

**Honduras Trip Report – Oct-Nov 2016**  
Department of Family Medicine, University of Rochester

<b>Participants</b>	
<u>Faculty</u> Douglas Stockman	<u>Unitarian Church:</u> Carol Thiel
<u>Residents</u> Julie Berenyi Lizzy Gabel Chanh Huynh Izabel S Jocelyn Young	<u>Volunteer:</u> Kathy Lewis  <u>Interpreters</u> Eduardo, Lester, Melissa, MJ  <u>Medical Student:</u> Thomas Marini

**Introduction**

The Department of Family Medicine at the University of Rochester operates a Global Health Program. This year-round program offers didactic training throughout the year and travels twice a year for two weeks at a time to rural Honduras. The Department has partnered with a rural community called San Jose, San Marcos de la Sierra in the Southwestern state of Intibuca, Honduras. The needs of the target community are great and go beyond curative medicine. By listening to the concerns of the local community members and performing qualitative community assessment, we are creating interventions designed to address the common problems. Below is a report from our Fall 2016 trip.

**Travel and General Comments**

There were no problems with transportation and no luggage was lost. Once in San Jose we again enjoyed the excellent Honduran cooking of Maria, so food was eaten in abundance and trip members loved not having to do dishes for 2 weeks! Only one person was sick with intestinal problems during the trip, and one after returning to the US. This is by far the healthiest any group has ever been. The rainy season was just about over so we only contended with a few days where it rained. Although some members found the temperature too warm, this trip was cool compared to dry season stays. The group members were very low key and adopted a can-do attitude both for work and play. Just ask some of them about scaling a vertical waterfall during some down time (and having to be “rescued” by a 70 year old man in his Sunday best).

**Meetings**

Much of our time in San Jose is spent in meetings. We work very hard to ensure excellent communication with San Jose residents. We want to understand the important issues for the San Jose people and work closely with them. Our first Sunday in San Jose was spent meeting with representatives from the villages. This two hour meeting helps define what projects will be pursued during our two weeks in Honduras. Then throughout the two weeks other smaller meetings that address specific projects occur. It is not uncommon to have 2-3 meetings a day on various topics. We learned more about how projects were going and tweaks to improve interventions.

**Education & Schools**

Teacher In-service

As part of a government in-service for teachers, two days of classes were canceled. A number of trip participants were shocked by how often school was not held. As part of the in-service, an hour was cleared for Kathy and Carol to encourage the teachers to accept the risk of embarrassment by practicing

speaking English, as English (a curriculum requirement) is a weak area for teachers and in turn their students. The hour started out with learning "The Hokey Pokey" in English to help remember directions and body parts. The normally reserved manner of the teachers was suspended while they giggled and laughed through this exercise. Next, after the teachers had 5 minutes to draw their houses and families, they volunteered to get up in front of the group and speak in English about their drawings. This proved more difficult, but one by one each teacher was roundly applauded for any attempt to speak English. At the end of the hour, multiple teachers asked for words to the Hokey Pokey and house-making directions in hopes of using these with their students.



*Kathy and Carol leading teachers in the Hokey Pokey as a fun way to learn some English*

### Scholarships

In the San Jose area, the vast majority of students are only guaranteed a 6<sup>th</sup> grade education. The cost and distance needed to travel to attend middle school is beyond the reach of most San Jose children. Scholarships are offered by the First Unitarian Church of Rochester to the most promising students with great financial need to allow them to attend the nearest middle school or another of their choice. Even with monetary assistance, middle school is difficult and there is much attrition. We are happy to report we have another high school graduate this year who hopes to continue his education.

Our biggest success story so far from the scholarship program is a young woman who is now the kindergarten teacher in Portillon and the tutor for current scholarship students on Saturday mornings. To watch this local woman stand and address members of her community with such poise and respectful command makes the scholarship program worth all the time and effort. Unfortunately for our tutoring needs, she hopes to attend university to earn a bachelor's degree in education.

High school graduates have better hopes for employment to lift themselves and their families out of poverty. Biannual reports from 20 current scholarship holders and 26 new applicants were accepted.

### *Scholar Application Reveals Details of Poverty*

*The application form for new scholarships includes a parent questionnaire that depicts the family's financial situation based on their possessions. This year's applicants came from families with an average size of 6.8 people (ranging from 3 to 14). There were 2.4 people per bed; only 30% of the beds have mattresses (which are just pieces of foam). Eighty percent of two-parent households and only 29% of single-mother households have electricity. Seventy percent have water filters, meaning that the other 30% drink water contaminated (at minimum) by E. coli. Seventy four percent of families needed to send at least one family member out to another part of Honduras to work in order to make ends meet. This often consists of picking coffee. Two mothers were unable to sign their names due to illiteracy. Only 2 parents admitted to having a clock or watch, although 11 reported having a cell phone. Of a few home visits, 2 out of 3 houses had dirt floors, a marker for poverty.*

## School Visits

Kathy and Carol visited 2 elementary schools to share an art project with the 3<sup>rd</sup> and 4<sup>th</sup> graders which was an exchange with similarly aged children from the First Unitarian Church of Rochester. Each group introduced themselves to the other through depictions of their houses, families and favorite pastimes. Every Honduran child smiled with delight with their shiny new pencil provided for the project. A third school visit was attempted but that school had canceled classes on multiple days for “Day of the Dead” observances, teacher conferences and other unknown reasons. Finally, Carol and Kathy decided to attempt a visit and after a hot walk up and down the mountains, found a group of eager students waiting for them. After a slow start, the students made good progress and at the end competed noisily to keep the markers and crayons. It was noted that this school's grades were very poor in contrast to two other schools where the teachers are more engaged.



*Kathy teaching children*



*Child drawing her life as a picture*



*Children proud of their masterpieces*

## Portillon

Of special interest was a visit to the remote village of Portillon where a dedicated set of teachers have now expanded their curriculum through the 9<sup>th</sup> grade (from the usual 6). The teachers proudly showed the kindergarten building under construction which will replace a tiny shed. The land on which the new building stands is part of a plot purchased through contributions of parents and teachers and funding from the government. They hope that they can get funds from the government to construct another building for the 7<sup>th</sup>, 8<sup>th</sup>, and 9<sup>th</sup> graders who meanwhile have been meeting in one open space under a large awning. The Portillon teachers hope that soon they will offer a weekend study program for the last 2 years of high school. For now, they requested scholarships for their graduating 9<sup>th</sup> graders to attend the high school in San Marcos, a 3 hours' walk away, which will require them to board.

*Written by Carol Thiel and Kathy Lewis*

## **Health and Sex Education with Middle Schoolers by Julie Berenyi**

Five of the brigade members participated in health and sex education with 6<sup>th</sup> and 7<sup>th</sup> graders at two different schools. The first education session was at Portillon School with 7<sup>th</sup> graders. The principal Yolande was very welcoming and supported the brigade teaching her students this very important topic. The brigade utilized an activity that had been done in the past and found it very successful. The students received a piece of paper and were instructed to write a question regarding sex education without their name or any identifying information. This gave the students a safe environment



*Lizzy collecting SexEd questions from students. Note that school has no walls.*

in which they could ask questions they may otherwise be embarrassed or nervous to ask. The questions that were received were impressive. They were honest, open and thoughtful. The most common questions that were asked were:

- What causes AIDS?
- What are sexually transmitted infections?
- How can you protect yourself against sexually transmitted infections?
- How is Zika virus transmitted and how do you protect yourself against it?

There were also a number of questions regarding chronic respiratory infections and sexual health in general. The brigade members were able to provide answers to these questions and stimulate discussion amongst the class regarding these topics.

The second session was at the Potreros school with the 5<sup>th</sup> and 6<sup>th</sup> graders. Their school day had been canceled because of parent teacher conferences, however, the brigade members were grateful that some students were still present to participate. Similar to the activity with the 7<sup>th</sup> graders, the students were given papers to write confidential questions. The topic was puberty and health in general. The most common questions against this group were:

- What can one do for cramps during period?
- What can you do to treat headache, diarrhea and fever?
- How is AIDS transmitted and how can we protect ourselves?

The brigade members then shared general information regarding puberty. The group was fairly shy and quiet but did eventually participate with smiles when they became more comfortable. The brigade was grateful to share health information with another group of students at a different school.

### **Microfinance**

The microfinance project was initiated in May 2008. At that time, the Unitarian Church donated money to lend to Hondurans living in San Jose Centro and surrounding villages. The basis of the project is for the locals to use the money loaned out to them to initiate a business that would bring in a profit to better their families' financial situation and fuel the economies of the communities they live in.

Throughout the first week, previous borrowers came to the clinic or the volunteer house to repay their loans. Not everybody was able to pay their loans back in full. Of the 15 loans given during the last brigade in May 2016, 8 were paid back in full, 5 paid back the interest. The most common reason given for not being able to pay a loan back was emergency expenses (mostly medical) within the family. Several people who had previously borrowed significant portions of money did not return any of the money borrowed, including interest, reducing the amount of money available to loan applicants.



*Iza interviewing loan applicant. Interpreter Eduardo holds applicant's child.*



The education classes were held on the first Thursday of the trip. Attendance at the education sessions was required for all loan applicants, first time and returning. The advanced class for returning applicants discussed how to divide their profits between their business, personal money, savings, and loan repayment. They also shared their experiences with one another in a “group visit” style. One of the returning applicants shared how she had been purchasing and reselling fruit at a market in a larger city, and how she was robbed of all her business money and profits after a long day’s work. Another returning applicant shared that he had given vegetables to a buyer with whom he had developed a business relationship and had trusted, who promised to pay him back for the product another time but, unfortunately, never did. The beginner class consisted of a series of skits presented by several brigade members, that taught new applicants about keeping business and personal money separate and investing the entire loan into their businesses. They also watched a mock interview to give them an idea of what to expect and what to prepare for on interview day. We received excellent feedback about the education day. One of the participants thanked us and shared that she was learning the concepts discussed for the first time.



*Chanh educating about microfinance using a humorous skit to engage the audience.*

Interview day was two days later on Saturday, and applicants came from surrounding villages. The duration of travel ranges from 20 minutes to 1 hour for our applicants. There were 12 returning and 1 first-time applicant. 11 loans were granted to 11 returning applicants. These applicants have businesses involving tamales, bread, pigs, chickens for eggs and meat, growing and selling coffee plants, weaving traditional bags, embroidering tablecloths, buying and reselling fruits, vegetables, rice, and spices.

Through this project, we hope to improve the financial situation of the families and bring new money into the local communities, as well as to increase the applicants’ business knowledge. Those partaking in the microfinance project have told us that the project has brought money into their homes and has given them a better quality of life. Their profits have been used to purchase food for their families, school supplies and uniforms for their children, as well as to pay for medications and medical expenses for their families.

### **Medical care**

Providing medical care in a resource poor environment such as San Jose is a great experience for residents. In Rochester, medical professionals have access to many labs, imaging tests, and ancillary services such as specialists and physical therapy. We also enjoy a huge range of medications and other treatments. None of this exists in San Jose. We only have a few simple tests available such as urine dip sticks and pregnancy tests. We only have the medications we carry with us. This forces clinicians to think critically about possible diagnoses, even when further testing is not possible. Additionally, clinicians are often stuck with knowing what to do, but not having the treatments to fix the problem. One great example is a 6 year old boy who is mute. He had been evaluated before and speech therapy was helping when he was in



*Julie performs ultrasound on pregnant woman*

the capital city. When he returned home to the San Jose area there was no speech therapy available so the boy remains unable to speak.

The clinic pace was a steady busy. Common problems were common such as colds, coughs, arthritis pain, and headaches. We had a few cases of pneumonias and diagnosed a few people with pregnancy. Intestinal worms were a common concern, and TB was possible in a few patients. A number of residents and the medical student, Tom, got to inject various joints with steroids.

### Some notable cases

#### *Ultrasound at the San Jose Clinic by Julie Berenyi*

When HFM got a new ultrasound machine, the Practice donated the older machine to the Honduras project. The machine made this trip to San Jose. Although ancient by current technology standards, this “second new” machine is much better than the 30+ year old machine we had in San Jose. During this trip, the

ultrasound was used mainly for pregnant woman to monitor fetal heart tones. Many of the woman wanted to know the sex of their baby but none of the brigade members felt confident enough in their ultrasound skills to give that information. Regardless, it was very exciting for both the brigade and the women to use the ultrasound machine to see the babies' heads, spine and hearts beating. For the next time, many of the brigade members feel motivated to hone their ultrasound skills in pregnancy so they can successfully identify the sex of the baby and share in that special moment with the women of San Jose.

#### *Machete Accidents by Julie Berenyi and Lizzy Gabel*

There were two significant machete accidents that presented to the San Jose Clinic during the trip. The first was a 13 year old boy, a scholarship recipient, who cut off part of the tip of his left second digit. When he presented, he had placed talc on his finger and wrapped it in a bandanna. He had also placed a homemade tourniquet around his arm to stop the bleeding. After unwrapping the wound, it was thoroughly cleaned with betadine, soap and water. He was neuro-vascularly intact. However, given that he had completely severed the tip of his finger, there was nothing that could be sutured. His wound will heal with secondary intention. At his first visit, his finger was thoroughly bandaged using iodoform, gauze and a makeshift splint with tongue depressors. He was given bactrim for antibiotic coverage for concern for infection and ibuprofen for pain. He was instructed to return the next day so the wound could be checked and the bandage could be changed. Upon return, the bleeding had stopped and his wound was clean. His bandaged was changed from iodoform to bacitracin with gauze. He continued to return every other day throughout the trip and his wound continued to improve. He reported no pain. On our last day of the brigade, he was wearing just a bandaid and was biking around town as he normally does.



*Fingertip laceration contaminated by dirt and talc powder*



*Lizzy finds front porch best place to suture a laceration*

The second machete accident was an older boy who was about 16 years old. At 6 am that morning while chopping wood, he cut both his right ring and little fingers with the machetes. He came to clinic about 4 hours later with his fingers wrapped in a blood stained bandanna. On exam, the laceration on the ring finger was about 2 cm extending between the distal interphalangeal joint and the proximal joint and fairly deep such that the fat pad was sticking out a little. Luckily, he missed the tendons and was able to move his fingers. Unfortunately, he had no sensation in the tip of finger and likely cut the nerves. The little finger had a superficial cut that was about 1.5 cm long. The most unpleasant sensation for the boy was the digital block of the 4<sup>th</sup> finger but it worked well and soon he had no feeling in the finger. Both fingers were cleaned with soap, water, and betadine. The ring finger laceration was sutured closed with 5-0 prolene and required 5 stitches. Because of the unpleasantness of the digital block, the boy requested alternatives for the ring finger. Since it was superficial, steri-strips worked well. A make-shift splint was made with 2 tongue depressors and both fingers were immobilized and wrapped well with gauze and tape. He was also given bactrim for possible infection and then NSAIDs for pain control. He was told to return in 5 days as that was the last day of our stay in Honduras so that we could check the finger and remove the sutures.

### **Home Visits in Surrounding Communities by Jocelyn Young**

A gentleman came to the clinic to let us know about his mother. She was sick and unable to make the walk down to us from where she lives. We offered instead to go to her and began to probe him for more information. We gathered that she has a mass growing in her head and has symptoms that bother her. That is all he could tell us at first. However he mentioned that her medical records were at the house. The group agreed on a date and time for him to return and pick us up. When the morning arrived we first packed up a bag of medical supplies. The conversation ranged from “maybe it is really an abscess so we should bring antibiotics” and “we should be ready for palliative care maybe something for nausea and pain control”. The man arrived on time to pick us up and as we were about to set off he mentioned that his mother has been having frequent nosebleeds, so back to the medical supplies we went to prepare for that. Chanh, Iza, our interpreter Eduardo, the man, and I set off on the hour long hike to his mother's house. On the way he mentioned that they have been told she needs surgery but the cost was too far out of their budget to consider. As we approached the house we passed through their orchard of coffee plants and mango trees. The woman was sitting on her front porch when we arrived.

The aforementioned medical records consisted of a prescription for an EKG, another for multivitamins, two orders for basic blood work without results, and a chest xray that had been folded up. Unfortunately our patient's daughter, who went to the hospital with her, was not at home to provide information. Despite our many probing questions all we knew for sure was that the woman began having headaches and nosebleeds 6 years prior; one month ago they took her to the hospital for a particularly severe nosebleed and while there they told her she has a tumor in her head. Our patient did not recall having imaging of her head or a biopsy. The diagnosis remains an enigma. Unfortunately, when we asked what they were hoping we could offer them, the reply was that they wanted advice on what to do for her tumor since they can not afford the surgery. We explained that correcting the underlying problem of the tumor was out of our



*Chanh performing physical exam during a home visit*



reach, but that we can offer education on nosebleed control, pain control, or any other issues.

When we were ready to examine the patient we requested that we move into the bedroom so she could lie down. The house is three rooms; one has a bed, one a small table, and the other had both a government-provided small metal cookstove and old style cook stove. The kitchen area was black and smoky, and it was apparent that she has continued using the old cookstove that does not have a chimney despite the new one. Our understanding is that the new government-provided cookstoves require smaller pieces of wood than the locals like to use. There were no lights or electricity in her house so we turned on our cell phone flashlights so we could examine the patient. When Iza tested her cranial nerves by asking her to smile, she broke down into a fit of giggles. Overall our patient is doing well, has mild symptoms and is only having nosebleeds once a month. We were able to offer some medicine for headaches and recommended that she try to gather her medical records next time they have to go to the hospital so future groups might have a better understanding.



*Tom enjoying chatting with local boys. The kids are not bothered by being on the edge of a steep hill.*

They were extremely grateful for our visit, and our 79 year old patient, who insisted on having her photo taken, was in very good spirits. However, our group walked away feeling as though we did not accomplish as much as we were hoping to and really were missing key pieces of the story. While I hope that our patient would not need to return to the hospital, I would certainly be interested in knowing if more information comes to light on future trips.

### *Medical Student's Experience in San Jose – a Brief Story*

*During the trip we made friends with several of the local school children. The children often can be seen gathering outside the doors and windows of the clinic before school starts at 8 am. They seem to have an insatiable curiosity both for the workings of the clinic and "gringos." In general, they are very timid and polite but laugh easily. Many of the children must walk at least one-two hours to arrive at school. The walk can be long and arduous and may be almost entirely uphill. Everyone in our group was impressed while observing kids half our size carry jugs of water and piles of wood uphill. I asked one of the children to tell me about life in Honduras, and he replied that "life in Honduras was poverty." Many have more than 10 brothers and sisters, and several of the children mentioned being hungry. However, despite the poverty and hardships that many of them face, smiles are ubiquitous.*

*In particular, the story of an 11 year old named Evan stood out as particularly sad. Among all the school children, he seemed to be one of the most frequent to associate with our group and was often seen loitering around our compound and scrounging meals from the kitchen. During a hike with us, he disclosed that his father died while traveling to the United States by falling off a train and that he often did not have anything to eat. One night, Evan refused to go home and slept somewhere outside our compound. He stated that he did not want to go home because he was going to be physically punished for failing to complete an errand. The next day, we found his sister Julissa who took us on a 20 minute hike through the forest to their house where we had a chance to talk with his mother. Apparently, Evan had been errant for quite some time and often did not return home. There was a precipitating incident about a month ago when some older children had given Evan some alcohol. Evan had been drunk and he was subsequently beaten by the other boys. We discussed helpful techniques for disciplining Evan with his mother who was very receptive. As we were walking back we found Evan a short distance from his home and escorted him back. He returned home for the night the rest of the trip. Before leaving he promised us that he would obey his mother and do his best in school.*



## **Dental Program**

We did not have a dentist this trip and school was taking a 2.5 month break so we did not distribute more fluoride.

## **Parteras and Health Promoters**

### *Contraception Conversation with a Partera by Julie Berenyi*

A few members of the brigade were able to meet with Maria Cecilia, one of the local midwives or “Parteras” to discuss contraception beliefs and availability in San Jose and surrounding villages. According to Maria Cecilia, we learned that women have between 5-7 children, but that they desire between 2-4. Many women also have at least one miscarriage or lose a child during infancy. Birth control methods such as pills, depo injection, nexplanon and IUD are available for free from the government run San Marcos clinic. We were all surprised to find out that these methods are free. Women are able to have hysterectomies if they need or tubal ligations if they desire at a clinic in Esperanza, also for free. Maria Cecilia believes that about 50% of women are using birth control. She feels the most common form of birth control used by women in the San Jose region is:

1. Depo Injections
2. Natural Family Planning Methods such as moon beads
3. Nexplanon
4. IUD
5. Condom use

Regarding beliefs around side effects of these methods, specifically the depo injections and nexplanon, Maria Cecilia reported similar side effects to those we see in the United states such as irregular bleeding. Maria Cecilia felt that for the most part, there were no barriers to receiving birth control including cost, transportation or cultural or religious beliefs. If women want birth control, they are able to get it. Women generally do not ask their husbands for permission. She did mention that some people believe birth control is a sin, but these people are in the minority. Regarding condoms, it seems that men prefer not use them and thus they are not a popular method of contraception or STI prevention. Overall, the conversation was very enlightening and set the stage for more inquiry into the status of contraception in the San Jose region.

### *Truths and misconceptions about birth control by Lizzy Gabel*

During this trip, we had many conversations about birth control in many different environments. Some of the education was provided by us at the school while answering questions written by the students. We were able to learn much from the Partera (midwife) Ma Cecelia about what was available in Honduras. We also learned from patients in clinic. Overall, I was impressed about how much the Honduras health department and the Parteras had to offer regarding birth control availability and information. However, anyone who has spent time here knows that information only travels as well as the people spreading it. One clinic patient stood out in particular. She was a lovely 17 year old woman. She hadn't had any children but was living with her partner. She presented to clinic for various complaints including headache, urinary frequency, knee pain, and occasional abdominal cramping. Eventually the true reason came out for her visit: she was 3 weeks late. Her last menstrual period was about 7 weeks ago and she normally had monthly menses. A pregnancy test was positive in clinic. When asked if she was trying to get pregnant, she answered no but was accepting of the pregnancy. When asked if she had been doing anything for birth control, she seemed confused initially, especially when asked if she and her partner

used condoms. She then said something that even the interpreter had to clarify, “I don't use condoms because condoms give you HIV.” With a lot of interpreter help and probing, we were able to gather that this women had been told (likely by her partner as per the interpreter's impression) that condoms do not protect her from STI's or pregnancy but instead give her HIV. She had never used one. The rest of our encounter was used for education and especially focused on correcting the misconception that condoms give women HIV. We attempted to give her some condoms from the pharmacy but she ended up refusing to take them. We referred her to San Marco to establish prenatal care with the hopes that some of our educational information would stick.



*As this home demonstrates, much work remains to be done in San Jose*

When we met with the Partera Ma Cecelia, we asked her if this was a common belief amongst women in the villages. She had never heard this belief in particular but was not completely surprised by it saying that men often spread similar ideas so that they did not need to use condoms. Hopefully through our trip and future trips, we can slowly chip away at these misconceptions and provide these secluded women with true information about how to protect themselves.

### **Cookstoves**

The improved cookstoves we designed remain a very desirable “appliance”. We have expanded cook stove building to two additional surrounding communities: Rancho and el Salitre. Since the May trip 5 stoves were built in Rancho and 11 in Salitre. Three more were built in other San Jose communities. The materials on site were depleted over the past 6 months so we replenished the stove parts on site during this trip. There are always challenges to getting materials. The usual person we buy the stove parts from had traveled. He lives in the city of Esperanza, about a 70 minute bus ride away from San Jose. We walked around the Esperanza markets to find another supplier. After a couple hours search we found someone who could order the supplies. Earlier in the day we had hired a truck to transport the supplies from Esperanza to San Jose. Given the delay in getting the stove parts, we returned to San Jose and had to again hire the truck for another day. The truck was from our area, but would be in Esperanza before Doug could get free from precepting in the clinic. Therefore, we walked the 30 minutes to Rancho to catch a local bus. The 1 o'clock bus arrived at 2 o'clock. We made it to Esperanza a bit after 3 pm. The store owner had the stove parts. We called the truck driver we hired. He was already heading back to San Jose and would not transport our supplies. We had to scramble to find another driver at a much higher rate.

We have installed over 276 improved cook stoves to date.

### **Agriculture**

Last trip we performed a small focus group interview on crops that may offer an option for money making. The soil in the San Jose area is poor, and water scarcity severely limits which plants can be grown. We decided to introduce on a small scale the growing of giant mangoes. We assisted a local farmer in May to purchase giant mango trees. He reports they are growing well. Every evening he hand waters the 40 trees. The first harvest will take another 4 years, but we have a good start on new cash crops in San Jose.

## **Water Projects**

There are no major updates on water and sanitation projects. The government piped water project continues to struggle. Area residents get about 2-3 hours of running water every 7-8 days. We sold many ceramic water filters this trip. A few more latrines were built over the last six months. No new piped water projects were started.

## **Your Help is Needed**

We believe in low cost, simple technology solutions that the Hondurans can learn and maintain on their own. We are doing a great job in this respect.

However, even simple interventions cost money. To continue the exceptional work we are doing in Honduras, we need more funds. If you have the financial ability and appreciate the great improvements our activities are bringing to rural Hondurans, please take a minute and donate to our project. Donations are tax deductible if you itemize your taxes. We are very fortunate to have the assistance of the Department of Family Medicine and dedicated volunteers to almost eliminate overhead expenses. Therefore, your donation will reach the Hondurans and not be spent on less helpful expenses such as rent for a dedicated US office or US-based secretarial support. If you would like to donate to the San Jose project, please make a check payable to “HH Foundation – GH Fund HFM”. Mail the check to “Highland Family Medicine 777 Clinton Ave, South Rochester, NY 14620 Attn: Douglas Stockman”.



*It is the children of San Jose that will benefit the most from our efforts*

## **Summary**

The greater Rochester Family Medicine community has touched so many lives in Honduras and the Hondurans have enriched so many of our lives. This cross-cultural project is realizing huge benefits for everyone involved. The scholarship students gain confidence as well as a chance at a path out of poverty. The micro-loan program is also helping adults find a way out of poverty. Seeing the smiles and appreciation as people display their running water, new cook-stove, or water filter is so rewarding. Through these very intimate person-to-person exchanges we maintain hope that a better world will become a reality one community at a time. Thanks to everyone for their continued support to make this project such a great success.

Douglas Stockman, MD  
Director, Global and Refugee Health

Barbara Gawinski, PhD  
Associate Director, Global and Refugee Health

Thanks to other trip members who wrote parts of this report.





*Front Row: Kathy, Jocelyn, Melissa, Iza  
Back Row: Lester, Doug, Tom, Chanh, Eduardo, Lizzy, Julie, MJ, Carol*