

Healthy Villages, Inc.

Sustainable Health For West Africa

Our organization, Healthy Villages, Inc., is a U.S. registered 501c3 organization whose focus is on sustainable health solutions for the poor in West Africa. We are currently based in the Lower Volta Region of Ghana and carrying out most of our work in the Ketu South Municipality. Issues related to poverty and the right of the poor to good health are the cornerstones of our organization. This submission to the United Nations Special Rapporteur related to his upcoming visit to Ghana in April is a follow up to a phone conversation with Anna Bulman to clarify and expand on some of the points we discussed related to healthcare as it relates to human rights in Ghana.

Godfried Agbezudor, a citizen of Ghana, and Sara Corry, a citizen of the USA, are co-founders of Healthy Villages, Inc. Godfried has been leading tourism trips throughout the African continent for nearly 35 years. His travels, as well as his childhood experience growing up in a poor village, and his traditional adult roles within his family and tribe, have given him a unique perspective on poverty and human rights in Ghana. Sara traveled to Ghana for the first time in 2011, her first visit to a developing country. Her desire to help the poor in the villages led to the development of a small business based in Ghana. Through business connections, she and Godfried were invited to organize medical and dental mission trips in Ghana. Their mutual desire to improve the health of the desperately poor led to the development of Healthy Villages, Inc. Sara has a background in community mental health, which was her profession for 15 years prior to starting to work in Ghana. Godfried first conceived the idea of running medical missions in Ghana in the late 1990s, an idea which is now coming to fruition.

We are a relatively new organization, formally registered in August 2016. Since our inception, we have:

* Brought in 30 volunteer medical and dental professionals from the US and Canada to work alongside our Ghana-based staff to treat over 4000 poor villagers for a variety of mild to life threatening health conditions. Malaria, respiratory infections, bodily pain/back pain/sciatica, urinary tract infections/STIs/vaginal infections, fungal infections (especially in children), hypertension and diabetes (especially in men) are the most common problems we’ve seen.
* Worked with the Ghana Health Service and Education Service and around 100 volunteers from Virginia, USA to develop an initiative to bring reusable menstrual hygiene products to 600 adolescent girls in remote villages. These products will be distributed on February 26 and 27, 2018.
* Begun a community empowerment and sustainability project in coordination with the nonprofit Advocates for Community Alternatives. This project has the potential to improve the lives of 6000 villagers in Ketu South.

The question first and foremost in our minds is, how can we make a SUSTAINABLE positive impact on the health of the poor in Ghana? Many challenges affect those living in extreme poverty, so sustainable health requires a multifaceted approach that addresses these issues simultaneously. For example, if a family has only earned a few Cedis a day, they will use it to buy a meager amount of food. Ongoing health conditions are ignored, and acute conditions go untreated. Poor families eat the cheapest food they can buy – chiefly corn and cassava – high in carbohydrates and low in protein and other nutrients. This innutritious diet leaves them susceptible to illness, infectious disease, and ongoing conditions like diabetes. Some of our patients report they have had serious (and treatable) health conditions for decades. They live with ongoing, severe pain because they can’t afford medical treatment.

However, economic opportunity in the villages is extremely limited. Un/under-employment is very high, with most people who work engaging in petty trading in the markets, farming (mostly by hand), salt harvesting, or fishing. None of these are lucrative professions. Options are limited; the youths often leave the villages to seek work in Accra, and end up performing menial tasks, living on the streets. Girls are exploited and become prostitutes. Families and traditions are torn apart. (The culture of homeless youth who work in the markets carrying goods for merchants and shoppers would be another interesting group to interview regarding the intersection of poverty and human rights.)

Village life has other pitfalls as well. In the area where we work, latrines are uncommon, so people defecate on the ground. Flies visit the feces and then the food – leading to disease. Intestinal worms are the norm – again, weakening the person’s immunity to disease. We see social issues related to poverty as well. Alcoholism, especially in men, is rampant (and contributes to overall poor health).

Another issue that disempowers girls and women in the villages and contributes to the cycle of poverty in Ghana is a lack of access to menstrual hygiene. Girls miss a week of school each month, are under-educated, or drop out. They use unhygienic items to catch their flow and develop infections. Lack of menstrual hygiene has been linked to teen pregnancy, earlier marriage, and higher birth rate, all of which disempower women and continue the cycle of poverty.

For poor villagers to enjoy good health, we must address all issues that negatively impact a person’s wellbeing, which in our perspective means improving access to healthcare, nutrition, sanitation, economic opportunity, and community development. According to the Ghana Health Service psychiatric nurses on our team, depression, anxiety and insomnia are on the rise in poor villages. The best treatment isn’t medication – it’s improving the standard of living for those in dire poverty.

Our village empowerment and sustainability project will utilize the methods being used by Advocates for Community Alternatives in their work in the Brong Ahafo Region of Ghana and also focuses on a community that has been adversely affected by mining operations. A large area of land adjacent to the Keta Lagoon has been traditionally used for salt harvesting by hand for generations. About eight years ago, a company from India (Seven Seas Company) obtained land in the area ostensibly for salt production using sea water that they stated they would pipe in. The communities along the stretch of road where the company is located disagreed about allowing the company to develop in the area; some local chiefs agreeing to grant the company land, and others still holding out to this day. Long story short, the company has not kept its promises of jobs for local people, using sea water for salt production, etc., and has been pumping the groundwater such that the people’s wells are filling with salt water and trees are dying.

People that in the past relied on traditional salt harvesting now have no means of support because the company has armed guards preventing people from going onto their land. Conflict between the company and locals, and between villages, has become violent and people have been shot and killed. The environment of the area has been adversely affected as noted above, and the water level of the Keta Lagoon has dropped, possibly from the pumping of groundwater, which has also disrupted subsistence fishing in the Lagoon. It should be noted that a lawsuit against the Seven Seas Company led to a temporary closure of the company, but it is back in operation now. The chief of the village where we are conducting the project can speak in detail about these issues and how villagers have been affected.

We are just starting to work with the community to get the input of various social and economic groups about their needs and desires. This will be a pilot project for us as an organization and for the area, and we are looking forward to seeing where it leads.

We would be honored to host a visit by the Special Rapporteur and his team and pleased to take them to our work locations in the Volta Region. We could arrange interviews with Ghana Health Service administrators, our Ghana-based staff, and residents of poor villages throughout the area. We would also be happy to assist the team with arrangements for the country visit to Ghana, and transportation while in Ghana.

Please contact us if you have any questions. We will be on a medical mission until March 8, and in remote areas inaccessible to phone and internet, but we will return your call or message as soon as possible.

Anna has our phone/WhatsApp numbers and Facebook contact – we are happy to help in any way we can.

Respectfully,

Sara Corry and Godfried Agbezudor