

Several months ago a health promoter in Bonitillo asked me to attend his clinic one Thursday morning every other week to look after things more than “colds and sneezes.” I agreed reluctantly, wondering if I could really provide service that “made a difference.”



Illustration 2 Bonitillo is "just to the left" of Ceiba but not as far as "Cuero y Salada"

Well, that has worked out so very well, that I have agreed to go every other Sunday morning to a community at the very bottom of the mountain “clear” on the other side of the Dole pineapple fields. This was at the invitation of Manuel “Manolo” Molina, a roman priest turned Episcopalian many years ago, who has tirelessly spent the last 60 years of his life being the advocated of needy Hispanics here, and for 20 years in Miami, principally among the Puerto Rican population there.

Montevideo, or Villa Episcopal, so called because it was with the help of several Episcopal Church that Manolo was able to help these people reconstruct their village after it was washed away by Hurricane Mitch several years ago. The village population is about 350. they all know each other, and many are related.

The clinic starts about 8.30 in front of a small evangelical church there. That pastor and Manolo lead morning prayers according to the appropriate Episcopal liturgy. During that time people gather around. From a log that I maintain of patient visits, and from the patients’ charts themselves, I have a list of names prepared of those whom I know need more meds, or follow-up on their diabetes and high blood pressure. If they have not shown up in about 15 minutes, I send “runners” to get them. If they are working in a nearby field, they come from there, too!

If they still don’t show up, then Manolo and I go to them! (Remember Mohammed and the mountain?)

Outside in the shade of the church works well until about 11:00, when, after a fan is set up, I begin seeing patients inside the church. Last Sunday, it was so very “touching” to hear the members of the community cheer as one of their friends’ blood pressure had been controlled, or when the fasting blood sugar of a diabetic lady, who initial blood sugar had been 426, was then 166. (Normal is less than 120.) And, all of this at a very affordable price. Nothing for the “consulta,” as the visit is called; just the wholesale

price of the meds. (12 cents a day for diabetes meds—very affordable to these people. Up to 10 times as much in the local pharmacies.)

A Note about meds

(The pharmaceutical companies, or “droguerías,” as they are called here, have been very good about giving me “rock bottom” prices, since they know that I am not charging “more than cost” for the meds. Birth control pills, I obtain from ASHONPLAFA, one of the very few USAID projects which do not do harm to the people “they” are trying to help, provides the birth control pills at 35 cents a month. In addition, they provide clinical services for the folks at very affordable prices at their main clinic here in Ceiba.)

We started charging “cost” in Las Mangas more than a year ago on a “trial basis.” I have found that the practice is very well accepted. My “right arm,” Alberto Zuniga, tells me that the patients really do believe me when I tell them they are getting them at cost, because they know how “out of reach” the prices are for them.

You may wonder **why money is needed if we get reimbursed for the meds.** Antibiotics frequently are still “out of reach.” There are numerous families that do not have “anything.” We also provide deworming meds for all of the school children every 6 months. Then, an occasional patient needs lab work, x-rays, or transportation to surgery by one of the several U.S. surgical brigades that come to San Pedro Sula each year.

My gringo assistant, Peter Johnson, **does know the patients’ financial status**, because he lives in the community. He knows practically every family within the 5 or 6 community catchments area we serve. Of course, when I make house calls, I can “pretty much” see for myself.

Many years ago, I realized that I did not save many lives. Most of the things which cause people to be “really sick” are, in fact, incurable. Those doctors “manage,” like high blood pressure, diabetes, congestive heart failure, etc. it has been less than 70 years that doctors have been able to do “anything at all” for infectious diseases. (We have now almost ruined antibiotics’ usefulness!)

So, I keep that very much in mind as I serve these people. But, **from time to time, I do “save a life.”** Two of those cases occurred in the last 4 weeks. Peter Johnson took me to see a lady we all call “Grandma” (in English, no less). She is taking care of at least 5 of her grandchildren, orphaned because their parents both died of AIDS. She really does have “more than she can handle” doing this. Community development worker, Larry Smoak, organized the effort to build them a very nice concrete block house. David Ashby takes “bulk” staple food to them in 50# bags, and because of your help, Peter Johnson and I can “do” the medical part.

Grandma is very active. She is usually outside trying to manage the kids. But, this day, she was not. She was IN BED, “burning up” with fever, and coughing. She thought she had “pneumonia and asthma,” and she was right! **A few hours later, Peter Johnson had taken the several meds, as well as a nebulizer to treat her asthma, to the house. For the next 10 days, he went there 3 times a day. (THAT is why she is still alive!) The children’s best would not have been enough to have saved their grandmother.**

When I saw her several days later, she was “up in a hammock” inside the house, but still “looked awful,” although she was breathing much better. I switched antibiotics, made a few other changes, and Peter’s nursing continued. Last week when I saw her, she was sitting OUTSIDE in her hammock. Though still weak, she was very able to participate in all that was going on.

On the same day as the initial visit to Grandma’s, she mentioned that the man next door had an infection in his foot that was “moving up his leg,” and his son, age 9, had not been able to breathe well for the last 7—yes, seven—years because of asthma. I was horrified at what I saw. Indeed, the man’s foot and leg were infected. (It is from infections such as this that brain abscesses and bone infections arise.)

His son is now a “different person.” His father’s leg is much improved, but not completely cleared, so I changed to another antibiotic to get the “bugs that had become resistant to the first.” He has felt so very good that he has been able to go to Ceiba.

THIS is what both your monetary and emotional support provide. Yes, emotional support. It was a VERY REAL test of faith even to begin to understand how a just God can allow such things to happen!

So, it goes. Everything about me wants to GIVE these folks everything. That would be terrible, of course. So, together, Peter and I, thoughtfully, prayerfully, and with considerable trepidation, make those decisions.

MILK PROGRAM

One of my other helpers finally found a source of powdered milk in San Pedro Sula. (Yes, there is a lot of powdered milk in the stores, but it is too expensive for “the masses.”) So it was with great joy that we received the first 55# bag on my front porch. (Then, will it taste good?! Yes, it did.)

I had originally thought about making its distribution a local school program. Peter advised against this, since so many of the children needing the milk are too young to go to school. So, once again, Peter began distributing it to the neediest families for their children in 1.5 to 2 pound packages. Since, we have been able to buy 110# additional milk to distribute.

The milk costs \$100 for 55#. (yes, I have the data in a spreadsheet about how much that makes, etc.) That is the same as good pasteurized milk costs in the local stores. But, THAT milk must be refrigerated. (Milk costs \$3 a gallon here. For someone making \$5 a day to care for a family, milk is NOT on that list.)

A gentleman from Oregon has generously been providing the funds for this. **Many blessings on his house!**

Scholarship program for local students

The first scholarship has been funded for a high school graduate from El Pital, one of “our” communities of interest. She will matriculate on Thursday at a local university to begin prelaw studies.

The donor is willing to provide additional scholarships to this December's graduates, as well. At this very minute, Peter Johnson is obtaining the names of potential candidates for next year.

The **WILL to "do what it takes" to "leave poverty"** is the primary consideration. Equally, the child must truly **NEED** the help. (The "need" is quite obvious in most cases, but some children's parents could pay if the child "wanted" to attend.) Those with the "want to and the need" are the ones we are seeking to help.

I will send another update in about a month, when I have had time to summarize what has happened since the end of this note.