Report of the Free Medical Mission
July 03-06, 2013
Nsit Atai Local Gov., Akwa Ibom State, Nigeria

Name of mission: Free Medical Mission

Major Sponsor: NKA Ima Ndito Nsit Atai North America USA

Collaborators: Nsit Atai Local Government provided police officers, tents and bus for transportation of doctors. No financial assistance was provided AT ALL.

Aim of Mission: To Provide free medical care to the poor/needy in Akwa Ibom State and Nsit Atai LGA in particular

Make sure full credit goes to Member of Nka Ima Ndito Nsit for their personal sacrifice.

Professional team:
1. Dr. Ndem U. Ndem - Chairman of the medical mission
2. Dr. Godwin Umoh - Vice chairman and President of Nka Ima Ndito Nsit Atai
3. Dr. Eka Ndem
4. Dr. Ikwo Ndem
5. Mrs. Uduak Umoh R.N
6. Architect A. Mbatt - Vice President of Nka Ima Ndito Nsit Atai USA & Publicity Secretary.
7. Mr. Emmanuel Akwa - Secretary of Nka Ima Ndito Nsit Atai USA

Professional paid by Nka Ima Ndito Nsit Atai USA:
1. Dr. Ita Udosen - Resident Coordinator of the Medical Mission in Akwa Ibom.
2. Five Surgeons, Headed by the director of Surgical Services University of Uyo. Akwa Ibom State.
3. A team of Ophthalmologists provided by the Dept. Head of Ophthalmology Unical, University of Calabar.
4. A team of Optometrist provided by (????)
5. Dr. A. Peter and his team of ten doctors
6. All medical staff of Nsit Atai Health Center. Including: Nurses, nursing assistants, lab tech., etc. All services paid by Nka Ima Nsit Atai.

**Health professional that provided probono medical services:**

1. Dr. and Mrs. Enebong (Odot)
2. Dr. Mkpouto
3. Dr. Samuel Benson
4. Dr. Dan Abia
5. Mrs. Eno Jimmy Peter, R. N (Unyehe)
6. Mr. John Bassey, R.N. (in-law and strong supporter of the organization)

**Medications:** Over 200lbs of medications ranging from NSAIDs, various antibiotics, vitamins, prenatal meds and various medications for the ophthalmologist. Also Medications to treat: Hypertension, asthma, stomach ulcers, fungal diseases and various other ailments.

**Equipment and supplies donated by Dr. Ndem Ndem:**

1. Vital sign monitors
2. Blood pressure monitors
3. Surgical Lights
4. Surgical blades
5. Surgical gowns, mask and gloves
6. Surgical mesh
7. All operation tools and instruments necessary for performing successful operation ranging from: clamps, forceps, needle, needle holders, etc

**Other Supplies:**

1. Dr. Godwin G. Umoh- Non surgical gloves, Alcohol Preps, Lancets, Glucometers, Stethoscopes, ECG Monitor, Ultrasonic Doppler, Guaze, Bandages, Blood Pressure Machine and Hand sanitizers.
2. John Bassey- Vitamins, 150 wrist battery operated home blood pressure checks equipment.
3. Emem Akwa - First Aid Kids
4. Pastor Joseph Eyo - Stethoscope
5. Elder Imeh Akpan- Glucometers
The Medical mission:

The mission was very successful and well executed. The journey started on June 30, 2013 when I and the Atlanta team flew with the drugs and equipment to join Dr. Umoh and the New York team for travel the next day to Nigeria. I covered out of pocket the cost to transport all the drugs and equipment from Atlanta to New York, which tallied to over $700 dollars. Dr. Umoh and his wife were kind enough to pick up and host the Atlanta team in their house upon arrival to New York. Mr. Imeh Akpan and his children assisted in transportation and repackaging of all the equipment and drugs. We were able to set out to Nigeria in the morning as planned. We spent one day in Lagos and each team member was responsible for their own accommodation and meals. Mr. Emmanuel Akwa was able to arrange a good transportation company to transport the medication by road to Akwa Ibom. One box of medication was negligently delayed by Delta Airlines and therefore did not arrive with us in Lagos. Upon arriving several days later in Lagos the box was detained by the Nigeria Drug Enforcement Agency. I went back to see the Director of Drug Enforcement in Lagos in order to receive the drugs. Mr. Mbat did a very good job of creating awareness and publicizing of the event prior to our arrival. We were then informed upon arrival in Uyo that the event will not hold as planned because the Local Government Chairman and the council were not included in the publicity. But we were able to resolve the issue in a joint meeting of the Council and Medical team, It was just politics.

The following day we held our meeting with the resident director, surgeons and other doctors to discuss the details of the event. We then visited the Venue of the mission, Nsit Atai Health Center but noted that the entire venue was flooded. The operating rooms were also lacking the necessary equipment for proper operations. To be precise, rats were inhabiting the surgical boxes and cabin. Most of the rats escaped because we were not prepared for their surprise. We decided not to use any of the equipment and used the next day to clean up the entire area because renting an operating room in Uyo was too expensive for our budget.

First Day Medical Mission:

A bus took a team of doctors from Uyo with police escort to Nsit Atai while Dr. Umoh and I arranged and bought malaria medications, IV fluids, IV antibiotics and other things in preparation for the first day. Cost of malaria medications was not in our budget but we were advised to provide at least enough to treat 300 people because no operations would be done if any of the patients had malaria. Upon arrival to the site, we were met with over 2,000 people who had been gathering since 6 am despite the rain. The entire venue was flooded and created swamps throughout the venue making it difficult to maneuver through the area. Thankfully we managed to still set up and begin the screening and examinations. We had sections for pharmacy, general screening ophthalmology, optometrist, lab, and pediatrics. A detailed video
is available to view the colorful ceremony which was attended by all the council members, the Chairman of the council, and a representative of the Commissioner of Health. Nka Ima Ndito Nsit Atai flyers were distributed to everyone listing all the active and participating members of the Nka Ima Nsit Atai organization in USA. After the opening ceremony we returned to the screening and the distribution of the medications. The optometrist used the first day to screen people for glasses, unfortunately about 2,000 used glasses that were purchased and transported from the United States were rejected by the optometrist because the lens in the glasses were preset and required extensive test and adjustment prior to being dispensed. It was later discovered that the people were more interested in plain reading glasses. Meanwhile, the ophthalmologists were screening and selecting patients for the next day cataract surgery as the entire area was jam packed. Surgeons were also screening and selecting patients for surgery the next day.

**Second Day:**

The OR was prepped and ready for surgery with more than 50 people signed and scheduled for surgery, but we were only able to accommodate about 8 patients and performed hernia repairs and lipoma removals. This included a 5 year old male child who received bilateral hernia repair. The first batch of patients left the local government for cataract surgery in UYO and stayed there over night for proper recovery. We also dispensed the first 150 sets of reading glasses which we purchased in Uyo. I would say that our biggest hurdle was trying to get people to line up in an orderly fashion in order to efficiently dispense medication in the pharmacy area and were forced to call additional polices to maintain order.

**Third Day:**

The final day was quite hectic because the crowd of people seemed to grow and we were battling to accommodate and treat as many of the remaining people as possible. The people became agitated and worried that they might never be able to be seen. We ordered another set of 150+ reading glasses which were delivered to the venue the same day. We also prepped an additional operating room in order to perform more surgeries. More people traveled to Uyo to receive cataract surgery, while the first batch of people returned to the venue to sing praises and show their appreciation. The day was long and lasted past 6pm yet still we were unable to screen and treat everyone present. There were cries and pleas to extend the mission for another three days, but we ran out of funds. I addressed the frustrated crowd and assured them that the team will be back. The team then headed straight to a banquet that was organized by the council. Please watch the video to view the comments made by the councils, elders and youth or Nsit Atai local government expressing their sincere gratitude for the medical mission.
We are happy to report that over 2,000 people were seen and treated, more than 300 reading glasses were dispensed, over 20 people received cataract surgery, and over 21 people underwent general surgery. We noted that over 75 people were still on the list for surgery and more than 200 did not receive reading glasses.

After Care:

I made a radio announcement that all post op care will be done at the Health Center including the removal of stitches and designated the resident doctor at the center to report any complications to me. I am happy to report that we did not have any complications, post op infections or drug reactions. A few days later I visited the center before departing to the U.S. and donated 2 of my surgical lights as well as a box of surgical instruments for simple operations to the center at the request of the elders of the community.

Challenges:

1. Funding was poor and underestimated due to unforeseen circumstances, which forced me to lend the organization extra funds to pay for the services of five surgeons which were not covered by the budget. Dr. Umoh was also forced to tap into the organization’s reserve funds with the consent of the other executive member as well as his personal finances in order to cover extra expenses. This will reflect on the financial report for further details.
2. The venue was flooded, unsanitary and burdensome due to extensive erosion and flooding brought on by the rainy season. Next mission needs a better venue that is more equip to handle a variety of climates.
3. The mission also created a financial burden for the volunteers because it required them to rely on their personal finances for feeding, accommodation and transportation. We must do a better next time in alleviating their burden.
4. The three day span of the mission was too short. We require at least one week to better serve the people.
5. We encountered some individuals who required care that was beyond the scope of the mission such as women suffering from breast cancer and cervical cancer. In fact some of them were diagnosed over a year ago but didn’t even have enough funds for transportation to Abuja for treatment. I arranged for a referral and paid for transportation and treatment for the cervical cancer patient at the Federal hospital in
Abuja; but treatment could only commence after the hospital staff withdrew from a one month strike. Unfortunately this delay in treatment contributed to the death of the patient shortly after arrival. We hope this organization will grow to the point where we will have the means to assist such needy patients to receive early treatment.

6. The health problems that we encountered proved to be far beyond what the organization can handle alone. This is why it is imperative that the organization seek to join forces with bigger charitable organizations that can assist us to better combating the health problems that our people are desperately facing.

Conclusion:

The medical mission was a noble cause with a successful outcome that made Nka Ima Ndito Nsit Atai a common household name in the Nsit Atai local government area. I want to first thank the Almighty God for making this mission possible. Special thanks to: Dr. Umoh, president of NINNA USA and his amiable wife for their hard work and dedication to the mission; Architect A. Mbatt, Vice president of NINNA USA, and Mr. Emmanuel Akwa, Secretary of NINNA USA for their commitment and successful publicity of the event; My two daughters Dr. Ikwo Ndem and Dr. Eka Ndem for serving their motherland; To Mr. John Bassey who actively joined the mission and donated his time and equipment towards the cause. We also owe other professionals who volunteered their time and talents without pay our sincere gratitude. We thank all the members of the organization for their initiative, prayers and support. I am aware that many others desired to join the mission but due to one reason or another were not able to attend. So I hope that next time they will be able to participate because we need as many people as possible to do a better job. The blessings and prayers of the poor, needy, and the sick that received care are with you all. Finally we thank Chairman Mark Esset and the council for their assistance and helping to ensure that the event transpires as planned. I anticipate the next mission and hope that we will be able to gather to meet the needs of more people as it relates to health and other pressing issues in the Nsit Atai local government area.

Dr. Ndem U. Ndem
Chairman of medical missions NINNA USA

Dr. Godwin Umoh
Vice Chairman of medical missions NINNA USA
CC: President NINNA and all executive members
   Chairman Board of trustees and members NINNA
   All Member of NINNA