



# THE WORLD HOSPITAL

*Making a way for the willing.*

Newsletter Issue #2

December, 2008

## Pregnancy Should Not Be a Death Sentence

By Sebastine Chimafor



One Monday morning I called up the public hospital in Cameroon where my sister Ophilia Ngieh was staying after losing her baby during pregnancy.

I had been calling every two hours since the previous night, and on and off for several days prior to that. When I heard my

wife crying hysterically, and my mother screaming on the other end of the phone, I knew Ophilia had passed.

By this time I had become quite accustomed to receiving news over the telephone that one of my friends or relatives had died in Cameroon. Still, it is terrible to receive this news when you are so far from your people. There are no words to describe what this feels like.

Later I learned other details about Ophilia's death. There were no nurses or doctors anywhere near Ophilia's bed. My mother held Ophilia's hand while she was dying. After Ophilia died, my mother took her own fingers and rubbed Ophilia's eyes closed.

Other details about what happened to Ophilia are not as clear. Health care is so bad in Cameroon, when a person suffers an emergency and is pushed through the system, it is generally considered a miracle if they actually survive. Still, it is only human for us to try and make sense of what happened, to piece together the story, to replay it over and over again in our minds in the hopes that we will be able to understand; and to forgive ourselves, even though we know it was impossible, for not being able to save them. And always, we try and honor the person who passed by remembering their lives.

Ophilia was a very social woman; an industrious owner of a hairdressing salon who was renowned for her braiding and her lively personality. Hair dressing is a good trade in Cameroon, one of the only viable careers open to women like Ophilia who were raised by poor families and do not have educational opportunities or career choices. Ophilia had plenty of good customers, but

lacked capital other than the initial funds her family gave her to start the business. It was difficult for her to compete in a poor economy where hairdressing salons dominate the landscape and can be found all along the roadsides. She barely made enough money to sustain her life.

Ophilia was a single parent who lived with our mother, and her child, Cyrille, who was 13-years-old when Ophilia became pregnant with her second child.

Nobody knew if Ophilia planned to get pregnant, but her pregnancy seemed to be welcomed by Ophilia and our entire family. Ophilia was due to have the baby in April of 2002.

Ophilia's second pregnancy was different than her first pregnancy—which occurred when she was very young and had no means to take care of herself. I was still living in Cameroon then. I had a good engineering job for an oil company offshore, and was able to pay



money to send Ophilia to a private hospital called Clinic Muna for prenatal care during her pregnancy. Clinic Muna is a reputable facility in Cameroon, and the majority of people in the country can't afford to pay enough money to stay there. I was glad to be able to pay for Ophilia to go to Clinic Muna; and my mother and other sisters took her there regularly with a car

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## Ribbon Cutting Ceremony

Dr. Marinus Ndikum, D.O., and members of the Board of Directors will join hundreds of villagers, chiefs, and the press on January 24, 2009 to celebrate the Progress of the First World Hospital, in the Northwest Province of Cameroon.

The event will include ribbon cutting, speeches by local chiefs about their village's needs for better health care, a walk-through of the construction site, and speeches by The World Hospital founder, Dr. Marinus Ndikum, and Sebastine Chimafor, member of the Board of Directors. Dancers from nearby villages will be invited to perform.

When completed, the hospital will provide a modern health care facility with amenities not found in any other hospitals in the region. This will include a 24-hour around the clock emergency room, a full maternity ward with sorely needed equipment such as an ultrasound machine to prevent and treat complications during pregnancy, a radiology department with modern equipment such as Catscan machines, and several operating rooms. It will greatly help to improve the quality of resident's lives and help prevent many deaths. "The work the community has done to make the World Hospital real makes me proud. The hospital will make it possible for us to have other options for health care and technology we have previously been denied. It will provide jobs for residents of the Northwest Province. With the new facility, going to seek treatment for health care in a traditional hospital will no longer be a death sentence," said Dr. Marinus Ndikum, D.O.

"I am thrilled to be able to celebrate work the men working on the construction crew have completed on The World Hospital thus far. They have overcome considerable challenges to get the project off the ground, and have demonstrated great engineering and building skills in their construction efforts. The hospital is now two stories high, and progressing nicely. Thanks to them, The World Hospital is no longer just a vision, but is becoming a reality," said Theodore Ndikum, who has been on the ground overseeing the construction of The World Hospital in Cameroon every day.

We expect to launch our maternal and child health care project and HIV/AIDS project by September of 2009. The hospital should be fully operational by the beginning of 2010.



Are you tired of the corporate grind?

Do you feel disempowered to help patients?

Renew your own resources.

Remember why you became a doctor in the first place.

Become a World Hospital volunteer health professional.

Contact us at the World Hospital and add your name to our database.

We will contact you when the hospital is up and running and coordinate a volunteer assignment.

Volunteers receive free round trip airfare to Cameroon, and room and board while on site.

**THE WORLD HOSPITAL**

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[www.theworldhospitals.org](http://www.theworldhospitals.org)

# Cameroon is Not Exempt From HIV/AIDS Crisis

Cameroon is not exempt from the HIV/AIDS epidemic that is sweeping across the African continent—which has only 12 percent of the world's total population, but over 60 percent of the world's population infected with the virus.

Major challenges towards integrating HIV/AIDS prevention and treatment programs into Africa are threefold. First there is little or no existing health care infrastructure within most African countries to adequately treat an epidemic. Next, efforts aimed at prevention are complicated by preexisting cultural barriers within both the health care systems that do exist and within the communities where the disease has spread. Finally, medicines such as Antiretrovirals that have been widely used in First World countries are unaffordable for most Africans.

## 1) Little or no existing health care

Over 6.9 percent of the 18 million people living in Cameroon have tested positive for HIV/AIDS. Cameroon's health care system is poor, at best, and not adequately equipped to treat this population. The fewer than 3,000 doctors practicing in the country exhaust their resources treating other diseases common to the population such as malaria and diabetes.

Most programs to treat HIV/AIDS are forced to be started independently, as grassroots operations in villages and cities, and are not formally affiliated with a hospital or clinic.

Residents whose health is already compromised by other diseases that have not been treated, are more likely to have a compromised immune system, which can increase the risk of outbreaks of AIDS. Those who have less access to proper nutrition, also have a higher chance of having compromised immune systems. The risk of death from AIDS increases for people with more serious preexisting illnesses such as tuberculosis.

## 2) Challenges to prevention

In places in Africa where health care facilities do exist, health care systems were largely inherited from colonial powers, such as the French in Cameroon. These systems emphasized cures for diseases rather than prevention. Prevention of HIV/AIDS is the cornerstone of most nations responses to the AIDS problem.

Most preventative programs focus on educating people on means to prevent AIDS. AIDS is a virus which is transmitted by the exchange of body fluids. Though in some rare cases AIDS is transmitted through exchange of blood in an accident or infected needles; the majority of HIV/AIDS is transmitted through sexual contact with an infected partner. The risk of catching HIV/AIDS is significantly reduced when people practice safe sex through the use of condoms.

Challenges to this education are further complicated by some aspects of cultures in Africa which still find the contraction of AIDS/HIV shameful. Therefore it is difficult to convince people to speak openly about the disease and consider the use of safe sex practices.

Furthermore, many cultures distrust the use of condoms and see them as a threat to population growth or the role of men in society.

## 3) High Costs of Medications

New anti-retroviral drugs have been proven to slow down, or even stop the progression of HIV infection, delaying the onset of AIDS by twenty years or more. AIDS is no longer a death sentence for people who are able to obtain these drugs. However costs of these drugs range between the equivalent of \$10,000-\$20,000 per year in the United States. Only a small proportion of the 6 million people in developing countries with HIV have access to this medication. Government subsidized and privately funded programs are slowly making their way into Africa.

Despite these challenges, successful programs have been established in many regions of Africa, including Cameroon.

The World Hospitals staff will draw on the examples of these programs to create a program to prevent and treat AIDS/HIV in the Northwest Province of Cameroon. Details about these programs, and our plans for an HIV/AIDS project will be found in Issue 3 of our newsletter.

## Help Us to Help Others

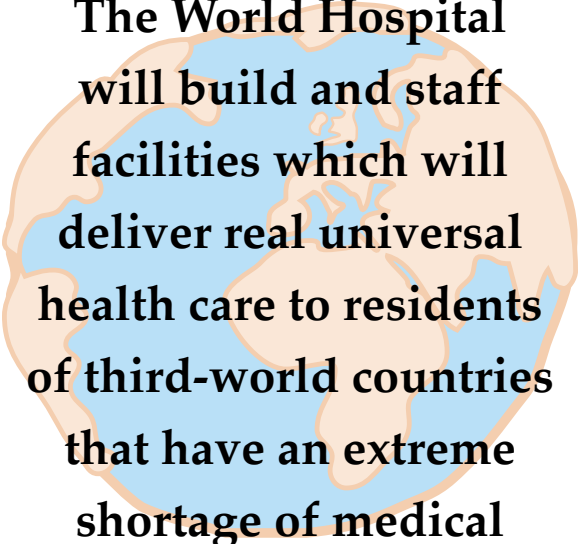
Leave your mark on the World.

The World Hospital greatly appreciates donations.

Contact us at  
[info@theworldhospitals.org](mailto:info@theworldhospitals.org)  
[www.theworldhospitals.org](http://www.theworldhospitals.org)

**ONLINE DONATIONS  
ACCEPTED**

## *Our Mission:*



The World Hospital will build and staff facilities which will deliver real universal health care to residents of third-world countries that have an extreme shortage of medical providers and hospitals.

## The World Hospitals

### *Wish List*

- ✓ Computer tomography machines
- ✓ Fluoroscopic machines
- ✓ Ultrasound machines
- ✓ X-ray machines
- ✓ Computers, printers
- ✓ Teleradiology equipment
- ✓ Television / radio advertising

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**Will you join the World Hospital and help provide universal health care to people in third world countries?**

*Yes. I would like to join World Hospital. I would like to pledge my service as a:*

- Medical Resident     Physician     Dentist     Optician     Optometrist  
 Radiologist     Nurse Practitioner     Nurse     Other \_\_\_\_\_

*I would like to donate:*

- Computer tomography machines     Fluoroscopic machines     Ultrasound machines  
 X-ray machines     Computers, printers or fax     Teleradiology equipment  
 Other \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

*I would like to donate:*

Enclosed please find my check for \$ \_\_\_\_\_.

I would like to donate using my:     Visa     Mastercard     American Express

Card # \_\_\_\_\_ Expiration Date \_\_\_\_\_ Security Code \_\_\_\_\_

*Online donations can be made at:* [www.theworldhospitals.org](http://www.theworldhospitals.org)

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service and made sure that she kept her appointments. Ophilia delivered a healthy baby in Clinic Muna.

During Ophilia's second pregnancy she was already grown woman, headstrong and healthy, whom nobody could remember having been sick a day in her life. She was more than capable of making her own decisions. During this pregnancy she managed her daily activities as usual. Everyone assumed she was taking good care of herself and her unborn child.

Nobody knows now whether Ophilia sought out prenatal care during her pregnancy. We assume she probably sought help from one of the doctors or nurses who run unregulated clinics along side their homes all over the country. Providers at these facilities are not always adequately trained, nor do they have proper equipment or medicine. The services they provide are often questionable. However, these clinics do not charge much, and people who are poor often visit them to meet all their health care needs. If Ophilia visited these clinics, it is easy to believe she did not receive adequate prenatal care. When Ophilia started having pains during her pregnancy, she was again taken to one of these clinics.

My family is not rich, and neither was Ophilia. She probably believed that the staff at the clinic could treat her properly.

Ophilia stayed in the clinic overnight. By this time Ophilia was in a lot of pain. She was bleeding severely and the baby seemed to have stopped moving inside her. The provider at the clinic



## Improve maternal health

urged my family to take Ophilia to Provincial Hospital, the main public hospital in the area. When my family was able to arrange a car, Ophilia was transported to the public hospital. Even though Ophilia was in terrible condition, she was not treated right away. In these hospitals the people who are treated first are those who have the most money on hand to pay.

My family did not have too much money to pay the upfront sum of 160,000 cfa (or \$300 US dollars) the doctors requested. When they finally gathered the money it was too late to perform the procedure needed to save Ophilia or the baby. Ophilia stayed in the hospital for several days before she finally passed.

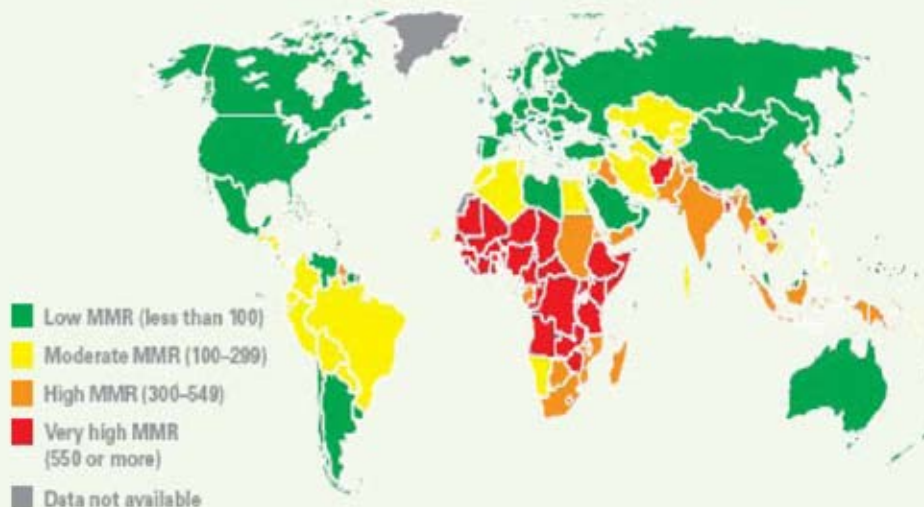
This is all the information we have about Ophilia's death. The complications that contributed to her death in the hospital, are not uncommon in third-world countries with badly functioning or non-existent health care systems. People have little alternative but to rely on medicine purchased from vendors on roadsides when they are sick. Most lack a basic understanding about ways to maintain their health and tend to neglect consulting providers until it is too late. We do not always know exactly what factor causes the death of our loved ones. Telling their stories allows us to pave the way for a better system of care, and to pave the way to provide more education to help people like Ophilia understand how, when, and where to seek out this care. If Ophilia knew she had an alternative, if she had an actual alternative, she may not have died in the hospital.

Ophilia Ngieh is not just a statistic. She was my sister.

Her story represents the stories of hundreds of thousands of women in developing countries who die every day from complications during pregnancy.

## MATERNAL MORTALITY IS HIGHEST IN COUNTRIES OF SUB-SAHARAN AFRICA AND SOUTH ASIA

Maternal mortality ratios (MMR) per 100,000 live births (2005)





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