

MIGLOMEC

March 2020
2nd Edition

MICROHEALTH GLOBAL MEDICAL CENTER

GRA MBENGWI – NWR, CAMEROON
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Caring

Hearts.

Healing

Hands.

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The medical care provided to patients of rural regions of Anglophone Cameroon has been described as episodic, fragmented, crisis oriented, and anonymous. This was when there was peace in the region. The problems of access and retaining well trained staffs has been compounded by the armed conflict in the region.

Most patients are brought to Microhealth Global Medical Center in crises stages, sometimes with caregivers using the bare minimum of what they have to save their lives. This March Edition Magazine provides the progress and challenges faced by staffs and patients of the Medical Center.

Microhealth Global Medical Center (MIGLOMEC) provides Patient Centered Care, which is accessible, affordable, and effective.



Beth Israel Needham Hospital
donates Equipment and Supplies

healthcare to the poor, underprivileged and underserved regions worldwide.

Mission:

To serve all members in the community regardless of socio-economic, cultural, political status, religion and ethnicity. All healthcare professionals in our facility demonstrate collaborative care and are accountable to the institution and our clients.

Vision:

We are committed to become the best in offering healthcare delivery that align with today's healthcare management systems. Our aim is serving all patients and their families with compassionate care.

Dignity:

Patient privacy is respected at our medical center during ambulatory and admission visits.

Loyalty:

Make all patients the center of focus for they add-value to our facility

ACKNOWLEDGEMENTS

BETH ISRAEL DEACONESS NEEDHAM-HOSPITAL.

Thanks to Beth Israel Deaconess Needham Hospital (BIDN). Microhealth Global Consulting, Inc. is one of the beneficiaries of the equipment and supplies from BIDN; and as a shepherd organization for Microhealth Global Medical Center, in Mbengwi, Cameroon. We thank the leadership and staff of Beth Israel Deaconess Hospital–Needham, on behalf of the people of Cameroon.

IMEC America.

In a world of ever-changing medical challenges, especially in rural regions of developing countries, thanks to the support from International Medical Equipment (IMEC). Headed by Dr. Sue Crawford, Medical Director and Project Manager for Africa, and Mark Heydenburg, Head of Biomedical Technology.

SUPPORT, DONATIONS AND VOLUNTEERING.

You or your institution can help through direct financial donations, equipment, supplies and medications. We accept stocks, Wills, and many other methods of donations that improve the quality of life for the poor, vulnerable, elderly and the underprivileged. All donations are tax deductible. Consider volunteering at the Medical Center in Cameroon. Consider Research and Development of tropical diseases. You will be leaving a legacy of changing the lives of others, which changes yours. And this changes everything.

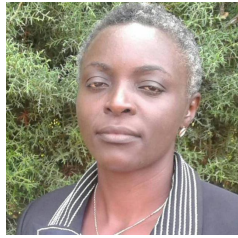


MIGLOMEC STAFFS

MIGLOMEC LEADERSHIP



Dr. Agwo Thaddeus
Tata,
President and CEO



Josephine Mancho,
MS.
Administrator



Dr. Henry Nzozone
Medical Director



Dr. Emmanuel Bambo,
Clinic Director



Ms. Irene Sirri, RN
Nurse Supervisor



Mr. Japhet N. Tata. MS.
Controller, MIGLOMEC

PATIENTS RECEIVING CARE



Dr. Henry Nzozone, Medical Director (left)



CHALLENGES OF E-LEADERSHIP

Dr. Agwo Thaddeus Tata, CEO of Microhealth Global Consulting, Inc. and Microhealth Global Medical Center (MIGLOMEC) is visually impaired. His dream Medical Center is now caught between factions in the war-torn Anglophone region of Cameroon. Home-bound in Massachusetts, Agwo remains in touch with the Medical staffs in Cameroon. The unstable low-band internet there makes communication sometimes impossible due to the poor network. Still, Agwo likes to keep in touch with his Administrator and staffs. "It is as if I am physically with them there," Agwo noted. "We review critical cases together. It is mutually rewarding to hear from patients who come in not talking and are satisfied with the care provided. The staff go for months without salaries but knowing I am there with them motivates them," Agwo who is a Healthcare Leadership Manager before his disability noted. "I am visually impaired but have not lost my leadership skills," Agwo said after reflecting for what seemed like five minutes. I just have to learn how to use assistive tools. I need financial help to keep the hospital alive," Agwo noted.

Doctor Agwo Tata holds a Bachelors of Computer Science degree from Northeastern University, Boston Massachusetts, a Master of Science in Healthcare Leadership Management and a Doctorate in Law and Policy from the same University. In addition, he holds a Master of Education from the University of Massachusetts. Before his disability, Agwo was Senior Data and Systems Integration Engineer at the renowned world Harvard Teaching hospital, Beth Israel Deaconess Medical Center located in Massachusetts, USA for 20 years. His work extended to affiliated BIDMC hospitals such as Mount Auburn, Needham Beth Israel and New England Baptist hospitals.

He gained the interest of Needham Beth Israel Hospital when the leadership accepted to donate used equipment that can be **used at the Cameroon Medical Center.**

SURGERY SUCCESSES AT THE MEDICAL CENTER.

WARNING! *(Images might be disturbing)*

We are happy to share some of the positive results of the Medical Center in the area of diagnoses and surgical procedures. We are not disclosing the patients' identities to ensure confidentiality and compliance with HIPAA regulations.



Ruptured ectopic pregnancy + massive hemoperitoneum in 21-year-old ,



Large simple ovarian cyst 12cm



Retained placenta for 3 days following virginal delivery/complications referred from another to



Tubo ovarian abscess drainage

successfully
rescued in the
heat of the crisis

MIGLOMEC; successfully
treated.



10-year-old boy,
ruptured appendix
+ appendicular
abscess
drainage, intra
operative
diagnosis,
successfully
operated and
managed, pls.
Mute audio before
posting



Hemorrhagic
right ovarian cyst
mimicking
appendicitis
successfully
diagnosed and
operated



Left
salpingo-oophorectomy for
tubo ovarian abscess



Medical doctor and assistant
operating

To sign-up for research in Cameroon, send email to info@theglobalhealthcare.com



“My name is Mildred. I am happy to be alive during these times of war. I had serious pains on Thursday. The hospital ambulance was called at 5:00 pm as people were banned from leaving their homes. I thank the staffs for saving my life.

I want to thank Dr. Tata who opened this hospital here. The hospital has saved so many lives. I am pleading for him to send more equipment, supplies and medications. Without this hospital many of us will not be alive” – Mildred.

CASE STUDY
RUPTURED ECTOPIC PREGNANCY PLUS MASSIVE HEMOPERITONEUM ON A
HETEROTROPHIC PREGNANCY IN LAGGING RESOURCE SETTING.
(OPERATIVE SUMMARY).

By Dr. Henry Nzozone

presented with unknown duration of amenorrhea, severe lower abdominal pain, vomiting and generalized body weakness of 3-day duration.

On review of systems, she had headache, dizziness, per vaginal bleeding.

On physical exams, she was in an altered general state, asthenic, disoriented, pale, extremities cold clammy, pulse thread. Bp 74/49 mmhg, pulse 132 bpm, SPO 90%, temperature 38° C.

Abdomen looked swollen with generalized tenderness, dull on percussion, reduced bowel sounds. Vaginal exams, cervix was closed. Urine pregnancy test done was Positive, Hb 6.9 g/dl Urgent bedside ultrasound showed intrauterine pregnancy at 7 weeks 2 days' gestational sac, presence of cardiac activity, left adnexal mass > 11cm plus mark pelvic exudate predominantly in poute of douglas. Paracentesis done collected 10cc of bright red blood. Laboratory was alerted to cross match and prepare two pines of O rhesus positive blood.

Patient was rushed to the theatre for emergency laparotomy under general anesthesia indicated for hemoperitoneum plus probable ruptured left ovarian cyst. A planeside incision was done. Intraoperative findings were massive hemoperitoneum with much clots, ruptured left fallopian tube, left hemorrhagic ovarian cyst. Procedure performed were suction and removal of clots, left salpingectomy, hemostasis, left cystectomy, abdominal lavage with 1.5 L of normal saline, placement of a drain, closure in layers. Patient received total of two pines of blood placed on 2500cc of fluids (alternating ringers lactate, 0.9% normal saline and glucose 5%) daily for two days, triple antibiotic (ampicillin, gentamicin, metronidazole), analgesics(paracetamol IV and diclofenac IM).

Today day one post operation patient is fine and has started oral sips. Due for a suction aspiration of intrauterine pregnancy if no signs of viability or persistent per vaginal bleeding.

MAKE A CONTRIBUTION.

Microhealth Global Consulting, Inc. is operating a modern Healthcare Center in Cameroon, structured to provide, mobile healthcare, ambulatory care, acute and chronic care in the entire region. Recently, there has been an unprecedented level of massive killings, injuring, maiming and displacement of civilians in the Anglophone region of Cameroon, following an ongoing internal armed conflict.

So far, there are over 800,000 internally displaced people of the Anglophone region of Cameroon living in bushes and forests. They include babies, children, women, the elderly and people with disabilities, having no access to medical assistance and other basic necessities. As a result hundreds of thousands are either dying or suffering from preventable diseases and need immediate healthcare interventions.

In creating and setting up Microhealth Global Medical Center in Cameroon, our USA and Cameroon based medical Experts and Consultants, anticipated providing Disaster Relief and emergency intervention during crisis situations but not at this magnitude. Our medical staff and volunteers are well trained to provide broad- based emergency intervention but are not fully equipped as of now.

Accordingly, we are appealing for you urgent and generous financial donations to purchase emergency medical supplies, and emergency Disaster Relief equipment which include Ambulances for mobile healthcare and clinical motorbikes to access remote or inaccessible communities in need of medical assistance. We are also appealing for volunteers willing to provide emergency healthcare services to the vulnerable and affected populations in the Anglophone region of Cameroon.

June 2019 so that we can provide a timely intervention and save lives.

The images of tens of thousands of injured youths, adults, the elderly, pregnant women giving birth in the forest with no medical care or basic necessities require our collective attention and assistance. The time to act is now and you can make a difference. Thank you for your donation and support.

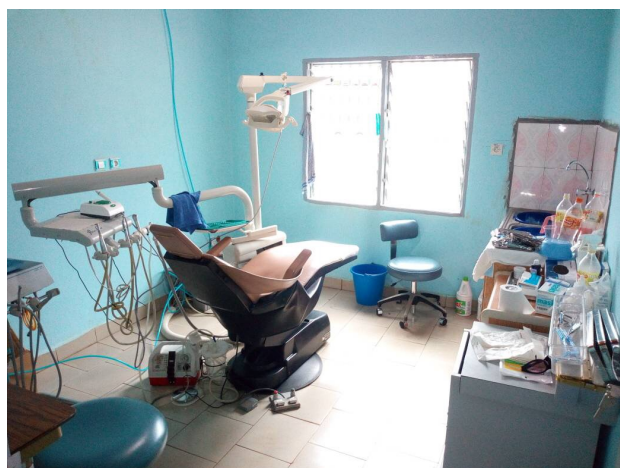
For additional/donation information browse www.theglobalhealthcare.com.

ADVISERS – PAST AND PRESENT



Left to right: Kay Berny formerly AMF, Dr. Pullen Amanda, Former Vice President of Harvard Medical International, Late Dr. Daniel Muna, former President of Cameroon Medical council, Dr. Robert Crome, former CEO of Harvard Medical International, Dr. Paul Mobit, CEO of Cameroon Oncology Center, Douala, Mr. Chris Atte, Former Pharmacist with CVS, Dr. Agwo Thaddeus Tata formerly from Harvard Teaching Hospital, Beth Israel Deaconess Medical Center, Late Professor Wali Muna. MD. PhD, former CEO, General Hospital of Yaoundé, Cameroon and Dr. Bah Tanwi, Neurologist, USA.

MICROHEALTH GLOBAL MEDICAL CENTER IN PICTURES.



Dental Care



Patient Room



Dr. Emmanuel Bambo, Clinic Director



Waiting Room



Ultrasound

SAVING LIVES



IDPS



Internally displaced (IDPs) due to conflict in the Anglophone region of Cameroon



Dr. Henry Nzozone and patient



Patient resting comfortably with family after a major procedure



AWARDS, USA

HOW TO HELP

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