impairment (hearing or vision loss), genetic disorders (i.e. Down Syndrome), Fetal Alcohol Spectrum Disorder, Muscular Dystrophy, congenital malformations, seizures, academic achievement, anxiety disorders, depression,

psychosis, dementia and substance abuse. The team was able to make specific recommendations for treatment in the community and referrals for additional treatment where required. This is being coordinated through the Regional Health Officer, Dr. Farah Khan and other local services (i.e. audiology). Our hope is to see a number of these patients in follow-up sessions at subsequent visits to Guyana.

Dr. Plowright, Dr. Mitchell and Tania Shearer also met with students at the high school in Santa Rosa and provided an interactive session on stress management and relaxation.

This team, with the exception of Janna (Anneke) Schroder and Ms. Gomattie Chunilall, departed Guyana on November 6.

WEEK 2

Remaining Members of *CanGO* Arrive

On November 5 the remaining members of the CanGO team arrived in Guyana. They were: Dr. David Alsobrook (Family Physician), Dr. Joyce Dobbartin (Family Physician), Dr. Lorraine Emeghebo (Nurse), Dr. Anne Galante (Gynecologist), Ms. Elizabeth Hartman (Nurse Practitioner), Dr. Veronika Jedlovszky (Pulmonologist/General Internist), Dr. Alison Marr (Family Physician), Ms. Liela McClenaghan (Nurse), Mr. Robert McKenzie (Nurse), Ms. Betty McNair (Nurse), Dr. Denise Niemira (Family Physician), Ms. Deena Persaud (Pharmacist), Dr. Mitra Persaud (Pediatrician/Allergist) and Ms. Nancy Persaud (Nurse). All members were transported to Project DAWN in Liliendaal by minibus, compliments of the Ministry of Public Health.

This team was divided into two (2) groups: Group 1 held clinics at Waracabra for patients from Karawab and St. Monica and at the Kabakaburi Health Post. Group 2 worked at the Kumaka District Hospital in Santa Rosa, the Waramuri Health Centre, Manawarin Health Centre and at the Oscar Joseph District Hospital in Charity.

HEALTH CONCERNS ENCOUNTERED

During the mission, **773** patients were seen and treated by our physicians. Problems presented included respiratory tract infections, diabetes, hypertension, skin rashes, tuberculosis, back pain, worms, asthma, abdominal pain, diarrhea, UTI, vaginitis, seizures, STDs, typhoid, conjunctivitis, and GERD. The teams were able to make specific recommendations for treatment in the community, and referrals were made for additional treatment to the appropriate health facility.

URGENT INTERVENTIONS:

Below are some patients who required urgent intervention.

Diabetes: An elderly woman, who was unable to walk, was brought to the clinic, acutely ill with a high fever. She was a known diabetic and had run out of medication a week prior. She was confused, hypotensive and dehydrated. Her blood sugar was very high and she had ketones in her urine. In Canada she would have been admitted to hospital. The doctor was able to rehydrate her with intravenous fluids, and bring her blood sugar down. After several hours in our makeshift Intensive Care Unit (ICU) she gradually improved and was well enough to go home. She returned to the clinic the following morning feeling and looking much better, and her blood sugar was stable. Arrangements were made for close follow up by the local Community Health Worker (CHW). A large supply of oral diabetes medications was left with the nurse.

Hemorrhaging: A very young woman had just given birth at the local health post. After the delivery she started to hemorrhage. The attending Midwife and CHW were unable to establish an intravenous line. Her condition was deteriorating. The CHW knew our group was nearby so she grabbed a motorboat and drove 10 minutes down river to ask for our help. Two of our physicians jumped into the boat and rushed to the scene. They were able to secure an IV and arrest the bleeding. Both mother and baby did well. The closest emergency care would otherwise have been a 2-hour motorboat ride away.

Tuberculosis (TB): The team also encountered two (2) families with tuberculosis (TB). The matriarch of the first family had been coughing up blood for the past seven (7) years but had refused treatment. She is currently residing with the rest of her family. The daughter-in-law had recently been diagnosed with active TB. She received treatment for a few months but was forced to stop treatment prematurely because of the lack of funds to travel to the hospital.

The father in the second family had been diagnosed with active TB. He is currently receiving treatment.

In both cases, children in the households have never been tested and yet are attending school. We impressed upon the families the importance of diagnosis and appropriate treatment for **all** family members. We also ensured that the Ministry of Public Health and the Ministry of Indigenous Peoples Affairs were aware of these cases. The families were subsequently referred to the National TB Program for immediate action.

AUDIOLOGY TESTING

This year, *CanGO* was very fortunate to receive two (2) loaner audiometers from ShoeBOX Audiometry in Ottawa. These audiometers were used to complete the assessment of children who were delayed in language and other areas, to assess individuals where there was a concern about hearing, and to make several new diagnoses of hearing loss. We are now following up with Dr. Ruth Quaiocoe, the audiologist in Guyana, to ensure that appropriate treatment is offered.

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 year age group have the highest incidence (18% of cases). 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 (Gynecologist) performed VIA testing on many of the women in Santa Rosa, Manawarin, Waramuri and Charity. These women had no previous screening because of the lack of funds to travel to the treatment centres. This simple on-the-spot screening test provided reassurance for women who didn't show signs of cervical cancer. Moreover, patients who showed signs were referred to local clinics for treatment.

PATIENT INFORMATION SESSIONS:

In addition to running clinics, physicians and nurses gave information sessions to the patients on various topics. These included diabetes, back pain, and sexual health. Information flyers were also distributed to the patients.

CONTINUING MEDICAL EDUCATION (CME)

On Friday, November 4, Dr. Plowright gave a lecture on Intellectual Disability and Integrative Psychiatry to the Pediatrics and Psychiatry resident training group at the Georgetown Public Hospital. Dr. Mitchell gave a talk on Down Syndrome to a multidisciplinary group at the Ptolemy Reid Centre. Dr. Mitchell and Tania Shearer assessed a number of patients at the Centre, building on work completed on two previous visits. That evening, Dr. Plowright gave a talk on the approach to disruptive behavior in Intellectual Disability and Dr. Mitchell spoke on Fetal Alcohol Spectrum Disorder. These lectures were attended by physicians, residents and social worker students from the University of Guyana.

VISIT TO THE NATIONAL PSYCHIATRIC HOSPITAL IN BERBICE

On Saturday, November 5, Dr. Plowright and Dr. Mitchell traveled to Berbice, met with Dr. Mayda Grajales, Chief Psychiatrist at the National Psychiatric Hospital, and were given a tour of the facility. The mental health needs of this population were discussed with a view to providing some clinical expertise to patients and their families in a subsequent mission. Specific medications that would be of use in this population were donated to the facility.

GUYANA MEDICAL RELIEF (GMR)

This year *CanGO* has partnered with Guyana Medical Relief (GMR), a US-based organization that supplies medication and medical supplies to Guyana on a regular basis. GMR has generously supported our mission both financially and with medication that they receive from Direct Relief, another American company.

Renovation of the Long House

One of the projects on which we collaborated was the renovation of several rooms in the Long House at Waracabra. The Long House is centrally located in the Upper Pomeroon River between Karawab, St. Monica and Kabakaburi. Since the Health Posts in these villages are too small to accommodate our team, it was decided that *CanGO* (using the funds that they would have paid for accommodation in the area) and GMR would collaborate to renovate the building to facilitate continuity of care for patients in the area. "Food for the Poor" donated fourteen (14) mattresses, while the community made bed frames for the mattresses. Treated mosquito nets were provided by the Ministry of Public Health for this project. The plan is that the Long House will gradually be upgraded to accommodate visiting teams of medical personnel. *CanGO* will return annually to the Long House to provide patient follow up and to treat new patients.

TOMS Shoes

During the second week of our mission, Mr. Sharir Chan, Chief Operating Officer of GMR, joined our group and distributed hundreds of pairs of TOM shoes to the children while they visited the clinics at Waracabra and Waramuri. Regrettably, some of the children had previously been unable to attend school because of the requirement for shoes to be worn. Parents and children were very grateful for these gifts.

DAYS FOR GIRLS (DFG)

Research has shown that for five (5) days each month girls in poor countries miss school because of their menstrual cycle. DFG is an international organization that manufactures feminine hygiene kits and distributes them to girls in order to empower them to stay in school. Each kit lasts 2-4 years. As I mentioned above, Michelle Ramsaroop and Ramona Chanderballi joined Judy and I on this year's site visits. They distributed hundreds of kits to children in the Amerindian villages where we visited. These kits were very well received.

Five (5) sewing machines along with sewing accessories (thread, scissors, etc.) were donated to *CanGO* via Judy Harrison. These sewing machines were shipped to Guyana and presented to DFG Guyana to enable them to expand their services to the Guyanese people. In addition, DFG London donated a large supply of high quality flannel material to DFG Guyana. Once Chapters become well established, their mandate is to develop and support small groups of producers throughout the country thus ensuring a sustainable supply of kits. This will also provide local employment.

OTHER INITIATIVES

Nursing Program

As a Nurse Educator, Dr. Lorraine Emeghebo is interested in the quality of Nursing Education in Guyana. Her aim is to design a Continuing Education learning model whereby teachers in the Bachelor of Science in Nursing Program at the University of Guyana could educate the next generation of nurse leaders. This proposed program emphasizes sustainability for nursing practices in Guyana and is designed to meet the population's needs for primary care. This program was originally presented at the 50th Anniversary Symposium in New York and the information was subsequently sent to Dr. George Norton, Minister of Public Health, Dr. Ivelaw Lloyd Griffith, Vice Chancellor and Principal of the University of Guyana, Dr. Barbara Reynolds Deputy Vice Chancellor for Academics, Dr. Michael Scott, Deputy Vice-Chancellor of Academic Engagement and other stakeholders. While in Guyana, Dr. Emeghebo had a very productive meeting with Dr. Barbara Reynolds. Additional discussions are planned.

Training Program in Otolaryngology – Head & Neck Surgery

Dr. Leigh Sowerby continues to make progress with developing an Otolaryngology Training Program in Guyana. This program is being administered in partnership with the Global Health Division of the Canadian Society of Otolaryngology – Head & Neck Surgery. Preparations are currently being made for Dr. Shawn Legall, an Otolaryngology resident in Guyana, to come to Canada to do a 6-month fellowship in the summer of 2017. While in Canada, specific objectives will be created for him that will augment the current breadth of procedures performed in Otolaryngology in Guyana.

Funding for Dr. Legall was discussed during my meeting with Dr. George Norton. He stated that a scholarship will be granted after supporting documents are received from Canada. I also met with Ms. Roxanne Reece, President of Fly Jamaica, and requested complimentary return airfare for Dr. Legall. This request was very well received by Ms. Reece.

Two (2) children with cleft lip and palate and one (1) child with Down Syndrome and hearing loss were seen by our physicians. Dr. Murad Husein, a Pediatric Otolaryngologist, who will be traveling to Guyana in the Spring of 2017 to continue Dr. Legall's surgical training, will perform the required surgeries on these children. The Ministry of Indigenous Peoples Affairs will provide accommodation for these young patients and their parents while they are in Georgetown.

ACKNOWLEDGEMENTS

I'd like to express my sincere appreciation to the following individuals and organizations that made this year's mission a resounding success:

- Various Ministries of the Government of Guyana for making this mission a reality.
- Guyana Medical Relief (GMR) for their supply of medications and to Mr. Sharir Chan, C.O.O. of GMR, for his invaluable support while we were in Guyana.
- Health Partners International of Canada (and through them major pharmaceutical companies in Canada) for providing us with a large supply of medications.
- Ming's Products and Services for sponsoring our Farewell Dinner again this year.
- ShoeBOX Audiometry for loaning us two (2) audiometers that enabled us to perform audiology testing.
- Donors for their financial support, medical and equipment supplies.
- Peace Corps volunteers, Eneke Lamb and Amber Enyart who were extremely helpful with the organization of clinics in Santa Rosa and Waramuri.
- Govie and Narda Nauth for providing us with lunches, snacks and transportation in Charity.
- Marcian Gravesande and the Georgetown Public Hospital for accommodating us at Project DAWN.
- Michelle Ramsaroop for providing the beautiful table arrangements for our Farewell Dinner.
- Many volunteers, both in Canada and Guyana, who assisted with various aspects of the mission.
- And last, but certainly not least, my *CanGO* family for their dedication and service to the people of Guyana. Without you, this mission would not have been possible.

2017 MISSION

The next Mission is currently being planned for the Fall of 2017. At this time, we will be working very closely with the Ministry of Public Health, the Ministry of Indigenous People and the Diaspora Unit of the Ministry of Foreign Affairs to determine which areas of the country will benefit from the specialists that will be volunteering their time to the mission next year.

Respectfully Submitted,



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President

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