

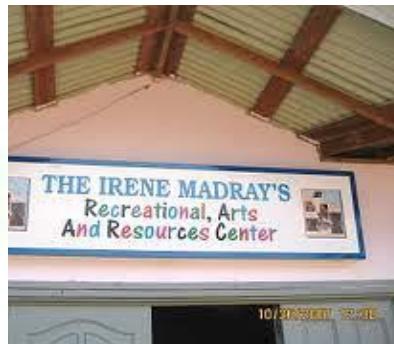
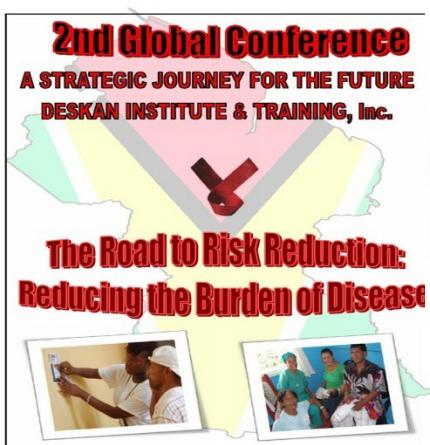


Deskan Institute & Training, Inc.

Guyana's Outreach Medical Care Mission 2013: List of Collaborating Community Partners



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DESKAN BRIDGES-

- ❑ Guyana is situated on the northern coast of South America. The majority of Guyana's population (approximately 750,000) live along the narrow coastal plain, but for the scattered communities inland even basic health facilities are often unavailable.
- ❑ There are about 30,000 adults and children in Guyana who are blind or have low vision; the priority eye diseases include cataract, glaucoma, refractive error, and diabetic retinopathy.

- ❑ The relatively limited training of the doctors in Guyana; a health care system still struggling to achieve legitimate professionalism and a sizable population of poorly educated patients whose destiny lie at the hands of the first two circumstances....a circle of life among the poor semi-literate masses
- ❑ Significant economic and social changes in Guyana have placed the nation's youth, representing nearly 60 percent of the population, at great risk.

Specific Health Problems

In 1999, the main reason for infant visits to outpatient clinics at hospitals and health centers in Guyana was acute respiratory infection (56%).

Amerindian populations faced malaria (60% of all cases), diarrhea diseases, acute respiratory infections, teen pregnancy, tuberculosis, dental caries, and inadequate access to health care.

Malaria is a major public health problem in Guyana. *Plasmodium falciparum* is the main infectious agent transmitted. New cases represent over 90% of the cases detected each year.

Nutritional and metabolic diseases: Protein-energy malnutrition, iron-deficiency anemia, and obesity remain the major nutrition-related problems in the population.

Malignant Neoplasms: In men, cancer of the prostate was the leading cause of death, accounting for 11% of cancer mortality.

- ❑ Statistics released by the government of Guyana indicate that over 3,600 cases of domestic violence were reported in 2007 as compared to 1,708 the previous year (*Guyana Chronicle* 12 June 2008; *Stabroek News* 12 June 2008).
- ❑ The largest increase was recorded in Berbice, where the number of reported cases rose from approximately 300 in 2006 to about 1,890 cases in 2007 (*ibid.*; *Guyana Chronicle* 12 June 2008).

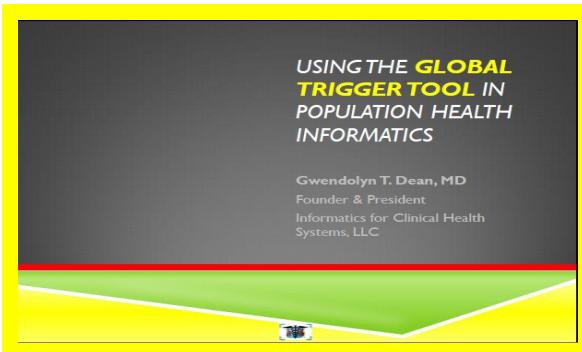
Personal Testimonials: Suicide Increase

- Teen hangs self on dad's suicide anniversary (Kaieteur News, April 16, 2013).
- Spurned man commits suicide after two attempts (Kaieteur News, July 02, 2013).

- Health Disparities in Guyana
- Use of a Global Trigger Tool in Health Informatics
- Diabetes, Glaucoma, Cataract
- Cancer and Associated Risks
- Endocrine Disorders
- Vision Care Education and Optical Screening
- Diabetic Screening and Diabetic Retinopathy
- Domestic Violence and Child Abuse
- Foot Care and Education

Continuing Medical Education Offering: Techniques, Methods and Solutions

- ❑ Presented in three sessions to > 200 physicians, medical students, and nurses for CME credit: Georgetown Public Hospital, New Amsterdam Hospital & Project Dawn



Addressing Georgetown Public Hospital Members



CME Presentation at New Amsterdam Hospital





- ❑ 175 elderly patients ranging from ages 63-75 complained of stroke, heart disease, back pain, dermatitis, dental caries, asthma and diabetes.
- ❑ 65 adults from ages 51-59 complained of diabetes and vision problems, such as loss of vision in one eye, reading problems, inability to afford reading glasses, sugar problems, etc.
- ❑ 78 young adults, aged 18-50 years, complained of hypertension, prostate cancer, cervical cancer, suicide, fibroids, UTI/STI, kidney problem, liver failure, COPD, and hemorrhoids.

- ❑ 19 Team members who traveled from USA also included speakers for the conference.
- ❑ 20 Local Team members were from Guyana and Jamaica.
- ❑ Approximately 108 patients received medical care and a two-month supply of donated medication.
- ❑ Over 200 patients were seen at Project Dawn Vision Care Clinic & Follow-up Vision Clinic; all received eye glasses and sun glasses.



Relatives say Cane Grove woman died from beating –
Stabroek News - <http://www.stabroeknews.com>





DS

- Headache for 5 years w/o vomiting
- Anterior cervical adenopathy
- Nevi
- Abdominal vs. chest pain
- Abdominal mass

- **Lessons Learned...**
- **Donors and workers are needed NOW!**

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Vivette & Sam Jones



Vivette, a registered nurse, has an undeniable passion to empower individuals who are suffering with diabetes.

Foot Care and Education

FOOT CARE IN DIABETES

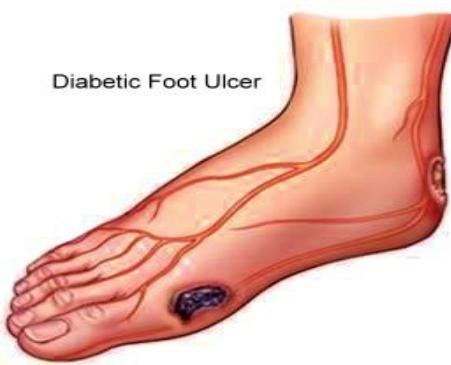


Case History: A form of eczema, known as bullous dermatitis

Under treatment by local physician with minimal improvement; there is no effective treatment.
Palliative care is recommended.

Complications include:

- Neuropathy (nerve damage)
- Poor circulation
- Diabetic ulcers
- Fallen arches (Charcot's foot)
- Infected ulcers
- Amputation



- Aim to keep blood glucose level in normal range
- Inspect feet daily: Check for break in skin, change in shape of nails or toes, corns, calluses, blisters, etc.
- Wash feet daily
- Thoroughly dry between toes
- Moisturize feet daily – no cream between toes
- NEVER GO BAREFOOT
- Seek professional help for ingrown toenails, bunions, corns, and large calluses
- Have feet inspected by a healthcare provider at every health visit

- Vision Screening & Pharmacy
- Antonette Hamer MS4
 - Stacy Noble, Nurse
 - Leona Kyte, Pharmacy Tech.





Men's Health Male MS

- Prostate Cancer Education
- GOUT
- High blood pressure
- Kidney disease
- Heart disease
- Diabetes

- ❑ An inflammatory arthritis
- ❑ Mostly affects joints of lower extremity – can also affect upper extremities
- ❑ Red, swollen, hot joints
- ❑ Most often affects the “big toe”
- ❑ Very painful – mostly at night
- ❑ More common in men

Caused by elevated levels of uric acid (crystallizing) in the blood from:

- ❑ Diet – rich meats, seafood, (purine-rich foods), & fructose
- ❑ Obesity
- ❑ Metabolic syndrome – large abdominal girth, hypertension and insulin resistance (pre-diabetes)
- ❑ Medication – diuretics, ASA

- ❑ Attacks can be self-resolving – in about a week
- ❑ Recurring attacks common
- ❑ Can become a chronic condition

Medications include:

- ❑ Non-steroidal anti-inflammatory drugs (NSAIDS – i.e. naproxen)
- ❑ Allopurinol
- ❑ Colchicine
- ❑ Steroids

- Lots of fluids, esp. water
- Reduce intake of “rich” meats and seafood
- Stop or reduce alcohol intake
- Weight loss
- Vitamin C (1500mg/day)
- Decrease high-fructose intake (corn-syrup added to processed foods)
- Coffee

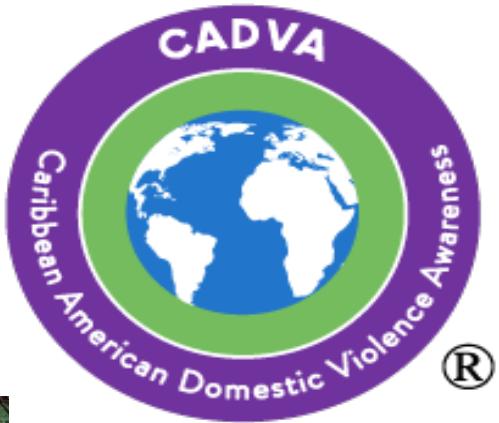


- High blood pressure
- Kidney disease
- Heart disease
- Diabetes





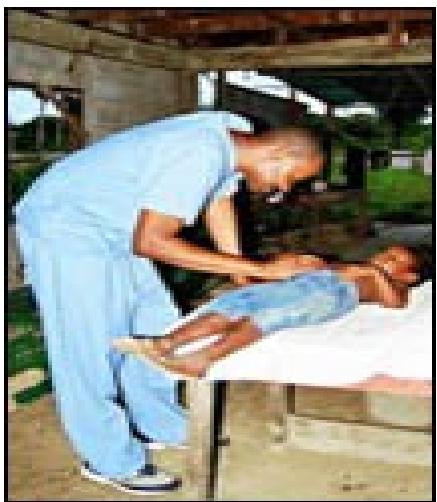






The donation of pharmaceuticals to Deskan by Direct Relief International provided the support to hospitals and community centers for follow-up patient visits and funded the hospitals' efforts to provide essential medical services to the residents of Guyana.

- ❑ Direct Relief works to improve the health of people living in high-need areas by strengthening fragile health systems and increasing access to quality health care in 70 countries.
- ❑ To achieve this goal, Direct Relief partners with local health providers, leading healthcare companies, and business leaders to deliver medicines, medical supplies and equipment through transparent, reliable, and cost-effective channels.
- ❑ Mission would not have been possible without the much-needed medication.
- ❑ Direct Relief seeks to support existing health providers over the long term, delivering aid without regard to race, ethnicity, political or religious affiliations, or ability to pay.
- ❑ A partner of Guyana Medical Relief, International, CA.



Deskan donated pharmaceuticals to H.E.R.O
Health & Educational Relief Organization, Inc.
Over 200 patients received services at the Linden
Regional Hospital Complex.

- ❑ Thanks to our sponsorship and shared collaboration of members in partnerships with Guyana Medical Relief, Inc., Los Angeles, CA, The University of Guyana, School of Medicine, Direct Relief International, supporters from Atlanta, New York, New Jersey, California, Texas, Pennsylvania, Miami, and Guyana
- ❑ To the many volunteers, such as Arleen Dinally, Leona Kyte, Patricia Dinally, Pastor Andy Cameron of Craig Village, Vivette Jones, Sam Jones, Dr. Yanick Vibert, Tiffany Jackson, Dr. Kelwyn Thomas, Dr. Claudette Heyliger-Thomas, Dr. Aliya Heyliger, Dr. Gwendolyn Dean, Susan Camacho, Precella Speid-Isaccs, Denise Tucker, Stacey Noble, Yonette Garnett, Eze Hamilton, Joy Gravesande, Julene Barrett, Adolphus Dean, Marsha Archer, Barbara-Thomas-Holder, Antonette Hamer, photographer Charles E. Liverpool, nurses who did follow-up clinic in Georgetown, and all others who provided quality medical assistance

Over 200 patients received donated glasses/sunglasses for vision care.



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- ❑ This mission would not have been possible without the much-needed humanitarian donation of medical supplies.
- ❑ Total Value: \$388,715.91



Through the 2nd Global Conference and Outreach Medical Mission activities, Deskan Institute & Training collaborated with BRIDGES 2013 to offer CME and CEU, and to work with educators on non-traditional teaching methods in life-skills training methodologies.



Empowerment and Equity Through Education, Inc. is a charitable organization founded in 2006 by Elizabeth A. Wilson-Anstey to provide books, supplies, and other resources needed to ensure that children and others who are disadvantaged by lack of these basic supplies can learn effectively; to empower young people who come from these backgrounds and to promote equity. Way to Go!

Julene Barrett et al.



Nurse Stacey Noble, Volunteer Hortense Speid-Jeffers & Dr. Liverpool



Educator: Precella Speid-Isaacs,
Nurse Vivette Jones & Volunteer: Marsha Archer

Support for Education and Sports (in Guyana) begin with contributions from Lloyds Auto Care of Decatur, GA, to Deskan Institute & Training, Inc. Contributions included substantial cash donations, school supplies, and boys and girls Sports Wear for the Villages of Buxton & Friendship, ECD. This support is on-going. Thank you for your generous give-back initiative.



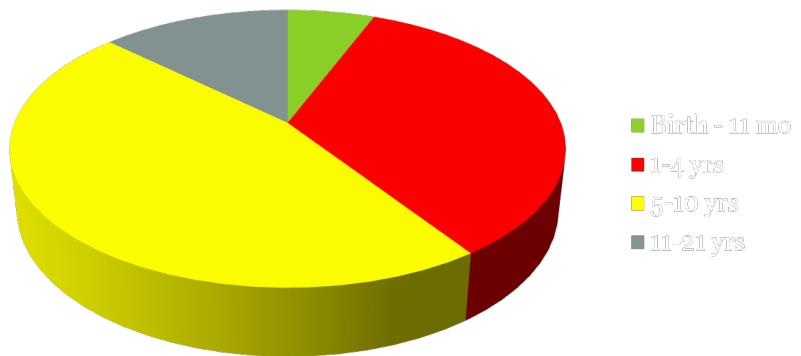




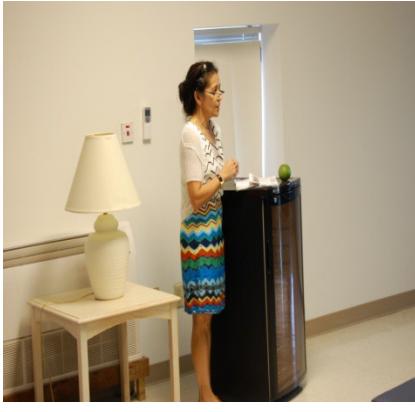
- ❑ The mission assists Guyana's Ministry of Health to strengthen a decentralized primary health care program that faces serious economic, material, and human resource shortages.
- ❑ Volunteers work directly with health centers in **Regions 4, 5, and 6** and other communities to help them identify local and national resources, facilitate community health assessments, design and implement health education projects, and train health center staff and community leaders.
- ❑ The Continuing Health Education CHATs addressed high numbers of heart attacks and neonatal incidences of HIV/AIDS in the country and focuses its efforts on breast, cervical and prostate cancer, diabetic shock/insulin overdose, increase of suicide in adolescents under 18 years of age, and hearing loss in children.

- ❑ Volunteers worked with youth organizations and the Ministry of Education to provide at-risk youth with educational, personal, and life skills development opportunities, and thus enabled these youth to meet the challenges of adolescence and contribute positively to their communities.
- ❑ Through Train-the-Trainer activities, Deskan Institute and Training collaborated with DESKAN BRIDGES 2013 to offer CME and CEU and to work with educators on non-traditional teaching methods in life-skills training methodologies.

Patients Seen by Age



What we attempted to give were the skills and up-to-date knowledge about the diseases, prevalent in Guyana, that are affecting the Guyanese people. We hope that an end would soon come to diabetes, hypertension, blindness, cervical cancer, prostate cancer, insulin overdose, suicide, domestic Violence, and gun violence.















BRHA

Goal # 3:

**Align services to
meet population
needs.**



