



# WHA

*Suffering is less when we are there to help.*

## introduction

**The World Health Ambassador Program (WHA) was established to provide medical relief efforts to communities throughout the world that are in desperate need of medical and dental assistance. The Program seeks to offer medical and dental care to underserved communities overseas regardless of ethnicity or religion, and to assist in medical relief efforts for natural disasters in the United States.**

WHA is comprised of several core components, including 1) **the International Medical Relief Group** which performs overseas medical and dental missions; 2) **the Health Advisory Team** which analyzes the medical needs of underserved overseas communities and formulates healthcare plans; 3) **the Emergency Relief Team** which assists with natural disaster relief efforts and other medical needs within the U.S.; 4) **the Medical Assistance Program ("MAP")** which assists with obtaining needed surgeries for children; and 5) **the Medical Support Team** which provides the logistics to the various operations mentioned above.

**The International Medical Relief Group:** The Cambodia medical and dental relief mission was the inaugural project of the WHA's International Medical Relief Group. WHA brought a healthcare team of physicians, dentists, nurses, and other professionals to provide medical and dental treatment to the Cambodian and Vietnamese living in several villages outside of Phnom Penh, Cambodia.

Building upon the success of the Cambodia medical and dental mission, WHA performed a medical and dental mission in the Mekong Delta region in Vietnam. The mission to Vietnam was particularly notable for the 1,800 treated patients, the addition of the cooperative teaching program where our physicians worked with the local medical teaching staffs to enhance their teaching program, and the formation of the WHA's Medical Assistance Program.

**The Health Advisory Team:** Prior to performing medical and dental missions, WHA sends fact-finding teams to the destination locations. WHA has sent fact-finding teams to Vietnam, Laos, and Biloxi, Mississippi, one of the most heavily damaged areas affected by Hurricane Katrina. These fact-finding trips allow the team to evaluate the needs and available resources of the local population, to form partnerships with local NGOs, and, in the case of medical and dental missions, to obtain permission from government officials. These fact-finding trips were followed by medical and dental mission or health fairs to the area.

**The Emergency Relief Team:** WHA also had participated in free health fairs in Virginia and Biloxi, Mississippi for the underserved men and women in those neighborhoods.

As the program grows, we are looking forward to the time when the team can perform natural disaster relief in the U.S.

**The Medical Assistance Program:** The Medical Assistance Program was formed when WHA found 3 children with advanced congenital heart disease during the Vietnam medical and dental relief mission. Over the next 8 months, all 3 children were sponsored by WHA to have proper diagnoses and successful corrective heart surgery

procedures. Without these operations, these children would have short life expectancies.

**The Medical Support Team:** The Medical Support Team is comprised of exceptional leaders from all walks of life and from all types of professions. The Medical Support Team performs the important role of providing logistics for the WHA team, such as procuring equipment and medication for medical and dental missions and organizing fundraisers to

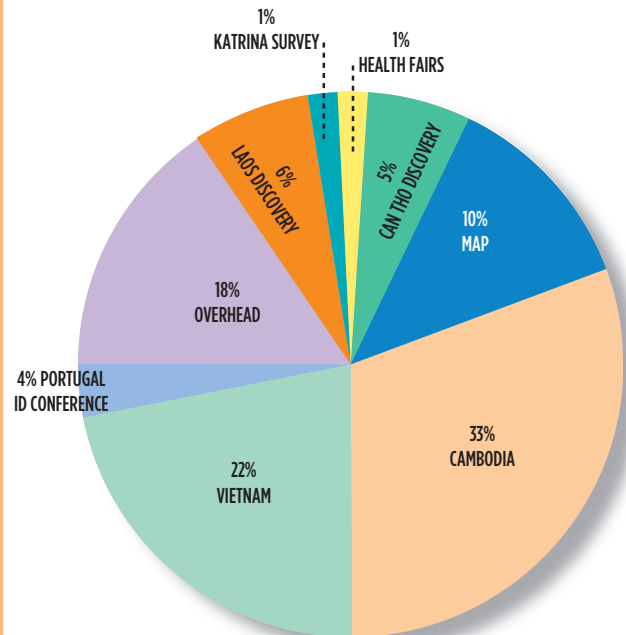
make these missions possible.

The WHA program continues to grow steadily and has achieved recognition nationally and internationally. Since its inception in November of 2004, WHA has grown to over 150 members, spreading from Washington D.C. to California, and recently adding members from Canada and Germany. WHA has been invited and has presented its mission findings at medical conferences in Houston and Dallas, Texas, San Jose, California and internationally in Lisbon, Portugal.

### 2005-2008 EXPENDITURES Your donations are hard at work

Your generosity and contributions go a long way toward assisting our team to provide care and advance medical teaching programs to underserved and underprivileged populations. Our program is an all volunteer program. The travel expenses to and from destination countries are paid for by our dedicated volunteers.

With WHA's extensive international contacts and resources, the team is able to extend the purchasing power of donated funds. For example, the cost for completing heart operations and post operative care for 3 children in Vietnam was just under \$5,000.



WHA is a non-profit 501c3 organization.

**WHA Medical Mission:  
Cambodia Medical Relief**  
March 15 - April 1, 2005

**The Cambodian Mission was the inaugural project  
of the WHA's International Medical Relief Group.**

The 18-member WHA team provided medical and dental care to six villages located along the Tonle Sap river in Cambodia. The team consisted of medical doctors, dentists, nurses, pharmacists and volunteers from different states in the US, including California, Illinois, Maryland, Nevada, Philadelphia, Texas and Virginia. The team also had the local support of two Cambodian dentists, a physician, and several medical and dental students from healthcare schools in Phnom Penh, Cambodia.

At the request of the US Embassy in Cambodia, the team provided care to the minority Cambodian Muslims in two of the six villages. The remaining four villages were of mixed Vietnamese and Cambodian residences. Our team provided care to men, women, and children of all ages. Lack of access to healthcare for the poor of Cambodia meant that many of our 2,200 patients had never seen a doctor or dentist.

The working condition was quite a challenge given the rough terrain, and tropical climate with +100 degree heat and very high humidity. Over the duration of the trip, our International Medical Relief Group treated a broad range of diseases, from intestinal worm infection, skin wound and skin infection to cardiac arrhythmia and diabetes, filling an impressive average of 1000 prescriptions a day. Children with cavity and gum disease were quite common and several hundred tooth extractions were performed successfully and preventive teaching and measure for cavity were instituted.

In addition, team members emphasized to patients the need for preventative care and good hygiene. Since completing this mission, WHA continues to work on communicating available healthcare resources to the poor of Cambodia.





**Medical & Dental Mission:  
Can Tho, Vietnam  
March 3 - 18, 2007**

**About 1800 patients in 6 villages of Co Do and Vinh Thanh Districts were treated over the 14 day period. The villages were located 2 hours drive from Can Tho city.**

The Mekong Delta, Vietnam, southwestern region, is a vast low plain divided by the "Nine Dragons," the arms of the mighty Mekong River. Proximity with the Mekong also endows the delta with a rich freshwater ecosystem by a network of inter-connecting canals and rivers. Here, most villagers homestead along the banks because they are dependent on the river for fish, water, transport, and even shopping. Some of the most fascinating sights in the Delta are the floating markets and associated river life. The Mekong Delta population is estimated at 20 million individuals. It is estimated that 16% of Can Tho City's population and a much higher percentage in the rural villages live below poverty level, which is defined as generating an income of less than \$10 a day.

Main medical problems observed included both diagnosed and undiagnosed hypertension, cerebral vascular disease, diabetes, thyroid nodules/masses, musculoskeletal pain, gastrointestinal disorders, COPD and other smoking related lung diseases, malnutrition, heat exhaustion, and dehydration.

On any given day our WHAP team set up an urgent care center equipped with portable medical testing equipments and a fully stocked pharmacy. With assistance from the local healthcare personnel, our nurses obtained vital signs and triaged patients based on their chief complaints. Patients were then seen by primary care physicians and specialists. After being examined, patients are then sent for appropriate laboratory tests. Once the diagnosis has been made, patients were given appropriate treatment. If prescriptions are given, patients can pick up the medications at our pharmacy but only after he or she has been given detailed instructions on dosing and potential side effects by one of the team pharmacists. For patients with newly diagnosed chronic diseases, they were referred to the local healthcare resources for follow-up.



Most patients suffered from undiagnosed medical conditions. When they do know their diagnoses, they lack the financial resource to seek treatment. This problem was further exacerbated by patients' ignorance about medical treatment and having received little to no preventive care.

The working condition was unusually tough due to early hot summer weather. On some days, the temperature soared close to 105 degrees not including the thick humidity. On one day, not only did we treat 350 patients, we also treated two of our nursing team members who suffered from heat exhaustion and dehydration and required intravenous fluid. Fortunately, both recovered after a full day of rest.

Collaborative teaching was also started at the Can Tho School of Health Sciences. Our team physicians, Dr. Y-Duc Nguyen and Dr. Bonnie Cohen gave a lecture to the medical staffs about preventive care and the overall curriculum of a family practice teaching program. The school administrators would like to form a cooperative teaching with the World Health Ambassador Program in this area since they have just started a family practice residency with the first class to graduate in 2008. Our pharmacists Kaitlin Truong and Loan Nguyen gave presentations about the pharmacy curriculum in the US. The audience of pharmacists was very interested and expressed a need for more assistant with training in the area of clinical pharmacy.

Our departure from VN was bitter sweet. We feel like there's so much more we can and want to do. Seeing how unfortunate some people are, it makes you really appreciate what we already have. We hope to be able to come back the following year to continue with our work.

**Medical & Dental Mission:  
Laos  
November 1-15, 2008**



**This was by far the most physically rigorous and mentally challenging mission to date — as agreed by all new and veteran team members of WHA.**

In November 2008, WHA successfully completed another international medical and dental mission — this time in the beautiful nation of Lao PDR. The 33-member team was the largest and most diverse team fielded to date — in regards to professional backgrounds as well as ethnicities and localities. This truly international mission included a dental team from Vietnam and physician and dental teams from the Lao Ministry of Health. Member's medical specialties included family medicine, internal medicine, family practice, cardiology, infectious disease, and pulmonary critical care. Despite the diversity, the team bonded tightly and worked as a cohesive unit.

With wonderful assistance from the Lao Embassy in the United States, the WHA team arrived in Lao on schedule and went to work the next morning. We saw more than 1500 patients and filled approximately 5,000 prescriptions in 3 major parts of the country — Vientiane, Luang Prabang, and Vang Vieng. Our host country allowed us to provide care in a wide range of clinical settings and thus gave us a broad view of the Lao health care system. Our first stop was the Mahosot Hospital and School of Medicine, the largest medical teaching facility in the capital city of Vientiane. Here the WHA program donated valuable life-saving

medical equipment, such as ventilators and ICU monitors, as well as an impressive amount of medication to the people of Laos. The team went on to treat patients at the provincial clinic in Vang Vieng and the government-operated orphanage in Luang Prabang. The team also traveled by canoes and small open-air trucks to reach villages across the mighty Mekong River, far up the winding mountains of a peaceful Luang Prabang, along colorful monastery-lined countryside where the minority Montagnard people live. Our venues were as diverse as the patient populations that we served. Thanks to the generosity of philanthropists from home, we were able to render advanced dental and medical services such as complete restorative dental surgery, monitoring cardiac telemetry and performing chemistry analysis for the people of Laos.

This was by far the most physically rigorous and mentally challenging mission to date — as agreed by all new and veteran team members of WHA. The success of this enormous endeavor resulted from the tremendous hard work, amazing camaraderie, fearless attitudes and genuine hearts of our team members. We left Laos with beautiful memories, new friendships, and inspiration to continue our passion to treat those less fortunate.

***Bus to Luang Prabang***

*I wonder how it feels to be  
The woman who sits alone  
On her porch,  
No chair or bench — just  
Concrete under her bones?*

*We pass her by, on this  
Winding road to Luang Prabang  
Where water buffalo and lily,  
Pink water lilies, stretch  
Their stems high above the  
Murky pond.  
Their beauty contrasts concrete and  
The solemn woman.*

*Mekong and thatched roofs,  
Rice paddy and rooster,  
Bend together;  
Rhythmic and coalesced.*

*Obelisk Mountains project a  
Majestic presence high above,  
The stride of small laborious feet  
And sun-browned bodies.*

— RHONDA COBLE, NOV. 2008



## WHA Medical Assistance Program (MAP): Surgery for Children



**Little Ngoan pulled up her shirt for Dr. Cohen to listen to her heart. Her dark round eyes, disproportionately big on her petite face, looked at the foreign doctor merrily.**

The expression on Bonnie Cohen, our family physician, was the opposite. Her eyes narrowed in an expression of worry. She was hearing loud heart murmurs that signified severe congenital heart disease. That's why this pretty girl had the stature of a 3 year old at 5 years of age.

As if that wasn't bad enough, 2 more kids were found to have similar heart sounds. Coincidentally, they all lived within 1 mile of and knew each other. Kieu, another girl Ngoan's age, seemed in better health as she was much taller. Hao, an 18-month old boy, clung to his grandmother as he was being examined. His lips were blue; and his right ear was missing. There was not any trace of a hole where his ear was supposed to be. Ngoan's brother, less than one-year old, had severe cleft lips and palates.

We were in the Co Do borough. This was one of the poorest communes in the whole city of Can Tho. Healthcare resources were scarce here. Parents (and grandparents) of the children with congenital heart disease had brought them to Ho Chi Minh city for evaluation; all were told they needed surgery, but none could afford it. As they looked at us, their faces hopeful, we decided that we just simply had to do something about their plight.



Thus was born the Medical Assistance Program (MAP). Late June 07, a local staff, Thanh, and I coordinated a trip for the three families to come to Children Hospital One in HCMC for consultation. Navigating the complicated system was an interesting and educational experience for us. We understood why the families could not have done it alone, having lived their lives in the Delta and not knowing the ropes. Thanh had to personally take them to the hospital, find the consultation room, the X-ray and ultrasound rooms, places for them to spend the night, where to get free food. She also took down doctors' instructions then explained them again to the parents. Some of them could not read, which made following instructions that much more difficult.

Finally, after many trips to the hospital, little Kieu got to go under the knife first. Her defect was easier to repair, and she did very well after surgery, though she had to spend a few days in the ICU. I was in the US attending Blue Hawaii 1, and I had to say, my heart fluttered with nervousness when I heard the news. What if she couldn't make it?

Hao went next. Of the three, he had the most severe defect – Tetralogy of Fallot. He was operated on by a cardiovascular surgeon from Seattle and was cared for by a pediatric team from Children Oakland hospital and Stanford which I was able to connect with. It was going to be a complex operation and at first the team thought they couldn't do it. Finally, perhaps by blessing of the Power above, they decided to go ahead. We were really grateful. When the WHA's Laos fact finding team visited him post-op on the way back from Laos, he proudly showed us how he could hold a spoon and feed himself with solid rice, something he was not able to do before the surgery.

Ngoan was the last to go. The US team couldn't fit her in their schedule, so we had her go to the Heart Institute. Her operation too was successful, but unfortunately some of the damage from the long-standing heart disease may have been irreversible. She lost some weight which made her eyes even bigger than normal. Regardless, she was in good spirit. Kids are so resilient!

Looking at the little angelic faces, I could not help but thought though we can't help everyone, to these three, we've made a difference.

For more information, visit [www.whausa.org](http://www.whausa.org)