

SMDC Health System Employees Help Central African Country

BY MARY THOMPSON BODE

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From childhood, Martha Aas, MD, dreamed of becoming a doctor and using her medical skills in underserved areas of the world. So, when the retired neonatologist had the opportunity to provide care to an impoverished area of Cameroon, Africa, she readily accepted the invitation. Her husband Hans, a retired gastroenterologist, also agreed to go on the trip.

Nothing prepared the couple for what they discovered upon reaching Ngaoundere, the capital city of the central African nation. At the Oeuvre de Santé Health System's flagship hospital, Ngaoundere Protestant Hospital, the 60-year-old buildings had no toilets or running water. Nursing stations were so far from patient rooms that it

was almost impossible to provide adequate care. Resources for staff training were virtually nonexistent. And 17 percent of patients were HIV positive.

Martha, the daughter of Lutheran missionaries, had always felt called to provide medical care where it was needed most. But, the immense need she saw at the Ngaoundere Protestant Hospital almost overwhelmed her. "We quickly realized that what we were able to do while we were there impacted very few people," she said. "It was a drop in the bucket considering the enormous need we saw there."

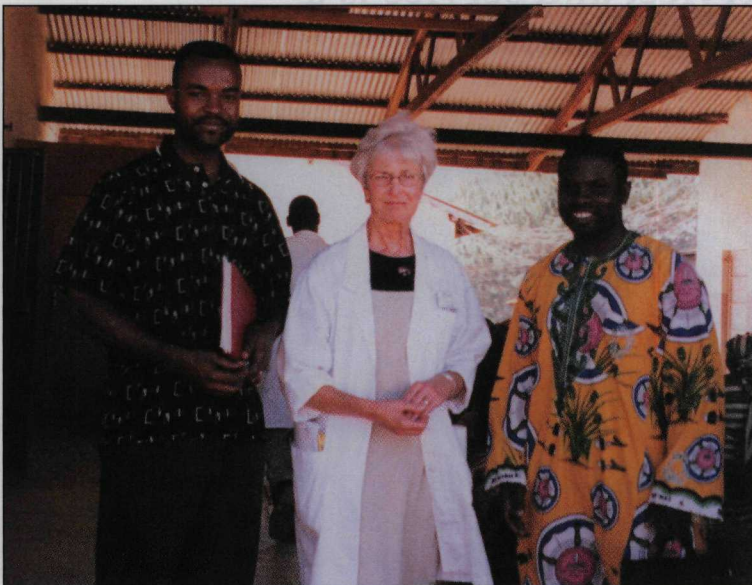
Today, thanks to a groundswell of widespread support, the Ngaoundere hospital has an endoscopy service. New ultrasounds and mammography machines are in place. And several key departments have been built or remodeled, including new operating rooms, a new emergency room, new intensive and neonatal intensive care units and a burn center.

OPPORTUNITIES FOR ECUMENICAL PARTNERSHIP

This transformation was made possible through a dynamic ecumenical partnership involving Catholic, Lutheran, Baptist and secular organizations whose members have felt called to improve basic health care in an underserved region. The St. Mary's Duluth Clinic (SMDC) Health System in Duluth, Minn., was the first to embrace the idea of an exchange program with Cameroon and remains a strong and enthusiastic supporter today.

"Our mission is to bring quality and compassionate care to people in need," said Sister Kathleen Hofer, OSB, chairwoman of the SMDC Health System Board of Directors. "God provided us with an unexpected opportunity to expand our mission to a very deserving area of the world."

Sr. Hofer was involved from the beginning, in part because of the African tradition of having tribal leaders confer directly when forging significant alliances. "When we first tried talking to the bishop of the Evangelical Lutheran Church of Cameroon (the hospital's sponsor), he was very uncertain of our motives. He turned us down," said Hans Aas, who initially wasn't sure if he



Mary Holt (middle) stands with two chaplains at Ngaoundere Protestant Hospital. Holt and her husband, Dr. Glen Holt, are involved in the missions sponsored by SMDC Health System.



SMDC doctors operate on a patient during a recent visit to Ngaoundere, Cameroon, in central Africa.

could overcome this surprising challenge. “Then we realized that we were dealing with a culture where chiefs talked to chiefs about important matters and we knew we needed help.”

Help came in the form of Sr. Hofer and SMDC Health System CEO Peter Person, MD, who agreed to visit Cameroon in spring 1999. “We both agreed this was something we would support,” he said. “We were a fairly new health system — only two years old — so this would be our first official endeavor to provide health care in an undeveloped country.”

Although the SMDC Health System was new, the founding organizations had longstanding traditions of helping people in need. St. Mary’s Medical Center was founded in 1888 by the Benedictine Sisters of St. Scholastica, who came up with the innovative idea of selling health insurance to logging camp workers for \$1 a year. The Duluth Clinic, founded in 1915, was a not-for-profit multi-specialty practice committed to providing care for the poor.

COMMON VALUES, COMMON GROUND

Although the African bishop and his advisors were a little surprised to be meeting with a Benedictine nun, they quickly warmed to her message. “I talked to them about SMDC’s mission and values, which are grounded in the Benedictine values of

hospitality, justice, stewardship and respect,” says Sr. Hofer. “It struck a note with them. They began to believe we really wanted to help.”

Within months, the Cameroon Medical Exchange Program was well underway. Improving the hospital’s physical infrastructure was just one part of the program. For Drs. Hans and Martha Aas, creating mentoring opportunities for the Cameroon medical staff was key to the hospital’s long-term success.

“One of our biggest challenges was to foster an attitude of hope among the hospital workers,” said Martha Aas, noting that staff often went unpaid and the hospital was on the verge of financial collapse. “Creating an exchange program not only helped them develop professional skills, it opened their eyes to what a hospital can accomplish if it’s properly run.”

To date, 13 physicians, nurses and other professionals have traveled from Cameroon to Duluth through the exchange. And 23 SMDC medical professionals have volunteered their time and traveled to Cameroon to help develop programs in areas ranging from emergency nursing to endoscopy procedures.

PARTNERSHIPS EASE CHALLENGES

Even with the support of SMDC Health System and its foundation, Hans and Martha Aas realized

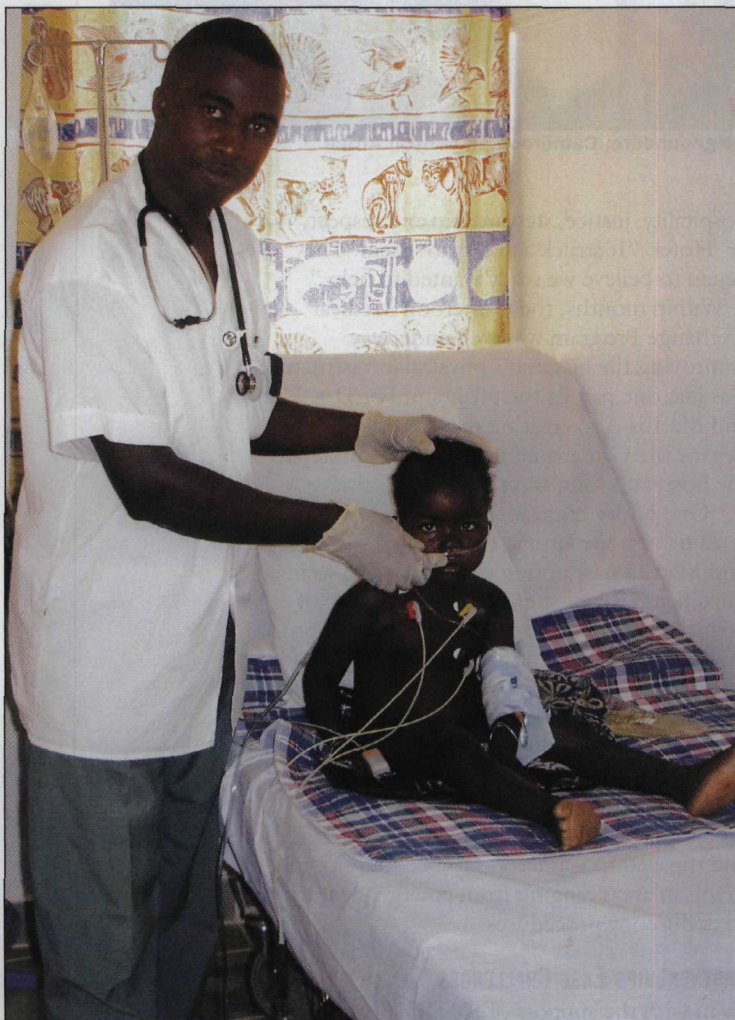
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they would need even more partners for real change in Ngaoundere. They began conversations with Global Health Ministries, a Lutheran organization that provides medical equipment and supplies. "Once we started to talk, we realized that we had the same goals, only we were taking different approaches to assistance."

Global Health's first offer of help was to provide funding for new operating rooms – if the married doctors could find someone to design them. SMDC volunteered the services of their architect Karl Ruthenbeck, who designed a simple operating room that could easily be built in Ngaoundere.

That first project led to an ongoing collaborative that includes annual shipments of medical supplies, like beds, ultrasounds and X-ray



A SMDC doctor attends to a sick child.

machines to Ngaoundere. This was just the first of many collaborative relationships Hans and Martha Aas would develop as a way to overcome the challenge of meeting a seemingly endless list of needs in Ngaoundere. Other examples include:

- Partnering with rotary clubs in Denmark, Duluth, Cameroon and Rotary International to raise \$65,000 for a new burn and intensive care units.
- Convincing the University of Minnesota to establish a clinical rotation in Ngaoundere.
- Obtaining partial funding for a new surgical training program from the Evangelical Church of America, and working with the Pan-African Academy of Christian Surgeons to establish the program.
- Partnering with the SMDC Foundation to launch a campaign to raise \$1.5 million to build a new 115,000 square foot hospital wing. SMDC has committed \$300,000 to the construction project.
- The Baptist Convention Health Board in Bango, Cameroon, has helped SMDC develop the Prevention of Mother-to-Child Transmission of HIV/AIDS Program.

COMING TOGETHER TO DO GOD'S WORK

Sr. Hofer believes the ecumenical cooperation is a key factor in the Cameroon Medical Exchange Program's success. "From the beginning, I saw this as an opportunity for us to join with another denomination to provide care to people who needed it so desperately," she said in reference to the Lutheran Church. "Then the opportunities for partnership simply kept expanding and we started to see things happen."

In just 10 years, the benefits are hard to miss, including an impressive drop in HIV transmission to babies during delivery. Thanks to a program developed through the Cameroon Exchange and funded in part by USAID, HIV incidence has dropped by 17 to 11 percent in Ngaoundere during the past two years.

The exchange program has also allowed Ngaoundere staff to hone their nursing and medical skills in obstetrics/gynecology, surgery, orthopedics, pediatrics, urology, burn care, ultrasound, endoscopy, rehabilitation, emergency care, and pre- and post-operative patient management. An epilepsy clinic and neonatal care unit were established in 2006, and a chaplaincy program is currently under development.

A NEW CHALLENGE, A NEW SOLUTION

The next challenge is finding funding for the new hospital wing. Although SMDC and private donors will cover some of the expenses, Hans and Martha Aas are working with an SMDC grant writer in the hope of receiving funding through a new source — USAID'S ASHA (Aid to American Schools and Hospitals Abroad) Program. "Finding money is always a challenge," Hans Aas said. "When we first started thinking about a new hospital, we didn't know what to do. Then someone suggested this USAID program. We are really counting on this government funding to go through."

The combination of private and public funding could result in significant changes at Ngaoundere. The new buildings will house surgical and medical patient care units with centrally located nursing stations to improve care. A much-needed administration building will include an information desk, 12 offices, counseling offices, a large meeting room for education and an employee cafeteria. The new administration building will allow the hospital to modernize its patient record keeping, billing, inventory tracking and receivables — all important functions in a hospital that needs sound administration of business functions to succeed.

CALLED TO PROVIDE CARE

The Cameroon Medical Exchange Program succeeds in part because Hans and Martha Aas together volunteer about 20 hours a week to keep projects moving forward. They also have a loyal committee of 22 volunteers, including many SMDC Health System employees, who devote hundreds of hours each year to making the program a success.

Like the doctors and Sr. Hofer, many of the volunteers felt called by God to help people half a world away. "I think there was definitely some



The Cameroon Medical Exchange Program continues to help residents of the impoverished country.

higher power that drove us toward our involvement in Cameroon," Martha Aas said. "I don't think it was just a choice." ■



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