LSA ANACONDA, Iraq — When going to the ear, nose, and throat clinic at the Air Force Theater Hospital here, you may find yourself in the presence of a jack of all trades. From teacher, to computer tech, to medic, to entrepreneur, Army Spc. Adomako Adjapong has big dreams, and he is achieving them. He’s already started a medical clinic in his hometown in Ghana and doesn’t plan on stopping there.

Adjapong, an ophthalmology technician for the 207th Medical Team here, has held enough careers that you need two hands to count them—all before his 35th birthday.

He describes himself as, “A farmer by occupation, a teacher by profession, a computer specialist by career and a Soldier by choice.”

Born in Bodomase, Ghana, Adjapong said he lived there until the age of 26. Growing up in hard times made him realize the importance of medical attention, as many of his family members, including himself, suffered from preventable illnesses, Adjapong said.

“As the age of 6 to 12, I went to the hospital almost every month,” Adjapong said, who had measles as a child. For Adjapong though, a trip to the hospital meant a 12-mile hike by foot, he said, as his village didn’t have any medical facilities.

It was a scary time for Adjapong when, as a child, he watched his own parents suffer illnesses. As cocoa farmers, his parents relied on their health to produce their livelihood, and if they couldn’t work, they couldn’t make money, he said.

“My parents were sick because they didn’t have any money, or anywhere to go,” he said.

However, Adjapong spoke of his home country of Ghana with pride, and said that besides the poverty, it was a good place to grow up.

“You grow up as a member of society, of a small community,” he said. “Everything that happens affects everyone. There is not that much individualism there.”

Adjapong, a member of the Asona clan of the Asanti tribe, said that everyone is related, either by blood or spiritually through a tribe. There are eight clans within the Asanti tribe, who trace their roots maternally.

Although he was interested in the medical field since childhood, Adjapong said there was a precise time in his life when he knew he wanted to become a doctor.

When he was in high school, Adjapong went to visit an uncle he hadn’t seen in five years because he lived far away, he said. As soon as he arrived, his uncle started complaining that he had been sick for a while, so Adjapong made it a priority to get his uncle seen by a physician.

There was a carpool truck that left early every morning from his uncle’s village and went into the city where there was a medical clinic and returned at night, Adjapong said. The truck didn’t run on the weekend, but that is when Adjapong’s uncle desperately needed medical attention, so they began a 15-mile trek into the city.

When the two arrived at the hospital, it was just past 11 a.m., but because the clinic closed at 11, the personnel there refused to see his uncle.

“I can still see my uncle turning and tossing in pain and weeping,” Adjapong said. The medical staff saw how much discomfort his uncle was in, but because they were closed, they went to let him suffer, he said.

It wasn’t until after several phone calls were made and favors were asked of friends of the family, that Adjapong’s uncle was finally admitted to the hospital, where he stayed for 30 days.

“That was a wake-up call for me to be a doctor,” Adjapong said, who has yet been unable to achieve his dream of becoming a doctor in Ghana because of poverty.

After graduating high school, Adjapong needed to find steady work and had always been a natural instructor, he said. So he earned his teaching certificate and taught Junior High in Ghana for three years.

“Teaching was a channel to get to medical school,” he said. Adjapong’s plan was to begin taking medical school classes while teaching so he could pay for tuition and books.

Those plans changed when, in 1997, he had the opportunity to go to the United States. Through a program called the Diversity Visa Lottery, which awards 55,000 U.S. visas to applicants from around the world each year, Adjapong moved to Virginia.

Adjapong said that he could not have come to the United States if it wasn’t for the help of his two childhood friends, Kwadwo Larbi Asare and Kwasi Amoakohene Kodua.

He came to the United States, leaving his wife and four children behind, hoping to send for them when he raised enough money, he said. Since then, Adjapong’s wife gained a visa to the United States, and they’ve had another child. Unfortunately though, his other four children are still in Ghana with Adjapong’s parents.

Adjapong went to work for the information technology sector, holding jobs in Virginia, and later in Massachusetts, he said. While he was working for Siemens business services in Massachusetts, the terrorist attacks of Sept. 11 hit, and there was a stock market crash.

“A lot of people lost their jobs after 9-11, and two months after it happened, I was let go,” Adjapong said.

After losing his steady job, Adjapong struggled to find another before deciding to join the Army.

Adjapong went to basic training in 2003 and became a medic before being recruited into the eye technician program, he said. The active-duty Soldier was stationed at Ft. Meade, Md., before being deployed in Oct. 2005.

Currently, Adjapong is the only ophthalmology technician in Iraq, he said. Some of his duties here include assisting with running an eye clinic at the hospital and helping out with eye surgeries.

Being in Iraq for 10 months now, Adjapong has seen hundreds of gory injuries in the operating room, but said it doesn’t bother him.

“Because of my background in Africa, I have seen a lot of suffering before,” he said.

“I have fortiude built up because of my upbringing.”

Adjapong, who is on 24-hour call for emergency surgeries said the trauma he sees has made him realize how fragile life can be.

“The trauma we see over here has really helped me to understand myself,” Adjapong said. “It’s taught me how to be a human being and inspired me to do the best for humanity.”

It’s hardest for Adjapong when he sees innocent bystanders who are injured as a result of conflict.

“The most difficult part of my job is seeing children and women blown up,” he said.

“These are people that have nothing to do with the war.”

Adjapong said the worst kind of accidents for any doctor to see are those involving children.

“It doesn’t make sense,” Adjapong said. “It’s unimaginable that someone could shoot a child.”

Adjapong has taken that same compassion and zeal for the medical field to start a clinic in his home town in Ghana, where there were previously no medical facilities.

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Adjapong started work on his clinic in Sept. 2005, and while it is not yet open, it should be ready to take patients by the end of August, he said.

The clinic’s Website tells about its services and history.

“Our mission to our community is clear. Bodomase Clinic exists to improve the health status of all people within our community,” according to the Web site.

The clinic will offer services ranging from preventative health to minor surgeries, giving the citizens of Bodomase a chance for a healthier future. The site of the clinic is currently a renovated house that Adjapong has rented out for five years, and will be one of the first clinics in Ghana to have a computerized patient logging system, he said.

How does a Soldier on specialist pay afford to open his own clinic while supporting himself, a wife, and five children? For Adjapong, the answer is easy...
Mechanic keeps vehicles on the road

by Sgt. 1st Class Mark Bell

Anaconda Times Staff

Q-WEST, Iraq – At the age of 6, he helped his father carry break pads and other items to his father’s Monte Carlo as they spent their nights and weekends rebuilding old cars as a hobby.

Today, Spc. Brian Beers, 21, from Wilkes Barre, Penn., spends his weekends and late nights working on vehicles that bring his fellow Soldiers home alive after five million miles and a year in northern Iraq.

For this light-wheeled mechanic assigned to the 828th Quartermaster Company, 71st Corps Support Battalion, working on things that are broken and getting dirty has been a way of life for him.

Prior to deploying to Iraq 10 months ago, Beers spent three years working on his 1995 Chevy S-10 truck.

“It was definitely something that needed to be fixed up,” he said laughing. “I’ve always loved fixing cars and trucks. It’s in my blood.”

But one year into rebuilding his truck, Beers decided he needed a change.

“I really wasn’t sure what I wanted to do, but I needed a change,” he said about his visit to his hometown Army recruiting station. “I needed the discipline. I knew signing up would be a matter of time before I would end up in either Iraq or Afghanistan.”

Two-years later, with his S-10 safely stored away in Pennsylvania, Beers traded his work boots for desert combat boots and a collection of old garage tools for the Army’s state-of-the-art diagnostic vehicle computers.

Nearly one year later and thousands of hours of sweat, near dehydration, and eye-blinding sandstorms, Beers said he has learned a lot during his tour in Iraq.

“It learned to accomplish the mission and get things done on time,” he said. “Soldiers rely on these vehicles to bring them home.”

Using a metal shed to give some relief from the sun, Beers spends endless hours in the “shop” going over every last detail of armored-up Humvees to ensure they are mission capable. But for every one Humvee he is working on, there are two more waiting in the makeshift parking lot just a few hundred feet away – a quick reminder there is always more work for tomorrow.

“It’s very stressful being here,” he said wiping his oil-stained brow. “It’s never ending. There’s always something that needs to be fixed around here.”

From transmissions to depleted vehicle batteries, Beers has learned a lot since that old Monte Carlo in the early 1990s.

“I have never worked on Detroit diesels before coming to Iraq,” he said. “Even in our military school, we never really got into the details of troubleshooting and repairing engines. Everything has been hands-on learning from my friends and supervisors here.”

With more than 1,000 repairs under his belt, Beers said he now realizes the importance of preventative maintenance checks and services.

“You always hear about doing proper PMCS, but I am here to tell you that it really does make the difference between a vehicle breaking down in the middle of a hostile area or coming home without incident.”

Beers said the Army’s fleet of combat vehicles survive the harsh Iraq terrain because of proper service and PMCS.

“We rely a lot on drivers finding out the things that are wrong on their vehicles before something serious goes wrong,” he said. “They need to be checking the vehicle’s fluids, greasing the chassis, servicing the tires, and ensuring all the bolts are securely tightened.”

Whether it’s his dad’s old Monte Carlo or the Army’s newest Humvee, the M1151, Beers makes sure that every mission is done to the best of his ability.

“I know what I do saves lives,” he said. “Sure, I’m not out on the roads and pulling a trigger, but I am making a difference – making a difference in the lives of the drivers that rely on me and other mechanics to bring them home to their families.”

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“I haven’t saved much money,” he said. “If I keep money, save it, someone down there is going to die.”

Adjapong says that after he makes sure his family is provided for, the rest of his paycheck goes into the clinic. Adjapong also reenlisted while in Iraq, receiving a reenlistment bonus which went entirely to the clinic, he said.

Adjapong also receives financial help from other investors in his clinic, including the vice president of the Bodomase clinic, Dr. Paulyn Jansen. Jansen is a friend that shares his vision of helping the poor. Jensen, based out of Germany, is the founder of the African Youth Foundation and contributes to Adjapong’s clinic from abroad.

The clinic’s staff currently consists of one doctor, nurses, and assistants. It also has an internet satellite uplink to communicate with doctors around the world to help in diagnosing patients, Adjapong said.

The clinic will be a reduced-rate medical facility unless it gets outside funding, then he hopes it will be free.

Adjapong doesn’t get to visit the clinic as much as he would like, but plans to see it at least once per year, he said. The doctor there will be in charge of running the clinic, but Adjapong will check in periodically. He calls the clinic almost every day, and keeps a close eye on its proceedings from afar.

Once the clinic is up and running, Adjapong wants to start more businesses in Ghana to provide jobs for his family members and friends.

Adjapong is dedicated to helping people, and still has the dream of becoming a doctor one day.

“I have to do the best I can while I still have the breath of life,” he said.

For more information on the clinic, visit the clinic’s website: www.bodomaseclinic.org.

Hoaxes are a real threat.
Always treat them as real.