

Honduras Trip Report – May 2017
Department of Family Medicine, University of Rochester

Participants	
<u>Faculty</u> Vicki Ip Kirk Scirto Douglas Stockman	<u>Residents</u> Mary Bonnet Ryan Cummings Nidun Daniel Lauren Hobbs Sonya Narla Amanda Pannu
<u>Unitarian Church:</u> Barbara Gawinski	
<u>Interpreters</u> Alex, Catherine, Lester, Melissa	<u>Medical Student:</u> Jillian Gold

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 May 2017 trip.

Travel and General Comments

The trip started out a bit rough for two people who did not get their bags for 5 days. Then when we reached San Jose, the 4,000 gallon water tank was almost empty. Only one rain had occurred prior to our arrival. Fortunately, rain fell almost every afternoon during the trip and the can-do attitude of the group allowed them to carry buckets of rain water to help fill the 4,000 gallon tank. After a few days with minimal water, everyone was again able to bathe daily. Many people even enjoyed taking showers in the heavy rains.

One interesting aspect of Doug being one of the members who did not get his bag for five days was the residents having some fun with Doug. While heading to San Jose from the airport and in la Esperanza (the only town big enough to have shops), Doug asked some of the residents to purchase a few clothes for him. Doug had other errands to do. When Doug was in San Jose and needed to stop wearing the same clothes he arrived in, he realized the residents bought him a woman's tee-shirt with "Gym Hair, Don't Care" on it. Needless to say, the residents enjoyed cross-dressing one of their attendings.

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! A few people got diarrheal diseases and respiratory infections, but most people were able to keep working.

Education & Schools

Teacher In-service

Tuesday, May 16 at 8:30-12:30, 38 directors and teachers from 19 schools in the San Jose region of San Marcos de la Sierra arrived to attend and participate in an active curriculum created by the First Unitarian Church using the work of Eric Carle's The Very Hungry Caterpillar. Barbara Gawinski, Amanda Pannu, Vicki Ip, Lauren Hobbs, Jillian Gold, and Melissa Rivera presented the large and small

group education format for teachers to experience small group play and learning to improve their English acquisition skills. When returning to the large group, several teachers practiced speaking in English in front of the large group and shared their art creation. All directors and teachers received a certificate of completion. Each school district received supplies to recreate this curriculum in their home communities. First Unitarian Church, Jazzercise of East Rochester, and Highland Family Medicine donated the ample supplies for the 19 communities weighing over 60 pounds.

		
<p><i>Current Scholars</i></p>	<p><i>Teachers sharing their collages at end of teaching session</i></p>	<p><i>Teachers traveling back to their home communities</i></p>

At the conclusion of the program, the US group was invited to attend and photo document a 4th annual Peace March by the various students and teachers of the region. One of San Jose's student, Hevin Osmar Bautista received first place for his original song. *Barbara Gawinski*

Scholarships

Twenty-nine scholarships have been awarded by the First Unitarian Church's Honduras Task Force. Students are divided into grades as follows: 1 (university), 2 (12th), 1 (11th), 6 (10th), 2 on-going scholarship recipients and 4 are new students to San Marcos as they graduated from the new Portillon middle school), 5 (9th), 5 (8th) and 9 (7th). One student, Antonia Garcia Cabrera is attending University classes on the weekend in La Esperanza, as she is the Portillon kindergarten teacher during the week. She has earned an 88% grade point average in her first semester. She hopes to advance her education so that she can become a school teacher for the elementary school. Wilfredo Lorenzo Lopez graduated last year and is hoping to take an entrance exam for university in 2018. He presented his curriculum vitae and documents for our review. He was one of four student to graduate from San Marcos which has a 75% attrition rate. Marcelino Bautista Diaz was unable to attend the meeting, as he is the #1 math student in the school and was in a regional competition the day of the meeting. We are so proud of these students and their accomplishments.

Roney Amaya, teacher from Portillon, has been tutoring the scholarship students this year, so that Antonia could attend university. He has been studying a new technique for tutoring that involved student motivation through an individualized approach to knowing the students on a personal level about the support and barriers to their success in the home, in the school and with friends. He has been introducing the students to computer skills, the internet and printing documents. He is pleased to see the first grade reports for the students, as they seem to be doing much better than in past years. Roney knows this work is important, but he is not sure how long he will be able to continue in this role.

Twenty-nine student's families received the second installment of their scholarships and are most grateful for this opportunity. Under the direction of Prof Roney and the teachers at San Jose Centro school, an enormous fiesta commenced at 10:00 a.m. Sunday with the launching of firecrackers. The gathering lasted until 1:00 p.m. Students from the scholarship program, the local school, and from the larger community presented songs, dances, and skits for the Rochester group. The assistant mayor, teachers, students, siblings, and parents from all over the region attended. Mothers of the students prepared a grand fiesta of fresh fruits, seasoned boiled chicken, vegetables, rice, tortillas, tamales and a sip of local fermented juice for the Rochester group and their translators. The parents and children also feasted on pots and pots of tamales and were clearly proud of their performers. The student presented gifts for Barbara to give to the First Unitarian Church in gratitude for the generosity of supporting the progress of education in the region. *Barbara Gawinski*

Health and Sex Education with Middle Schoolers

During the day of celebration with the scholarship students, we took time to reflect with the students alone about their experiences in school. We discussed the barriers they may have encountered and how they coped with any challenges they faced. We then took the opportunity to divide them into groups of young women and young men.

During my time spent with these wonderful young women, I was continually impressed by their knowledge and their maturity. When we began to discuss basic sexual education, they interrupted us and shared their own knowledge on this topic, which was accurate and comprehensive. They knew quite a bit about birth control and sexually transmitted diseases, citing their teachers at school as the source of this knowledge. They felt comfortable sharing that, although they did not have boyfriends, if they did decide to become sexually active, they would obtain contraception first. We also briefly discussed sexism in the workplace and in schools, as the females tended to be more reserved in the large group setting when compared to their male counterparts. One young woman quietly told me, "My thoughts and opinions are just as important as a boy's thoughts and opinions". Although we started the day thinking that we were going to teach something, these young women were way ahead of us. *Amanda Pannu*

Microfinance

The microfinance program began in May of 2008 as a joint venture between the Highland Family medicine residency program and the First Unitarian Church of Rochester. The aim of the program was to improve the economic well being of the Hondurans residing in and around the village of San Jose. The program allows families to start small businesses by making small loans available at very low interest.

The loans from this spring 2017 brigade came from a combination of money repaid by the community as well as some money which was left over from the fall 2016 trip. As done previously in past trips, we collected paybacks on outstanding loans throughout the trip. In order for an applicant to qualify for a loan, applicants needed to attend a full day of lessons and workshops, all to help make businesses run successfully. This included a series of 6 lessons distributed throughout the day: "How to start a Business", "How to divide personal money from business money", and "Planning for Unexpected Events" were some of the topics discussed. All new applicants were required to attend one full day of teaching, which was split into morning and afternoon sessions. Returning applicants were only required to attend the afternoon session, but many chose to attend both sessions to help teach others in the community about some basic concepts they had learned from starting a small business. Loan interviews were conducted on a separate day in order to allow for more teaching and discussion time.

		
<p><i>Microfinance class with very active community participants</i></p>	<p><i>Committee that determines if a loan will be given; includes 2 community members</i></p>	<p><i>Loan application being reviewed with team member</i></p>

Loans were given out for a variety of projects including vegetable and fruit farming, transportation of vegetables and fruits to sell elsewhere, raising chickens, and selling of products such as bread, empanadas, and coffee.

It was extremely helpful to have the input of the community members on whether the applicants were reliable and whether their business plans were sound. The most excited recipient was the last one who waited through a downpour to receive her loan and gave us all hugs on her way home. She requested a loan for a business making and selling tamales which she wanted to restart after having a baby and expand so that she could have an income while staying with her new baby and being able to work from home. She was also applying to raise and sell coffee plants and had lined up sales already to the mayor.

One of the other recipients had really taken the "business and personal money are separate" principal to heart. He was hospitalized and had had several surgeries and never touched his loan money. He raised 17000 Lempiras from the community to cover his medical expenses instead.

Summary of Stats

Loan Paybacks from May 2017 (includes all loans)

- 14 recipients paid back their loans in full this brigade
 - 2 of whom were chronic non-payers
- 13 recipients made partial payments on their loans
 - 3 of whom were chronic non-payers
- 39 recipients made no payments on outstanding loans
 - 1 unfortunately passed away earlier this year
 - 1 recipient moved away from the village to another town far away
 - 6 of whom are chronic non-payers who are not eligible for Brigade programs

Chronic Loan Non-payers

- 2 recipients paid back their loans in full this brigade
- 3 recipient's made partial payments
- 6 chronic non-payers made no payments

Loan Paybacks for Loans Given out on the last Brigade (10/2016)

- 9 recipients paid back their loan in full in the last brigade
- 12 recipients made partial payments on their loans
- 20 recipients made no payments on outstanding loans from the fall 2016 trip

Total Collected and Given Out:

- 2,125 Lempiras or \$90 were available at the end of 10/2016 trip to be used towards this trip
- From loan payback, we collected a total of 13,148 Lempira, or \$572
- In new loans, we gave out a total of 15,273 Lempira or \$664

Loans Given to First Time Applicants

- 4 requested loans
- 4 loans were given out, all for 500 Lempiras (\$22)

Loans Given to Reapplicants:

- 10 requested loans
- 10 loans were given, ranging from 500-2500 Lempira, or \$22-\$109

Decision Committee For Loans

- 2 local Hondurans participated (**Maria Gabina Bautista Lorenzo & Balvina Lorenzo**)
- 2 Brigade members, plus 1 scribe (Nidun Daniel, Sonyla Narla, Lauren Hobbs)

Teachers Of Microfinance Sessions

- All Brigade Members
- 2 Returning Applicants Actively participated in both morning and evening teachings sessions

Nidun Daniel

Medical care

The clinic was steady-busy. The common problems remain common: such as viral infections, worms, scabies, pneumonia, UTI, and joint pains from arthritis. A few lacerations were repaired. A number of joints were injected with steroids. Pregnant women got ultrasounds. Bugs and other foreign objects were removed from ears. We got to follow up on a man with a complete heart block that does not have the money to get a pacemaker. We diagnosed this problem a number of years ago and continue to be amazed that he is still alive with a heart rate in the 30s – 40s (normal 60-100). More than a year ago we cared for a young girl with a machete cut to her patellar tendon. Although she has quite a large scar, she is walking well.



Jillian and Amanda enjoying their interactions with a pregnant woman as the patient gets a look at her baby

Some notable cases

OMT in Honduras

Osteopathic manipulative treatment (OMT) is ‘hands on’ medicine in the most literal sense – with OMT, we use our hands to move muscles and joints in many different specialized techniques to help alleviate pain and return symmetry and function to the body. OMT can be applied to help a large variety of issues, from everyday muscle aches to dislocated joints and ear infections. While in Honduras, I had many opportunities to apply musculoskeletal OMT techniques specifically.

Walking is the major mode of transportation and the terrain is mountainous, so a ‘walk’ to our clinic from surrounding villages would actually be considered a strenuous hike by most standards. In fact, one of the longest and toughest “hikes” I did in Honduras was a commute that children do twice every day to get to school, and at a much faster pace! It was not surprising to

me that so many patients requested menthol muscle cream for back and knee pain. Between working in the fields stooped over with machetes and walking long distances while carrying heavy loads, the day-to-day life in Honduras is the perfect recipe for musculoskeletal somatic dysfunction. One gentleman in particular found great relief after an OMT session for low back pain. He works in the fields bent over at the waist wielding his machete in his right hand. His physical exam showed decreased lordosis in the lumbar spine, ropy hypertonic lumbar paraspinal muscles on the R, and a sacrum that was extended backwards with respect to the L5 vertebral body. He also had a group of posterior transverse processes in the thoracic region on the L, likely a compensatory finding for his significant lumbar dysfunction. For the non-osteopath, if that all sounded like a foreign language - the bottom line is that this patient had significant chronic muscle strain in his lower back that had caused misalignment of his sacrum, and subsequent pain. After reviewing a thorough history and ruling out other causes of low back pain like herniated disk and fractures, we were ready to proceed with OMT. I employed a series of different techniques, starting out with gentle indirect techniques like myofascial release to loosen up the tense muscles so that the misaligned bones would be more accessible. I started in the thoracic region, in hopes that the ‘trickle down effect’ would help down the spine, and was able to use direct techniques like muscle energy and HVLA to fix this patient’s dysfunction. He was amazed at how much better his range of motion was following OMT treatment, when he was able to bend comfortably at the waist to touch his toes. Most successful was the treatment to the posteriorly rotated (extended) sacrum – after a very satisfying sounding ‘craccckkk’ and a couple gentle lumbar rolls, he was able to walk standing straight up, with significantly improved lumbar lordosis. I look forward to honing my OMT skills further over the next 6 months and returning to Honduras in October 2017. *Sonya Narla*



Ryan repairs a knee laceration



Sonya performing OMT on a patient

Home Visits

Report of child neglect

A tricky ethical dilemma that arose during the May 2017 brigade was a request by one of our patients to investigate a potential case of child abuse. It was a 7 year old girl with epilepsy and paralysis who had been seen by a neighbor on a dirt floor covered in ants. We had long and detailed discussions about how to respond to this in a way that would be helpful while maintaining our respect within the community. An ongoing theme of our nightly teachings was the oppressive history of US relations with Honduras, which have implications for our presence as health care professionals from the US. Given the history between our two countries, we have to take extra care to understand cultural boundaries and respect the consequences to our actions, which are different in Honduras than in the US.



During a home visit, Lauren and others did what they could for this woman with severe chronic swelling of her knees

The options we considered for the child abuse investigation included reporting to the police, encouraging the man who reported to us to report to the police, and visiting the girl in her home to gather more information. We ultimately decided on the latter, largely due to uncertainty about how the police would handle the situation as well as our inability to give a real account without having visited first hand. The interpreters played a big role in helping us understand that involving the police early on could either be a waste of time or worse, lead to negative outcomes such as the child ending up in a more harmful situation and our organization developing a bad reputation. The home visit revealed a child with likely cerebral palsy who had been severely neglected, living with a family in extreme poverty who had been disillusioned by a system that offered very minimal resources to help a child with full time care needs. We offered medical advice regarding proper nutrition and hygiene and provided vitamins, soap, shampoo, toothbrush, and toothpaste. Unfortunately, there are no agencies in the entire state that could help this family or child; a reality of poverty. A teacher in the community is planning to check up on her with regularity and assess ways to help from within the community. Someone from URMC will do a follow-up visit every 6 months. *Jillian Gold*

Dental Program

We did not have a dentist this trip.

Parteras and Health Promoters

As with prior trips, we had the opportunity to meet with several of the local Parteras (traditional lay midwives). This meeting was unique in that it was structured as a workshop on neonatal resuscitation skills. The workshop utilized the program “Helping Babies Breathe” designed to address the initial steps of neonatal resuscitation, and was taught by Vicki Ip. Three parteras attended the workshop. The meeting started with questions posed to the



Parteras learn how to resuscitate a newborn baby, beyond the current practice of placing a chick near the dying newborn's mouth

parteras regarding their experiences with home deliveries. We learned that the parteras had delivered an average of two babies per year, and are still using components from birth kits that were given to them three years ago. The tools that they used for deliveries included a plastic sheet, a scalpel, scissors, and gloves. We learned that they wash their tools with soap and water, but do not boil them, as they were never taught to. Other items needed for delivery such as blankets and towels are used if they are available. They begin the delivery by washing their hands, massaging the mother's belly, and instructing her to push when she is feeling strong pain. They then tie the umbilical cord with two strings and cut between them with scissors to sever the cord. If the baby is not crying or breathing after birth, we learned that the parteras will first try to reposition, dry, and stimulate the baby. If that does not work, they use a traditional practice of placing a live chick inside the baby's mouth. Not surprisingly, this often is not successful.

After discussing their current practices, Vicki then began the instructional portion of the course. Each partera was able to practice bulb suctioning and bag mask on neonatal models. The neonatal models included a rising and falling chest and umbilical pulse, allowing the parteras to practice delivering breathes and checking heart rate. They then learned to use the bag mask for ventilation and were able to practice until they were comfortable with their new tools. Additionally, and most importantly, they were introduced to a flow chart explaining the necessary steps that they should take depending on the condition of the neonate, and were able to practice several scenarios. For example, the parteras were introduced to steps to take if meconium is present at birth. They had never previously known what meconium was or why it poses a threat to the infant's airway. Finally, they learned to assemble and disassemble their new equipment and how to sterilize it by boiling for 10 minutes.

The parteras were excited to learn these new methods of neonatal resuscitation, and explained "now we won't need the chickens!" *Ryan Cummings*

Alcohol Use Survey

In developing countries across the world, alcohol consumption remains a big problem. It has contributed towards increased domestic violence, financial hardships and even toward higher crime rates. In Honduras, although the government has banned the selling of alcoholic beverages in public markets, many businesses still bribe government officials so they could make profit by selling to the community. In an effort to learn more about alcoholism, especially in the villages surrounding San Jose Central, we conducted a survey this past May. The survey involved men and women above the age of 18. 26 families were surveyed. We asked whether the person consumed alcohol and if so what their drinking habits were. The survey included questions about domestic violence and financial problems experienced by most people, especially women. In addition to the surveys, we also conducted focus group meetings, designed to bring together people currently having a problem with drinking or at least know someone who does.

The first focus group meeting we conducted included six men and one woman from a nearby community. One individual helped to arrange the meeting. Although he reports not being a drinker, he shared many stories of others he knew who do drink. For instance, he described one scenario where a drunk man ended up attacking another community member with a machete. The injured person unfortunately passed away from his wound the same day. He argued if it weren't for the alcohol in his system, he would have thought twice before he killed the other person.

Another former drinker shared his experience and journey to abstinence. He witnessed a point, perhaps his lowest, in his life where he would use money saved up for his family to buy alcohol. He admits alcohol being both cheap and easily accessible. The local moonshine available at the market costs about 8 Lempiras (34 cents in USD) while other drinks such as the locally crafted beers cost more. There is also the concern of expanding industrialization from the city. The community just recently had to write a petition to help stop the construction of a Beer Factory near the village. Others at the focus group admitted to boredom and not having a job as the main contributing factor to engaging in drinking. The group agreed if adequate jobs were available, people would be engaged and less tempted to drink. Another individual, the only female in the group shared her story about her son and his drinking problem. “He is a heavy drinker, often would beat his wife in front of the children”. Faced with poverty in an already resource poor community, listening to these stories not only did it make me feel sad but also made me realize just how much help many of them need.



Alcohol focus group

When asked about interventions, members were interested in having more focus group meetings to increase awareness. Many admit the community is unaware of the harmful effects of alcohol especially its addictive potential. It is my hope in the upcoming trip we can continue to run the focus group meetings and home surveys. Moreover, long term I hope to involve groups such as Alcoholics Anonymous, who are available in bigger cities, to come to the community to hold workshops for the community. *Nidun Daniel*

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. We have installed over 301 improved cook stoves to date.

Agriculture

One year ago we helped a local farmer plant a different variety of mango trees. They are growing well. Hopefully, they will start producing fruit in another 3-4 years. We met with a farmer from Rancho this trip. He starts coffee plants from seeds and then sells the 6-12 inch high plants to area farmers. He is just starting to explore vegetable production for home use and sale. We taught him about drip irrigation techniques and gave him the materials to start his own system. Given the scarcity of water in the area, drip irrigation systems enable more plants to be grown for the same limited amounts of water. We also gave this farmer heirloom seeds for 10 different vegetables.

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. No new piped water projects were started.

Update on Project Status

Project	Completed	Project	Completed
Cookstoves	301	Scholarships	100 students
Filters	340	Micro-loans	196 loans, \$10,658
Latrines	138	Fish farms	6
Pilas	92	Piped water systems	5 communities
Heirloom seeds	>15,000 given		

Resident Reflections

Residents are required to reflect on their time in Honduras, and put their thoughts into written words. Leaving the comfort and safety of our lives in the US to view how most of humanity lives can be difficult. We do not usually share resident reflections because they can be very personal. However, one resident's reflection really illustrates some of the challenges experienced from this “first” to “third” world trip. The resident agreed to share parts of their reflection with others.

I had the opportunity to explore a neighboring town with Doug and Alex (our interpreter). Our goal was to collect information about the village El Rancho and its people. Big question really, are they poor enough? Poor enough to participate in the water projects. Poor enough to get a cook stove, maybe even a latrine? At first I was a bit taken aback. Are they poor enough? Isn't this entire country impoverished?! I soon, however, discovered the greatly varying degrees of poverty.

Our first stop on this trip was to a single mother with three children, living in a two-bedroom home, mud floors, and a tile roof. My first take was, yes, yes she is poor enough. As we stood and chatted with this mother of three, more and more locals strolled up to assess what the Gringos were doing in their town. Many villagers coming to ask us to see their homes. They too needed cook stoves or water filters. Doug patiently listened to the villagers, took copious notes, Alex expertly interpreted, and I observed.

The next stop, the home of an elderly couple who apparently had been married for many years, yet made little effort to acknowledge one another in our presence. Perhaps this is what 60+ years of marriage in Honduras looks like? Now they seemed poorer than the mother of three. Neither husband nor wife had shoes, their kitchen was covered in what I am



Makeshift cook stove outside. This woman can definitely use a cook stove.

sure was 60+ years of smoke from a broken cook stove, and their home was even smaller. This couple absolutely deserved a new cook stove. They are poor enough.

One of our last stops. An elderly woman, living alone. A home with a mud roof, gutters made from strung together coke bottles and tarp. A hole in the floor with a metal sheet over it... a cook stove? This woman, this woman with the lines of too many Honduran hardships covering her face, a hunched back from carrying bundles of produce heavier than me up a mountain. This woman who seemed to have nothing, and yet never broke her endless smile. This woman is poor enough; this woman deserves a cook stove more than the rest.

What is poor enough? Certainly you do not see this level of poverty so prevalent in the USA. In the USA all three homes deserve a water filter, a cook stove, a latrine, a chance. In Honduras, however, the degrees of poverty are much different and cut much deeper. I hope that all homes get all that they deserve, but life doesn't work like that. It takes time, effort... money to make these things happen. Resources which are not always readily available in Honduras. As Doug started to explain the process of how homes go about obtaining what I felt everyone deserved, I started to feel so helpless, so small. There are so many loving, deserving, and truly beautiful people in Honduras. I wanted to help them all, but I knew I couldn't. That thought stuck with me and it obviously changed my affect as Doug noticed I was a bit more quiet (and for those of you who know me, know that is not like me). Doug then said something to me that I truly think helped alter my outlook for good.

You may not be a hero and save the world, but you can help the person standing in front of you.

It is so easy to become overwhelmed by the sadness and need in the world. I often struggle with this feeling. If I can't make a change, why even try? I may not have the courage or strength to go to Liberia and start a clinic on my own. I may not even have the guts to go to Honduras every year. But I do have a passion for people. A drive to learn from others, share in common experiences, and a hope that I may give something back in return, even it is just a smile.

When I reflect on my second time around, I certainly feel less of the sadness and despair I felt last year. No doubt I will always struggle seeing a 5-year-old boy carry 80 pounds on his head up a mountain I can barely walk up, or a mother of three living alone in a hut because her husband was murdered by a neighbor. However, I also have more hope. Hope that I can give back to the person standing in front of me and hope that in the near future I will be standing in Honduras again.

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”.

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 much of this report.



*Front Row: Mary, Melissa, Amanda, Vicki
Middle Row: Catherine, Ryan, Sonya, Lauren, Barbara, Jillian
Back Row: Lester, Doug, Nidun, Alex, Kirk*