

New Hope

Owerri West Local Government Getting More and More Involved

The history of government involvement in rural health care has not been good. History states that former President and Retired General Babangida made great effort to improve healthcare on the national level (see article at <http://www.country-studies.com/nigeria/health.html>). His efforts were to be filtered down to the state level. At the state level, newspaper articles also state that the current governor of Imo State is taking active part in improving rural healthcare in Imo State by working in conjunction with the local government chairmen (see article at <http://allafrica.com/stories/200507110081.html> and http://news.biafranigeriaworld.com/archive/champion/2005/05/31/imo_begins_health_centres_repair.php). Internet research shows all this information documented even in scholarly journals. Yet, research done at the grass root level shows that the people have no idea these efforts have ever been made on their behalf. Since October 1, 1960, rural healthcare has rapidly declined to the point that people in the rural

areas do not know the meaning of the term “healthcare”, let alone “rural healthcare”. Mr. Ndulaka Ukawuba stated in an interview with HIMM, “Our local health centers are postal agencies now converted to clinics. These centers have no roof, chairs for patients, simple equipment, doctors or nurses. We in the rural areas have been forgotten.”

Since HIMM began its quest for rural healthcare development in Imo State in year 2000, the organization has not experienced local or state government support - not until the regime of Chief Barrister Victor Muruako. Barrister Muruako became the Local Government Chairman in 2004 and since then has taken active interest in HIMM and its vision. In 2004, Barrister Muruako provided transportation and security to HIMM missionaries showing deep concern for their well being and comfort. The Barrister also



10-Month old baby with abdominal obstruction

promised to give his support during the next HIMM mission coming up in 2005. He kept his promise. Not only did he provide security, lodging, in collaboration with his father, Eze-elect Nze J. O. Muruako, and transportation, he also set up a follow up system of HIMM patients where the patients will follow up with a local physician until the opening of the

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President's Message ...



For five years in a row, HIMM has been actively involved in rural health care development in Imo State, Nigeria. Every venture needs a starting point. In March of 2000, HIMM began its quest to improve health care in the Owerri West and Ngor Okpala Local Government Areas (LGA). HIMM organized and went on mission trips to Ihiagwa (Owerri West) and Umuoye (Ngor Okpala). In March of 2004, HIMM did more by including one village (Obinze in Owerri West, LGA) to its mission list. This year, in March of 2005, HIMM realized its vision of further expansion and growth by reaching out to 5 villages in Owerri West and cutting across boundaries, reaching out to a village in Owerri North. The organization was able to provide free medical care to the people of Ihiagwa, Obinze, Umuguma, Emeabiam, Amakohia-Ubi (all of Owerri West) and with the assistance and dedication of Mr. Kenneth Ekechi, Umuori-Uratta (Owerri North). HIMM saw a total of 2000 patients during this year's mission.

Since the mission's end in April 2005, HIMM has continued to receive words of thanks and gratitude for all the love and concern of HIMM and the people of America in bringing health care to their door step. For years many of the people have not been able to see a doctor because of the cost and availability. The state of rural health care in rural Owerri is such that even though the well-to-do have the ability to see a doctor, the drugs they are given are fake. Thus, people do not get cured of their varying illnesses and in most cases, loved ones are lost.

HIMM's success is dependent on prayer, commitment and sacrifice of loving and caring people for the vision I have to 'touch the world with medicine', bring smiles to crying faces and bring hope to the hopeless. If all who share this vision join in this mission, we all shall be blessed and we shall do more and more.

We will continue to work with churches and Universities in USA and Nigeria in bringing hope to the hopeless in the rural areas of Africa and the Caribbean's. We are grateful to the people of America who support us financially and otherwise.

High Chief Kennedy Kelechi Okere, MD
President

My First Medical Missionary Journey

By Mrs. Violet Igwe-Onu

Violet answered, *"Here am I! Send me."* Chiaka added, mom wherever you go I will go too!

For one to embark on an international medical mission or any mission for that matter there must be an inner force driving that person; a burning desire to serve others: something no one else can explain. This is the case with my wife Violet who happened to be part of this medical mission to Nigeria. We find our happiness by helping others find theirs and Violet is no exception in this regard. Some distressful encounters in Nigeria and Dr. Okere's presentations on his previous missions was all it took to arouse her desire to want to do something, no matter how small her contribution might be and when the request for volunteers was announced last summer, she did not hesitate to volunteer, despite the fact that we didn't have enough money for one person's flight and now they're two. But she's already made the commitment, there's no going back but we believed that with God all things are possible. Meanwhile she has already accepted an offer for a second job to help defray the cost. The Almighty God intervened through All Saints and she was told they would take care of her flight ticket. It was welcome news because it's like God is telling her to reserve that energy she should have spent at her second for the mission ahead.

"WHOM SHALL I
SEND, AND WHO
WILL GO FOR
US?"
(Is. 6:8)



On the left: Mrs. Violet Igwe-Onu and
Mrs. Julia Pearce triaging a patient

Violet is a "servant" and sometimes thinks God has brought her in this world on a mission, whether it's saving lives or helping the needy. Patrick Morley's definition of "servant" fits Violet perfectly well. He says, "A servant is someone who goes where Jesus would go to do what Jesus would do". I couldn't put it any better; Violet takes her service as an expression of gratitude to God.

The greatest challenge in receiving great things from God is holding on for the last half hour. Violet was tested and challenged in preparing for this trip. Packaging the medications was quite a chore. At the airport, the airline refused taking any excess luggage, and this is the heart and soul of the mission. Without those medications there would be no need for the mission. As a result of all the confusion, half the group from Jacksonville and Savannah, Georgia missed their scheduled flight. Everyone's faith was being tested. They were rescheduled to fly out of Jacksonville the following Tuesday with the entire luggage. On Monday we called to confirm their promise to accommodate the entire luggage, the response was not encouraging but God was in charge and he quickly intervened. By 5:00pm the phone rang; it was from Jacksonville International Airport: "you can bring the entire 13 luggage but your flight is leaving earlier". Everything seemed to be going according to God's plan but Satan has a way of injecting despair and guess what, as soon as they were handed their boarding pass and were just heading toward the departure area, Violet was called back and was told the flight had been cancelled. This was not a joke. The flight was really cancelled due to bad weather in Memphis, TN. But they were quickly reassured that everything would be okay and were immediately re-routed to Detroit, Mi. The rest of the flight went as God had designed and we thank Him for His mercies.

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THE MISSIONARY EXPERIENCE:

This whole write-up will not be complete without hearing directly from one of the members of the team, the young Chiaka Igwe-Onu. Here is her story ...

My trip to Ihiagwa town in Owerri, Imo State Nigeria would prove to be a very interesting and memorable one. I went as a part of a mission team under the guidance of medical doctor Kennedy Okere and the sponsorship of our church, All Saints Episcopal, Jacksonville. Dr. Okere had a vision to help the medically unfortunate around the world, and saw no better-fit place to begin this charity than in his native land of Nigeria. The purpose of the mission is to provide free medical care to the people of Nigeria, who otherwise have no means to get to a hospital and receive proper and valid healthcare. Through this program, they are able to receive free checkups, medical advice, and other such necessary medications to help prolong and improve their lives.

Among those that went on the trip, there were three doctors that came from America, as well as two registered nurses, a pharmacist, a dentist, and me. There were also a few local nurses and a minister that worked alongside our medical team and went with us to each town that we visited. On a typical workday, which began at approximately 9am and ended around 5pm, two minivans would serve as taxis that transported the team to the destination of the day. At the actual site of medical care in each town, makeshift workstations for the doctors, nurses, and pharmacist were set up, as well as a space for the minister to be able to minister and pray with the people waiting to receive medical care. Many of these sites that we were given to administer the care were dilapidated schools and churches (one time jewels in their glory days), obviously not adequately equipped with the many hospital rooms and privacy that we in the US are often accustomed to and take for granted. However, despite these conditions, the people there remained ever grateful that we were even there attempting to help them in the first place.

The work day always began with a prayer session, which always included a few songs of praise - sometimes in English, sometimes in Igbo (one of the main languages of Nigeria), some familiar to me, and some not. Either way, the reverence that we all seemed to have for God and the work that He allowed us to do was evident and understood by all. Following the prayer session, the patients were given numbers that were called when it was their turn to see whichever health executive was free at the time (as more than 300 people showed up each day). After filling out a medical history form and consulting with a nurse, they were sent to a doctor, and then given a prescription that they took to the pharmacy "station" and received their respective drugs. Due to the limited amount of missionaries that we had compared to the massive turnout of patients there, the wait for drugs was almost always long, and it was also literally impossible for us to help everyone that turned out, which understandably caused some of the people that didn't receive any care to be a bit verbally hostile towards us. I was a little shocked at first, but if you put yourself in their shoes and realize that we are probably their only means of seeing a legitimate physician and receiving medical care for the year, the frustration when we could not attend to them seemed only

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SPECIAL THANKS TO ALL SAINTS

This is not just a story about the medical mission to Nigeria; it is in fact a sincere testimony of gratitude to our church family, All Saints Episcopal Church. We don't have words to express our heartfelt gratitude to all of you for the overwhelming response to several Sunday announcements and requests by the Stewardship Committee for over the counter medications, eyeglasses and even cash donations. Your response was well received in Nigeria and if "thank you" was tangible enough to fit into any luggage, Violet, Chiaka and the entire team would have returned with lots of excess luggage.

On behalf of the people of Owerri West Local government of Imo State, Nigeria and the members of St. John's Anglican Church, Ihiagwa, Owerri, Nigeria who directly benefited from your generosity, we say

THANK YOU, ALL SAINTS!

And may the good Lord continue to bless this parish family.

Crossing Borders to Orlu LGA, Imo State: The Story of Chigozie Okoye

Chigozie Okoye is a ten year old boy from Mbano-Imo State, Nigeria and the only boy of 3 children in his family. This little boy was born with a congenital heart disease - Atrial Septal defect commonly known as having a hole in the heart. Chigozie suddenly developed a persistent cough, which was misdiagnosed as asthma and was wrongly treated with a bronchodilator. He did not respond well to this treatment given in Nigeria. As a result, Chigozie's cough worsened progressively and was



accompanied with shortness of breath and relatively stunted growth.

Doctors at the Lagos University Teaching Hospital (LUTH) finally made the diagnosis of Atrial Septal defect using an echocardiogram. The recommendation was that Chigozie should receive urgent open heart surgery to correct the defect and survive. Unfortunately for the family, this procedure was and is still not readily available in Nigeria. All Chigozie's parents could do was pray to God and wait for their miracle. "I was

From the left: Mrs. Francisca Okoye, Chigozie Okoye and Dr Jeffrey Dormu upon arrival at the Deborah Hospital Foundation

waiting for the time when the Lord would hear my cry and wipe away my tears", said Mrs. Francisca Okoye – Chigozie's mother).

Mr. Kevin Iwule is Chigozie's uncle and a neighbor to Dr. Kennedy Okere in Savannah, Georgia. Dr. Okere went on a neighborly visit to Mr. Iwule's home, and while there, Mr. Iwule told Dr. Okere the of his nephew, Chigozie, and his medical condition. "I felt the burden to help Chigozie; I prayed that God would use me to restore hope to a family without hope", said Dr. Okere. Dr Okere then used his network resources and other non-profit



Chigozie Post-Op Atrial Septal Repair

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organizations. He eventually got in touch with his friend and colleague from medical school, Dr. Jeffrey Dormu, who is an Endovascular Surgeon. Dr. Dormu then linked HIMM to the Deborah Hospital Foundation in New Jersey, USA, to whom Dr Okere presented Chigozie's. The committee



Chigozie in Deborah Hospital Foundation Critical care Unit

approved the case for evaluation and treatment. The operation, which would cost approximately seventy thousand dollars (\$70,000.00), was to be performed for **free**. "When I heard the good news of my son coming to USA for the operation I knew he was already healed, my hope grew stronger." – Mrs. Okoye.

Chigozie and his mother successfully went through the hurdle of acquiring an American visa. Chigozie eventually had a successful operation and was discharged from the hospital after one week. Today he is in Nigeria happy and playing with his friends without shortness of breath. Mrs. F. Okoye narrates "I do not know how to say thank you, God has shown me that he is alive and hears



Foundation Nursing Team That Cared for Chigozie

the prayers of his people. God bless Dr Okere and his ministry for being a vessel God can use to deliver needy people like myself. I am grateful to Dr. Dormu and all the surgeons that carried out the operation. May God enrich the Deborah Hospital Foundation."

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logical. This frustration seemed to fuel the rest of the missionaries, so I decided to work quicker and better in order to reach the maximum number of people. The gratitude of the many more than made up for the hostility felt by the few, and this is the memory I take with me from the trip.

There were many health problems that I observed when I went on this mission trip, however a few seemed to really stand out as dominant health issues in the patients that we saw, perhaps attributed to the stress-inducing lifestyles of many Nigerians. Blurred vision and headaches were common symptoms often associated with astronomically high blood pressures, which were treated with drugs such as Moduretic or Procardia. Lack of clean drinking water, malnutrition, and arthritic pains were also dominant symptoms seen, dealt with by administration of multivitamins (for water and malnutrition), Tylenol, Ibuprofen, and other medications for arthritis. Malaria was another dominant case treated, often characterized by night headaches, dizziness and fatigue, etc., and treated with Fansidar pills. Various STD's were also diagnosed and treated, as were a few cases of HIV and AIDS.

A shocking discovery to me was the recurrent number of people seeking medical care from us who had already pre-diagnosed themselves and matter-of-factly (and often incorrectly) stated that they had malaria or typhoid fever, with no explanation as to how they actually came to this diagnosis. Many of them were grossly misinformed by their doctors, who are sometimes as corrupt as the government they are under when it comes to extorting the common man for as much money as possible. There were also a percentage of people that avoided medical care, not because of monetary reasons, but because of traditional beliefs, but came to us as a last resort, and as expected, we did as much as we could for them, given their present state.

In conclusion, this trip made a lot of things clear for me. It not only made me more grateful for the automatic benefits I have as being a US citizen, it made me more driven to want to continue to help other unfortunate people in education about healthcare and prolonging their lives. I feel that we all have a purpose allocated from God for being here, and perhaps this trip was a way of helping me realize what mine is. I strongly encourage anyone who hasn't already gone, to go on some form of mission trip, with an open mind and heart. The payback or reward that you will get from such a mission is priceless and immeasurable.

-Chiaka Igwe-Onu

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Horizon Medical Center currently under construction. This collaborative effort will promote greater success and help HIMM realize its vision of improved rural healthcare.

Mr. Ndulaka Ukawuba and his wife brought their 10-month old baby girl to the HIMM mission area. The baby had been suffering from distended abdomen and lack of bowel movement for four days. Her parents applied palm kernel oil on the abdominal wall without relief to the obstructed abdomen believing that this was the adequate local remedy – the baby's health continued to deteriorate. The parents presented the baby to Dr Kevin Streete, one of HIMM's medical missionaries. Dr. Streete on examining the baby determined that she needed immediate inpatient hospital care and informed Barrister Muruako. Honorable Victor Muruako and his team rushed the baby to the Federal Medical Center in Owerri, which is the closest hospital to the area. Interestingly, on arrival at the hospital, the staff notified HIMM and Barrister Muruako that it did not have the Intravenous antibiotics needed to cure the child. By God's will, HIMM was able to donate this medication to the hospital. After four days of inpatient care, the little girl did well and was discharged. Mr. Ndulaka Ukawuba, the father of the 10-month old baby rescued by team effort has this to say: "Since HIMM began working with our newly elected Local Government Chairman Honorable Barrister Victor Muruako, we have seen a major difference". Mr. and Mrs. Ndulaka are grateful to the HIMM and local government team.

HIMM Mission 2005: Bringing Hope to the Hopeless

New Missionaries On Board

HIMM was opportuned to add six new missionaries join on this year's mission to Nigeria. They were, Dr. John Izuegbu, MD, MPH and Dr. Kevin Streete, MD and his wife Mrs. Esther Streete (Attorney at Law), Dr. Tomoral Sams, DMD, Mrs. Violet Igweonu, RN and her daughter Ms. Chiaka Igweonu (a pre-med student).

Chiaka's dream is to continue working with HIMM after she becomes a qualified physician. Now she is gaining experience as a short term missionary.

Mrs. Esther Streete distributed clothes and dry milk to the children. She also made herself available for assistance in other areas of the ministry.

Dr. John Izuegbu reported, "I am amazed at the number of patients with hypertension and stroke. Some walk around like time bombs ready to explode when the pressure is too much for the body to handle."

Mrs. Violet Igweonu had this to say about her experience, "In the past I visited Nigeria my home to see relatives for pleasure but now I see my people from a different perspective. I see how my little contribution can make a difference. When I triage patients and see how high their blood sugar and blood pressure are I feel for them.



Diabetes and hypertension are two major diseases of concern. Malaria is also common with chloroquine resistant type prominent."

Dr. Streete worked on another case of a 50 year old man from Obinze. The man was cutting a shrub in his farm when he accidentally cut his two fingers off from his hand. He was able to control the bleeding using herbs but he did not pick up the separated fingers to the mission area. When asked why he did not bring the separated fingers to the doctor, the man replied, "How was I supposed to bring it?" Dr. Streete told him that the fingers should have been kept in ice and then the doctors could attempt to attach them to the hand. The man then replied, "You want me to save the cut fingers in ice doctor? We don't even have light in this village let alone ice!"



HIMM Welcomes a New Dental Department

HIMM is proud to announce the dentistry department as a blessing and addition to its ministry. Dr. Tomoral Sams is the head of this department. Dr Sams serves with Curtis Cooper Community Health Center in Savannah Georgia. She joined HIMM for its mission to Nigeria this year. She was involved in most areas of dental care including cleaning, tooth extractions and other periodontal treatment. Dr Sams had this to say about her first missionary trip to Nigeria: "It was a rewarding experience. The people were highly appreciative. I would like to go back and help if opportuned. Most elderly patients used tobacco on their teeth and many people used special chewing stick to clean their teeth. I guess the chewing stick worked for some but I saw so many dental issues that I gave out a lot of tooth paste and tooth brushes."



Once I was blind but now I can see – a Testimony

A 65-year old woman from Obinze shared this testimony with HIMM. "For ten years I couldn't read my bible, everything appeared blurred. My heart ached because of this. I found out that the missionaries were giving out reading glasses to people who needed them, so I went to pick out glasses for my self. Now, praise God I can see and read with these glasses!" HIMM distributed 650 eye glasses to the mission areas visited. We are very grateful to Lion's Club of USA and the entire people of America for their donations. God Bless You All!



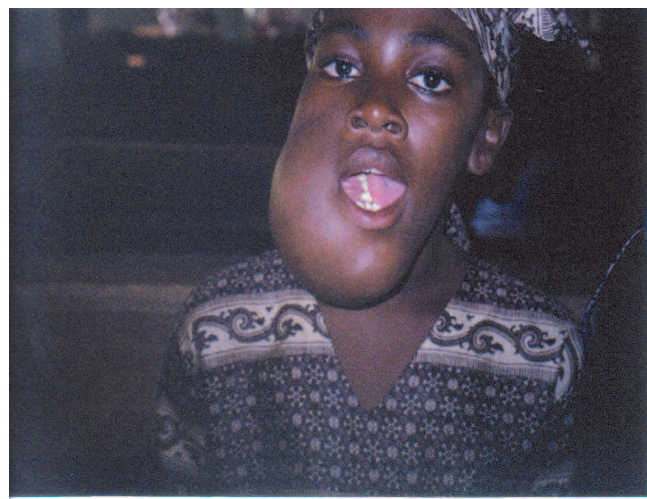
Nurse – “I need prayers”

“For the soul, body and the spirit must be healed for us to achieve complete healing,” said Dr. Okere. The evangelical part of our ministry continues to grow. Some of the patients that come to the mission area only want prayer said over them. For the newer HIMM missionaries this was a new experience. Pastor Okechukwu was there to pray for people while the medical officers continued with their work. The churches in rural areas of Nigeria continue to seek for sister churches in USA who can assist them in training and planting of new churches.



HIMM Mourns the Loss of a Patient

Mrs. Felicia Azu was a 56 yr old woman who had a thyroid goiter that enlarged so much that it mechanically obstructed her air way. In the night she needed extra supporting pillow to help elevate the mass so that she could breathe better. HIMM raised six hundred dollars (\$600.00) to carry out the surgery and put a smile on her face. Mrs. Azu went for the surgery and two days later passed away from post operative complications. The good news is that she knew the Lord and trusted Him. May her soul rest in perfect peace. Amen.



Put A Smile On This Face.

HIMM wishes to share with you the unfortunate condition of Oluchukwu Amajuoyi, a 13 year old girl who developed Burkett's lymphoma. The tumor is so enlarged that it shifted her right lower jaw towards the midline of her mouth. She needs major surgery. This cannot be done in Nigeria. HIMM is seeking for help from people of America to help rescue her or she will die from the disease. Please help us put a smile on this face, time is of the essence.

HIMM thanks the people of America for their financial support and prayers. We are deeply grateful for the special support of Holiness Temple Church and Southwest Community Church both of Savannah, GA, for their support in prayers and financial donation. Special thanks also go to Americares and MAP International for their donation of medication which we used to save lives. God Bless you all.

HIMM Honored



The Honorable A. U. D Nwaosu had this to say about the couple, “High Chief Dr Kennedy Okere and Lolo Mrs. Leslie Okere are role models to the Africans in Diaspora. They remembered their people while in a foreign land – God bless them.” Hon. A.U.D Nwaosu represented the Executive governor of Imo state in the coronation ceremony.

On March 26th, 2005 eighteen Ezes (Kings) that make up the council of Traditional rulers of Owerri West, in collaboration with the Local government council, the Imo state Government and the entire 1.2 million people of Owerri West, honored Dr. Kennedy Kelechi Okere as High Chief Aka Ji Ogwu 1 of Owerri West, which means the high chief who has the hand to uphold medicine. This is a great honor that puts him close to the Kings and the Imo State government. The people awarded this high honor to Dr. Okere because of his contribution to rural health care in Imo State.



Dr. Okere’s wife Mrs. Leslie Okere, who is HIMM’s director of development, was honored as the Lolo Nwanyi ma Obidiya 1 of Owerri West, which means the queen that understands her husband’s heart.



Mrs. Julia Pearce, RN from Tybee Island, USA also received an award of honor from the Council of Traditional rulers of Owerri west LGA. This was also for her 2-year contributions to the success of HIMM’s medical mission trips to Nigeria.



HIMM honored the African coordinator of HIMM missions, Deaconess Priscilla Okere, for her sacrifice, faithfulness and commitment to the mission .She was made the life time matron of the organization.

Horizon Medical Center: HIMM's Vision Being Fulfilled

Our vision is to reduce mortality, especially infantile mortality, reduce morbidity, educate our patients and care for the soul. We started from a small town and spread to more than five towns in different local government authorities.



This vision definitely cannot be realized unless we have a permanent clinic in the rural area where the locals can have access to a physician at affordable cost.

In 2002, HIMM broke the ground for the future Horizon Medical Center. An eight-bed hospital and with also out patient section included. This is as the verge of completion. Local Nigerian physicians, nurses, pharmacists, lab technologists, etc will be employed. Immunization of children will be an important part of this hospital.

Resident physicians and surgeons, nurses and medical students from USA will have the opportunity to receive elective training in Tropical Medicine at the Horizon Medical Center. This typical model will be replicated in different states in Nigeria, Africa and the Caribbean.

We will continue to work with churches and ministers in the care of human souls for eternity.



"Touching the World with Medicine"

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We Touch the World with Medicine—Bringing Hope to
The Hopeless

Mission Statement: HIMM is committed to taking action to resolve rural health issues as opposed to giving lectures with no action executed and no plan to take action. It plans to develop a relationship with medical schools and residency programs to create a program that will enable medical students and residents to travel to these rural areas to see patients, work on various health issues and gain experience dealing with tropical medical issues. HIMM plans to work with rural health workers to educate the people on their health issues.

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