2018 is here and it is time to gear up with new energies and start setting new goals for New Year. Every New Year is a bundle of new opportunities to perform and grow. Let us aim for higher goals in 2018 and work hard to achieve them. As we collectively hope that 2018 brings peace and joy to all ACPA members, we also look back at the challenges that the motherland has faced over the past year. To state that Cameroon is at the crossroads is an understatement. We hope that our leaders choose meaningful dialogue as the only resolution to the current turmoil in the homeland.

In this issue of the ACPA Pulse, we celebrate birthdays, member achievements and the re-launching of the ACPA website www.ACPA-CMR.org. The Publications & IT Committee heard your pleas and suggestions and have designed a website that is easier to navigate, contains all of the needed elements within the site and is professionally managed to better reflect our organization and the members.

In this Inaugural 2018 issue of the ACPA Pulse, we reflect on the life of an unsung hero, Dr. Ben Faycal, a young graduate from the faculty of Medicine and Biomedical Sciences at Yaoundé University. This dedicated young man braved many odds to set up a functional health center in a remote village of northern Cameroon. He served the population with courage and determination. Unfortunately, his life was brutally cut short by a snakebite for which he could not access basic care. This sad story is a reminder for why ACPA exists. We can do better. Cameroon can do better.

Thankfully, there is hope. The bright future of Cameroon lies in the strength of its diaspora, strongly represented by a vibrant and ambitious ACPA membership. Dr. Shirley Ayuk-Takem, Intensivist and future Pilot, represent that hope for a wonderful Cameroon. She epitomizes the combination of grit and grace. Through her personal and professional life, she has overcome many challenges to a wonderful career that is only beginning. As we celebrate love and hearts this month, she reminds our readers about the importance of Healthy Hearts.

Accordingly, the ACPA Pulse is proud to spotlight Founders Club member Dr. Shirley Ayuk-Takem. Read about her incredible journey in this double issue of the ACPA Pulse. Get encouraged to attend the upcoming Annual meeting in Houston, Texas April 20-22, 2018 and become a sponsor of the ACPA Health Fair led by Dr. Efua Leke-Fonlon & Dr. Gwen Menga Fote that closes out the meeting weekend. This issue features a brief overview of USA based Cameroonian medical organizations, Nurses, Pharmacist and Nurse Anesthetists; all with the desire to improve healthcare in Cameroon and provide a meeting place for those in their respective fields.

The ACPA Pulse is the official newsletter of the Association and is used to highlight important events and achievements by the organization and its members. The ACPA Pulse features health news, healthcare business news, and news relevant to the readers. The ACPA Pulse welcomes submissions from the Cameroonian medical community at large. Have a comment, submission, suggestion for improvement, then contact me directly at PulseEditor@ACPA-CMR.org.

There could not be an ACPA Pulse if it weren’t for the members of the Publications and IT committee: Dr. Alan Tita, Dr. Bertand Fote, Dr. Dione Mbame, Dr. Kingah Pascal, Dr. Daniel Bekong, and Dr. Denis A. Foretia. I thank them for their continued service in this committee. The best is yet to come!

Chris Bime, MD, MSc
Chair, Publications & IT Committee
A Healthy Heart - The Gift that Keeps on Giving

It is Holiday season again! The perfect gift this year should be a healthy heart. The ultimate gift keeps on giving. Many people suffer from heart disease and they do not even know it, hence the reason that it is called the silent killer. Symptoms may not be evident until the disease is far advanced or it is too late. Heart disease is a broad term that covers the various ailments including: Coronary artery disease (heart attack), congestive heart failure, valvular heart disease, and various dysrhythmias (irregular rhythms) like atrial fibrillation and such. Simply put, think of your heart as a house and the coronary vessels as the pipes, the valves as the doors and the rhythm issues as a malfunctioning electrical system.

I will be focusing here on Coronary artery disease (CAD). There are non-modifiable risk factors such as age (men 45 years or older and women 55 years or older are at a higher risk that younger men and women of having a heart attack), certain diseases (autoimmune conditions like Rheumatoid arthritis and Lupus) and a family history of a heart attack especially in first-degree relatives (genetics). Modifiable risk factors include tobacco use, untreated/uncontrolled high blood pressure, high cholesterol or high triglycerides, diabetes, lack of exercise, obesity, stress, illegal drug use (stimulants like cocaine and amphetamines).

So how does the damage occur? It is a progressive and often silent narrowing of your vessels including those critical for supplying blood to the heart (coronary arteries). These arteries carry blood containing oxygen and nutrients to your heart, so if blocked, your heart will be unable to get oxygen and nutrients. These blockages are caused by plague, which slowly narrow the diameter of the coronary arteries until they are fully blocked. A blood clot can also block the coronary arteries preventing blood flow to the heart muscles. Without this, the heart muscle will die. This is what manifests as a heart attack. Plague can occur because of high cholesterol.

Symptoms of a heart attack can include, difficulty catching your breath, chest pain, chest pressure or a squeezing or aching sensation in your chest or arms that may spread to your neck, jaw or back, numbness and tingling in your arms especially your left arm, jaw...
pain, back pain, nausea, Indigestion, heartburn, abdominal pain, fatigue, lightheadedness or sudden dizziness. Sometimes, you have no symptoms at all. If you do have symptoms, some people will start to feel these symptoms when their arteries are partially blocked and others will feel nothing until there is complete blockage.

WHAT TO DO IF YOUR EXPERIENCE SYMPTOMS SUGGESTIVE OF A HEART ATTACK?

If you start having unexplained chest pain, or any of the other symptoms above you should chew four tablets of baby Aspirin (81mg X 4 =324 mg) or one tablet of 325mg Aspirin and chew it as you dial 911 or summon for help. This will keep your platelets from sticking together and forming a clot, which will make the blockage worse. Actually in my opinion, every adult over 40 years old should be taking one Enteric coated Aspirin (81mg) every day. It is called enteric coated because it will not cause damage to your stomach and give you ulcers. If you take Aspirin on an empty stomach, it can cause stomach ulcers, so when you do take Aspirin please eat first before you take it.

PREVENTION IS BETTER THAN CURE (CLICHÉ!)

More importantly, you should do your best to keep from getting a heart attack in the first place, after all prevention is better than a cure. Depending on your age and risk factors and family history you should get a fasting lipid panel (cholesterol check), EKG (Electrocardiogram), Hemoglobin A1c and Glucose (both to see if you have diabetes) and other basic blood work depending on what else is going on with you. Depending on the outcome of the above tests, your doctor may go further and get an Echocardiogram (ultrasound of your heart) to better look at the heart structure. Other tests that can further clarify things include a Stress test (where you run on a treadmill to see if this will reproduce symptoms like chest pain). The stress test can also be done by injecting a medicine that will cause your heart to beat faster and mimic exercise on the heart and the symptoms can be reproduced in this way. A stress test can be combined with EKG and with imaging where the Cardiologist is better able to see exactly which coronary vessel and the corresponding muscle section of the heart may be blocked. If the results are concerning or if they are inconclusive, the Cardiologist may then choose to proceed to a left heart catheterization where he will directly be able to see if there are any blockages and if so where. During a left heart catheterization, the cardiologist can identify and fix the problem using stents. Time is muscle and sometimes, it is too late to repair the damage. If there are too many blockages, or if the blockages are in certain areas, you may be referred for open-heart surgery.

ARE YOU WONDERING WHO SHOULD GET THE ABOVE TESTS? GOOD QUESTION!

Anyone over 25 years should get a cholesterol check, possibly a glucose test, and an EKG. Anyone over 40 should definitely get the cholesterol check, EKG, glucose testing and basic blood work looking at their electrolytes and kidney function and complete blood count. In addition, they should be taking Aspirin 81mg every day. If there is a strong family history of heart attacks in your mother, father or siblings, then you should be screened sooner and followed more closely as you may have a higher risk of getting coronary artery disease than others.

In conclusion, weight loss, exercising regularly for at least 30 minutes a day, 3-5 times a week and reducing carbohydrate, fat and alcohol intake will help reduce your risk of CAD. Stopping smoking, keeping your blood sugar and blood pressure within normal limits and getting your checkups routinely in addition to taking your medications as prescribed will also help reduce your risks as well. If possible, avoid stress. If that is not possible then yoga, exercise, meditation and pursuing your hobbies are good ways of dealing with stress. Also, please learn CPR, as you never know when and where these lifesaving skills may be needed.

References:
- www.mayoclinic.org/diseases.../heart-attack/basics/risk-factors/con-200195
- http://www.heart.org/HEARTORG/caregiver/resources/whatiscardiovasculardisease/

Shirley Ayuk-Takem
DO RRT
Board Certified in Internal Medicine/Critical Care Medicine Fellow
EMPOWERING CAMEROONIAN PHYSICIANS,
IMPACTING THE COMMUNITY
APRIL 20 – 22, 2018
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Instructions for Abstracts: ACPA will only consider abstracts that describe original unpublished work or those that have been published within no more than the last 2 years.

There is a 350-word limit for abstracts including the title text. No reference to the authors or the institution should appear within the body of the abstract or in the abstract title. Abstracts are limited to a maximum of 1 image (figure) and/or 1 table. Abstracts exceeding the limit will not be reviewed.

The Body of the Abstract includes the following: Title, Objective, Study Design, Results, and Conclusion; then a Table and/or Image referenced in the body can be provided.

ACPA judges each submission on merit, originality, innovation and relevance to ACPA's membership. The goal is to select those papers that will advance scholarship in the diverse fields and disciplines of medicine and public health in general and especially as it relates to Cameroon. The program chair must be notified if the abstract is significantly different from the submitted version.

Only persons who have made a direct contribution to the content of an abstract submission should be listed as authors. ACPA uses the criteria provided by the International Committee on Medical Journal Editors (ICMJE) to determine authorship. Authorship credit should be based only on substantial contributions to: (a) conception and design, or analysis and interpretation of data, (b) drafting the article or revising it critically for important intellectual content, and (c) final approval of the version to be published. Conditions (a), (b), and (c) must all be met.

ACPA will provide standard audiovisual equipment needed for oral abstract presentations. This will include a multi-media projector for PowerPoint presentation. Each oral presentation will last up to 10 minutes and an additional 5 minutes allowed for questions and discussion. Platforms and not AV equipment will be available for posters. Specifications for posters will be sent upon acceptance.

If you have any questions, please contact ACPA's Executive Director at 912-590-2261 or email: info@acpa-cmr.org

Submission Deadline: 5pm February 15, 2018
Heart disease is the No. 1 killer for all Americans, and stroke is also a leading cause of death. Black Americans are at greater risk for cardiovascular disease and stroke than White Americans. The prevalence of high blood pressure (hypertension) in Black Americans is among the highest in the world, and it is increasing. Rates are particularly high for Black women. These statistics are not new to us as physicians, but so often we overlook our own health. Dr. Ijeoma A. Ekeruo is a cardiac electrophysiologist in the department of Internal Medicine at the McGovern Medical School at UTHealth who will present on Cardiovascular Disease in Blacks, something that impacts even us as physicians. Dr. Ekeruo received her B.Sc. in Chemistry from Spelman College and her M.D. from Emory University before moving to Houston where she completed her training in Internal Medicine, Pediatrics, Cardiology and Cardiac Electrophysiology at UTHealth. Dr. Ekeruo holds board certifications in Internal Medicine, Cardiology and Cardiac Electrophysiology from the American Board of Internal Medicine, as well as a board certification in Pediatrics from the American Board of Pediatrics. She is also board certified in adult comprehensive echocardiography by the National Board of Echocardiography. She is a fellow of the American College of Cardiology and a fellow of the Heart Rhythm Society. She is also interested in house staff education, and is actively involved with the Cardiac Electrophysiology training program at UTHealth. In addition, she has interests in international health and has volunteered in medical mission trips to West Africa.
Mr. Phil Okala is honoring the ACPA as the 2018 Keynote Speaker. Mr. Okala will address the members and their guest at the Gala Dinner on Saturday, April 21, 2018. The Gala Dinner is the chief fundraising activity of the ACPA and seeks to bring the local community into the mix with the ACPA members. Mr. Okala was well received in 2017 when he presented during the financial sessions of the Annual meeting and this year will join us to speak on Leadership. Mr. Phil Okala has been Chief Operating Officer at University of Pennsylvania Health System, Inc. since March 2017. Mr. Okala is responsible for program integration across the system’s three Philadelphia hospitals: HUP, Pennsylvania Hospital and Penn Presbyterian Medical Center. He served as Senior Vice President for Business Development at Penn Medicine from 2013 until 2017. Okala provided executive leadership several key strategic initiatives for the health system, including integration of Chester County Hospital and Lancaster General Health and creation of Penn Medicine’s strategic alliance with Virtua Health System; as well as ongoing efforts for the Princeton Health Care System to join Penn Medicine. Okala came to Penn Medicine 2007 following executive positions at Geisinger Health System in Danville, PA, Roswell Park Cancer Institute in Buffalo, NY, and MD Anderson Cancer Center in Houston, Texas. His experience as a corporate leader in the health field will fuel his keynote address on Saturday evening. Tickets for the gala are $100 for the public and are on sale on the website www.ACPA-CMR.org.
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www.ACPA-CMR.org
Dr. Dennis Palmer

The ACPA seeks to provide a forum for involvement in healthcare delivery and policy in Cameroon through communication and collaboration with Cameroon health authorities. We want to encourage the development of practical solutions to Cameroonian health care problems and to play a significant role in all matters affecting the health of Cameroonians. Dr. Dennis Palmer with the North American Baptists, Inc. will be joining our meeting during our Healthcare in Cameroon Afternoon Session on Saturday, April 21st. Dennis and his wife Nancy, both natives of southwest Missouri, USA have served as medical missionaries in Cameroon from 1979-1984 and from 1988-1991, primarily at Bансo Baptist Hospital. In 2004 they returned to Cameroon to serve as Field Director and Field Administrator, stationed in Bamenda. Dennis also served as the Director of the new HIV/AIDS treatment program. After four years in those positions, they moved to Mbingo Baptist Hospital where Dennis began the Internal Medicine residency-training program. Dennis currently serves as Clinical Supervisor of Mbingo Baptist Hospital and also as the Program Director of the Christian Internal Medicine Specialization Residency, Mbingo Baptist Hospital. Dr. Palmer has written a 300-page guide, “The Handbook of Medicine in Developing Countries,” that listed medical procedures and protocols, as well as a list of widely-found medications to help physicians serving in underdeveloped regions. Palmer received a bachelor’s degree in Pharmacy from UMKC before attending the University of Health Sciences Kansas City and earning his D.O. degree. In addition to presenting on his experiences serving as a medical missionary for over 30 years, Dr. Palmer will also participate in the panel discussion on developing practical solutions to Cameroonian health care problems through training and other strategic activities inside Cameroon.

We are proud to announce the release of our newly redesigned website. It goes live on the 1st of January and is located at the same address: http://www.ACPA-CMR.org

The new site has been crafted to be faster than ever, easier to navigate and more user friendly. While keeping the design consistent to the former we moved to a more member-centric layout. We welcome visitors with featured content focused on our mission to provide excellence. Our current and prospective members will find updated and detailed information about the organization, the members and the work that is done.

More and more of our members visit our website on mobile devices therefore we did everything to further improve mobile usability in order to offer members an even better user experience.

We are also launching our brand new blog. The blog will allow members to share their knowledge and expertise in their respective medical fields.

We also wanted to give our members an opportunity to network more and to find relevant information about the ACPA via their choice of social sites. From now on the company’s LinkedIn, Facebook, Twitter and Google+ profiles and YouTube channel can be reached with one single click.

The Executive team has worked collaboratively to put together a new website rich in information to be used as a resource just for you. The website will feature new types of rich content and will be updated on a regular basis with new interesting content.
The journey towards a career in medicine is not always linear. Sometimes, we choose the long and scenic route. Dr. Ayuk-Takem vividly remembers deciding at age five that she wanted to be a Medical Doctor and a pilot when she grew up. Why a pilot? She recalls being intrigued and fascinated by Amelia Earhart who she saw in the National Geographic magazine to which her dad had a lifetime subscription. After much discussion with her dad, he encouraged her to be a doctor who flew planes on the weekends! And thus the journey began.

Her formative years were spent in Yaounde, Cameroon, where she was raised - the last of five children - by two educators. Her father, a former Minister of Scientific and Technical Research and her mother, Pedagogic Inspector for Primary Education, are both of blessed memory. From a very tender age, they both instilled in her the value of education. She completed her secondary and high school education at Saker Baptist College and Lycée d’Essos respectively, prior to immigrating to the United States at age sixteen. Her undergraduate studies were completed at the University of Alabama in Birmingham, where she obtained a BS in Respiratory Therapy.

Despite gaining admittance to medical school as an undergraduate, she took a detour on her journey towards becoming a Physician. She practiced as a Registered Respiratory Therapist for seven years, a license which she still maintains. Her zeal and quest for knowledge eventually led her to the A.T. Still University School of Osteopathic Medicine, where she obtained her Doctorate. Always the forward thinker, Dr. Ayuk-Takem liked the idea of learning osteopathic manipulation/the ability to diagnose and treat certain conditions with the hands, as this could come in handy in resource poor areas.

When asked what drove her towards Critical Care Medicine, she recalls having childhood asthma. That, combined with her background in Respiratory Therapy made Internal Medicine, and eventually Critical Care Medicine, an obvious choice. In her words, “I was one of those who started medical school knowing exactly what I wanted to do and stuck to it… I especially loved my Critical Care rotations.” She was fortunate to have excellent Program Directors throughout residency and fellowship who nurtured her dreams and directed her path towards becoming the phenomenal Intensivist that she is. The fast-paced nature Critical Care Medicine and the adrenaline rush that is the ICU, make her “come alive.” She enjoys the critical and complex nature of ICU cases and strives to provide the best possible, compassionate care to her patients and their families during the most stressful times of their lives.

She recently completed her Critical Care Medicine fellowship at
We don’t want to miss your special day, send us your birthday: NFobi@ACPA-CMR.org

The ACPA Membership Committee wishes a Happy Birthday to the following ACPA Members:

Denis Foretia  
Michael Fogam  
Nso Nso  
Bonaventure Ngu  
Luegenia Ndi  
Benedict Awo  
Stella Achenjang  
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Alan Tita  
Clement Tabe

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Reflecting on her training, she notes that being black, African and a woman posed some unique challenges that might have been alleviated by the presence of an organization such as the ACPA. She wishes she had the opportunity to seek out a Cameroonian Physician mentor. Dr. Ayuk-Takem states that she is interested in mentoring young Cameroonians who have an interest in Medicine. She hopes to help them navigate the maze that is the US medical education system. She is willing to write letters of recommendation especially for those willing to shadow an ACPA member. She is a member of the ACPA Founders Club and currently serves on the Membership Committee where she interacts with prospective and current members and looks forward to helping the organization grow to its fullest potential. She hopes that the early successes of the organization, like the inaugural meeting in Atlanta and the first annual meeting in Houston this past April, help to encourage other Physicians of Cameroonian origin to join our growing organization.

When she looks back on how far she’s come, she realizes that early on in training she struggled with “turning off the perfectionist button.” As time went on, “after years of taking care of critically and sometimes terminally ill patients in the ICU, I’ve eventually figured out that there are more important things in life than being the best at everything. Now I make time to smell the roses”
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The western African nation of Cameroon is home to Mbingo Baptist Hospital, where doctors perform thousands of major and minor surgeries every year. That makes it every bit as busy as the St. Luke’s University Health Network campus in Fountain Hill, but the resemblance pretty well ends there. For one thing, St. Luke’s has air conditioning. Mbingo Baptist, which began life as a leprosy treatment center, does not, apart from window units in the six operating rooms. Elsewhere, there are only windows to relieve the equatorial heat.

More shocking to Western sensibilities, perhaps, is that some of the people seeking treatment at the 300-bed hospital — even seriously ill ones — spend a day or two walking or hitchhiking to reach it. That’s because most people in the region are too poor to afford cars or motorbikes, and Mbingo Baptist has no ambulance. Happily, it will have one soon. St. Luke’s — which has partnered with Mbingo for a couple of years through the St. Luke’s International Surgical Studies Program — is donating one.

«Every time that I’m there, we have critically injured or ill patients that need a CAT scan,» said Dr. Richard P. Sharpe, the program director, who takes fourth-year surgery residents to Cameroon three times a year to observe and assist at the hospital. «They have to send these patients to another hospital 45 minutes away.» During Sharpe’s last visit, in April, a patient with a spinal cord injury needed a scan before a surgeon could operate.

«They put him in the back of a pickup truck and drove him there,» Sharpe said. «That’s how they transport them, or they tell them they’re on their own and have to take a taxi or bus.» The ambulance — a decommissioned 2002 model from the St. Luke’s fleet — «fills a critical need for them,» he said. «To us it’s junk. We’re just going to scrap it. To them, it’s gold.»

The surgical studies program began in 2014 with the aim of helping hospitals in developing nations. Sharpe said he chose Cameroon because it has a stable government and has escaped outbreaks of infectious diseases, such as Ebola, that have affected other nations in the region. The hospital, one of six in the nation operated by Cameroon Baptist Convention Health Services, isn’t easy to get to. It takes two days to reach the airport in the coastal city of Douala. Then, it’s a seven-hour drive into the mountains. Sharpe said Mbingo resembles American hospitals of a half-century ago, with its big, open wards. But as modest as the facilities are, it is one of the top three hospitals in the country, with nearly 600 employees. It has general and orthopedic surgeons, an HIV/AIDS treatment center, and ophthalmology and dental services.

So far, seven residents and four attending physicians have made the month-long visit, helping, teaching and learning. The ambulance has been serviced, cleaned and covered with Mbingo decals. Sharpe said he isn’t sure when it will be shipped, but it ought to be there well before the next St. Luke’s team visits, in September.

Sharpe said the experience is remarkable. The population «has nothing, but are absolutely the happiest patient population I’ve ever had,» he said. «They are so thankful you are there to take care of them, or at least see them.»

St. Luke’s Hospital helping counterpart in Africa by donating an ambulance.

By Daniel Patrick Sheehan
MISSION
To serve as a forum through which its members enrich their professional potentials to promote optimal medication use for all Cameroonians and affiliated groups or parties.

VISION
The vision of CAMPhA-USA is to empower its members to be leaders in the provision of patient care services in a compassionate and ethical manner.

SLOGAN
Advancing and Promoting Effective Medication Use

PURPOSE & OBJECTIVE
a. To advance the common professional and business interests of the corporation’s members
b. Foster cooperative efforts among educational, research, industrial, and governmental personnel engaged in activities relevant to the Association’s mission.
c. Create opportunities to maintain a high level of ethical and professional standards in their professional practice through meetings, workshops, continuing education, and seminars.
d. Establish and strengthen the links between other national and local pharmacy associations in the US and in Cameroon.
e. To uphold and assist in the promotion and maintenance of the health of the people of Cameroon through the provision of a satisfactory and dependable patient care services.
f. Promote effective communication between CAMPhA-USA and healthcare related professional associations/regulatory agencies in Cameroon.
g. Help to strengthen good public service through programs, projects and inter-society collaboration with similar organizations in Cameroon, Africa and the rest of the world.
h. Provide a means to promote pharmacy education among Cameroonian students in the US and assist foreign pharmacy graduates or pharmacy students to achieve their professional goals.
i. To provide a means through which advancement opportunities could be communicated to Cameroonian Pharmacists in the USA
j. To serve as a means to advocate for improved patient care in Cameroon.

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www.campha-usa.org
The Cameroon Nursing Association promotes a network of support among its members by promoting partnership with other professional nursing or health organizations, by inspiring leadership among us especially through career advancement, by improving healthcare system through health education in Cameroon and USA and by facilitating transition for Cameroonian nurses migrating into the USA, advancement, by improving healthcare system through health education in Cameroon and USA and by facilitating transition for Cameroonian nurses migrating into the USA.

**Mission**

- Support, encourage, and nurture one another
- Educate people on diseases prevention such as HTN, DM, HIV...
- Training local personnel to carry out our missions in preventing diseases
- Offer our services to other non-profit organizations
- Fund raising to help our organization achieve its long-term goal
- Improve standard of nursing in Cameroon

**Main Goals**

- Support, encourage, and nurture one another
- Educate people on diseases prevention such as HTN, DM, HIV...
- Training local personnel to carry out our missions in preventing diseases
- Offer our services to other non-profit organizations
- Fund raising to help our organization achieve its long-term goal
- Improve standard of nursing in Cameroon

**Website:** [www.camna-usa.org](http://www.camna-usa.org)

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**The Association of Cameroonian Nurse Anesthetists in America (ACNAA)**

**Based in Houston, Texas**

We are a 501(c)(3) non-profit organization that serves as the leading resource for providing effective inter-professional networking among Cameroonian CRNAs and related partners.

ACNAA aims to nurture a new generation of upcoming CRNAs, and help develop leadership qualities and capabilities through action, workshops, and volunteerism.

ACNAA serves as the leading resource support SRNAs and impact society through community projects.

**Our Mission**

To save lives and improve anesthesia outcomes through healthcare relief missions and education.

To nurture a robust network of Cameroonian CRNA in the society, and to share ideas, advance careers, elevate and empower each other, socialize,

**Our Vision**

To be the most trusted name in the community

**Sylvia Egbe, President**

**Edwin Aroke, Vice President**

**Nkam Mongwa, Secretary**

**Celestine Atangcho, Treasurer**

[www.acnna-crna.org](http://www.acnna-crna.org)
At the tender age of 28 years, Dr. Faycal, upon completion of his medical degree at the Faculty of Medicine and Biomedical Sciences - University of Yaounde in 2012 was posted to the North region of Cameroon then transferred to a more remote and abandoned Poli district hospital. As is often the case in such remote locations, he arrives to find a District hospital in name only. Dilapidated buildings occupied by goats, an empty pharmacy, a hospital ambulance in dire need of servicing and the few hospital personnel left were more apt to focus on subsistence agriculture than patient care.

Instead of negotiating for a transfer to a more «cozy» location, Dr. Faycal decided to take the bull by the horns. He decides to use his first salary to upgrade the hospital. In a few months, this young dedicated physician is able to turn this caricature of a hospital into a functional health post.

Unfortunately, on the night of November 3rd, 2014, this courageous young man would pay the ultimate price. After several urgent surgeries he returns to his abode for some rest before the busy day ahead. After 30 minutes of sleep, he is suddenly awaken by a sharp pain on the shoulder. He turns on the light and realizes he has been beaten by a snake. He is courageous enough to kill the snake. Upon lifting up the pillow, he realizes that he has been beaten by a cobra. A deadly and highly venomous snake. He rushes to the pharmacy for antivenom but realizes that correct antivenom is not in stock.

Interestingly, cobras are quite rare in this region thus the absence of the appropriate antivenom.

At this point, he calls driver of the ambulance and they embark on the 140 km journey from Poli to the regional hospital in Garoua. Due to the poor conditions of the road, this trip usually takes 5 hours. Unfortunately, Dr. Faycal would not make it to Garoua. He died a few kilometers before arrival at the regional hospital. A foot note to this sad story is that neither the regional hospital, nor the Centre Pasteur in Garoua had the correct antivenom in stock.

Cameroon and Africa is blessed with much natural resources and many unheralded heroes such as Dr. Faycal. What we need is the leadership that creates the environment for these factors to come together and avoid tragedies like this. The sad story of Dr. Faycal is a reminder of what the medical profession and medical professionals endure in many parts of the world.

During the holidays, let us remember the unheralded heroes like Dr. Faycal. A life cut too short. Adieu Petit Frere.

Rest In Peace
Dr. Faycal

www.ACPA-CMR.org
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ACPA PULSE

Newsletter
Association of Cameroonian Physicians in the Americas
Holiday Photos
Christmast Shots from Members on Social Media...
Congratulations on your American College of Surgeons Induction Dr. Denis Foretia.

Shout Outs

Salute to Dr. Nso Nso on achieving a Master’s of Public Health

The time has come for you to renew your membership with the Association of Cameroonian Physicians in the Americas. Please join our organization for another successful year by renewing your membership today. If you have already renewed your membership for 2018, the committee thanks you! If you have not, no worries, you can renew online on our recently renovated website, www.ACPA-CMR.org, you can mail to: ACPA 6557 Satilla Road, Blackshear, GA 31516 or you can wire (contact office for details). If you have any questions about the renewal process, please don’t hesitate to contact our membership chair, Dr. Shirley Ayuk-Takem at Membership@ACPA-CMR.org. As always, we thank you for your continued dedication.

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Membership

The ACPA welcomes all physicians holding a M.D., Doctor of Medicine Degree; M.B. and B.S., Bachelor of Medicine & Bachelor of Surgery Degree; D.O., or Doctor of Osteopathy Degree of Cameroonian heritage, physicians married to Cameroonians, physicians who are naturalized citizens of Cameroon, practicing, teaching or otherwise engaged in the medical profession in the United States of America and Canada.

**Full/Regular** - All Regular Members must have completed residency and/or fellowship and are Board Certified by their respective specialty boards in the United States or Canada. They should have an active license to practice medicine in their state/country of residence. **Dues: $350**

**Associate/Resident** - Attending physicians who have completed training and are board eligible but not yet board certified in their specialty. It is also open to physicians who have completed medical school and are yet to start residency. **Dues: $175**

**Student** - Medical students in Accredited Medical Schools in the United States, Canada or Affiliate US Medical Schools in the Caribbean. **Dues: $25**

**Affiliate** - Other medical or allied health professions in the United States or Canada and who do not otherwise qualify for Regular, Associate or Student membership. **Dues: $125**

International - International membership is open to otherwise regular, associate and affiliate members who reside in any country or territory outside of the United States of America and Canada

Full International Membership: $350
Associate International Membership: $175
Special (Full) International Membership: $50
Special (Associate) International Membership: $25
International Student Membership: $25