

CANCER MEDICAL MISSION TO JAMAICA

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Africa Cancer Care Inc (ACCI) now Ace Cancer Care Inc, a Houston based non-profit organization took their spring 2012 medical mission to St. Ann's Bay, Ocho Rios, Jamaica West Indies. From the name of the organization, one will wonder why and how we ended up in Jamaica instead of an African country. For ACCI, it does not matter the continent, the important thing is, we are out there making a difference in the life of people. Our trip to Jamaica started with a Jamaican volunteer resident in Nigeria. I met Dr. Marcia Russell in October of 2007 when we took a medical Mission to both Katsina and Niger States. She was one of two physicians sent to meet my team. The other was a class mate of mine at the Federal School of Arts and Science, Sokoto whom I last saw in 1997, 30 years to be exact. Marcia volunteered in all subsequent missions of ACCI to Nigeria. During one of the missions, she requested that I take a mission to Jamaica. She even went as far as to introduce me to the Jamaican ambassador to Nigeria, Honorable Consul Robert Miller. He also lent his voice to Marcia's request. The idea stayed with me. I hoped to make it in Spring sometime to avoid the hurricane season. So when another group of Jamaican volunteers based in Houston requested a mission to Jamaica, I had to do it. Hence the mission to Jamaica.

The mission took place from March 24 to April 3rd, 2012. We had a team of 16 plus 5 that joined us locally making 21. Most were from Houston. We had one from Nigeria, another from Washington and 3 from Florida. In preparing for the mission, we held a cancer walk in Pearland, Texas to enable us raise funds for the mission. Supplies were purchased from the funds and left over stock from prior missions. A lot of planning went into preparing for the mission. Through one of our Jamaican volunteers, we were able to make contact with a physician at St. Ann's Bay Hospital in Ocho Rios. He became our contact and liaison with the Ministry of Health of Jamaica. He facilitated all the paper work required by the Jamaica Health Ministry which was quite a bit. At some point, I thought we were not going to make it or meet the dead line,



but somehow it worked out.

During the 10-day medical mission, we covered 6 medical facilities under the North-East Regional Health Authority. These included the St. Ann's Bay Hospital Ocho Rios, The St. Ann's Bay Health Center, Moneague Health Center Claremont, Steer Town and EP Wort Community up in the mountain, a small and very remote community.



Church at Ep Wort in which we provided care



One of our Jamaican Volunteer, who had travelled with me on missions to Africa, comes from the area and requested that we help her give back to her people. First day in Jamaica was Saturday. On Sunday we went to a church and had the opportunity to speak to the congregation briefly about our mission and cancer. We learnt that they have been having different missions come through. However, this was the first cancer medical mission to the area. Following the church service, we had a welcome reception. Present were representatives from the Hospital and Ms. Shauna, representative from the North-East Regional Health Authority. The second day, we were taken to St. Ann's Bay Hospital where for the first time we met our local representative, Dr. Ian Titus. We took a brief tour of the hospital after which we had a quick meeting in a conference room.



Following this, the team was divided into two, one headed by myself and the other by Dr. Windy Dean-Colomb, a breast Medical Oncologist now practicing in Alabama and a former fellow at MD Anderson Cancer Center. I met Dr. Dean-Colomb during her fellowship. From then, she went on every medical mission with us. While I stayed with my team at the St. Ann's Bay Health Center which is less than a mile from the main Hospital, Windy and her team headed to Claremont which I learnt later is up on the mountain.



While at the St. Ann's Bay Hospital, we provided public education on breast, prostate and cervical cancers.



We passed breast models around, instructed and gave people the opportunity to feel a normal breast and a breast with abnormal lumps.



They were also instructed on breast self-examination. The turnout was good. The first day, my team saw about 100 people. The second team saw 60 people. The clinic in Claremont shut down early but even at that, our team worked longer than they normally did up in the mountain. The next day, we were at St. Ann's Bay Hospital and the Health Center. On Day 5, my team went to Steer Town while team number 2 stayed at St. Ann's Bay Hospital.

Steer Town clinic was manned by Nurse Pink, an elderly and very experienced lady. She routinely handled the well woman physicals for the community. Her clinic had well set routine. Both teams worked together on Day 6. We all went to Moneague clinic which was in an outlying community. The program at each location followed same format daily. Patients were issued numbers as they came in. While they waited to have their vital signs taken and assigned to a room, they listened to a speaker on cancers of interest, were taught breast self-exam, received literature, felt breast models, shown abnormal cervix and had ample opportunity to have their questions answered.

I was very impressed by the setup of the health care system I found in St. Ann's Bay. Clinics were strategically located throughout each parish which is like county. This made access to health care easier with the exception of the community of Ep Wort.



The clinic layout and structures were well designed and built. Each of them was clean, had adequate exam rooms, clean rest rooms for staff and patients. They were all well-ventilated. The other very impressive thing is that many of the women have heard about and had pap smears. Their major concern was lack of results. We learnt that they were quite backed up when it came to pathology and cytology reports. Fortunately, we had among us, a pathologist who is originally from Jamaica, Dr. J. Winston who leaves in Washington. I asked her to take up the challenge of helping her people in dealing with the issue of very limited number of pathologist and poorly equipped pathology laboratories and long delay in reading of all kinds of slides. Working with the Chief Medical Director at the St. Ann's Bay Health Center, we were able to set up an expedited reading of some of the slides in Kingston. Many of the slides and thin preps were taken back to Washington for fast turnaround by Dr. Winston. She made contact with her staff and they promised to read the thin preps.

Another major deficiency that we found was the absence of imaging, mammogram and very limited Ultra sound at St. Ann's Bay Hospital. Imaging requests went to Kingston. The waiting list at St. Ann's Bay is very long and at the time of our visit was up to 2 years. For the purposes of the mission, patients found with any abnormality were referred to St.

Ann's Hospital with appointment date and time for immediate attention. This worked out very well. Dr. Titus was in charge of making sure they were seen in the appropriate clinic based on their health issue.

During our screening events, we found many abnormal cervixes. This was probably a consequence of the life style of the people. Also common was elevated blood pressure. Many of them knew they were hypertensive but had prescriptions which they were unable to fill due to lack of availability of medications. Getting their medications filled was a major problem that needed to be addressed by the local health Authority. We travelled with a lot of medications and was able to fill the prescriptions for those we saw. We set up follow-up appointment with internal medicine for them. The ones with abnormal cervix were set up with gynecology. The ones with abnormal breast lumps were set up with general surgery for imaging and biopsy or lumpectomy. We also discovered a good number of men with symptomatic enlarged prostate that needed further workup.

All together we saw 840 people out of which 532 were screened for cervical, breast, skin and oral cancers. Each provider kept a record of patients seen along with findings, management, and referrals. These logs were left with the Chief Medical Officer of the St. Ann's Bay Health Center for proper follow-up and distribution of Pap smear reports.

On April 2, which was our last day, we held lectures for the medical staff of St. Ann's Bay Hospital and clinics. Topics covered included Cancer prevention, breast, cervical and prostate cancer diagnosis and management. This was very well received. At the end, the remaining medications and the supplies that we brought in to the country were donated to St Ann's Bay Hospital, Ocho Rios, Jamaica, West Indies. We left Jamaica on the 4th of April back to the US.