



# CAMO

A different kind of aid organization



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CAMO is a non-profit, faith-based organization.

## In This Issue:

Surgical Programs . . . . .	1
Educational Programs . . . .	4
Dental Programs . . . . .	6
Our Specialty Teams . . . .	8-9
Completed and Ongoing Projects . . . . .	10
February and March Teams . . . . .	14-15

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## Surgical Programs

### Fixing Smiles, Changing Lives

Kathy Tschiegg stepped out of her truck at Hotel Elvir, the home of the CAMO teams during their stay in Honduras. The parking lot attendant quickly approached her. She looked around and, although the lot was completely empty, her immediate thought was, "What's wrong? Do I need to move my car?" But the man was not concerned with her truck; he just quickly began to thank her for the work the CAMO Plastic Surgery team had done.



Emilson's mother holds him during the Plastic Surgery Consult

His son, Emilson Rolando Cruz, is only three months old, and was born with a cleft lip. Not being able to afford the surgery at the private hospital, and with no plastic surgeon at the public hospital, the man and his wife were out of options. Except for one: CAMO. Having to pay only the hospital entrance fee, the February Plastic Surgery team performed the surgery and granted this little boy a changed life.



A thankful father stands beside his family. CAMO's plastic surgery team performed cleft lip surgery on the little boy, granting him a changed life.

### Alicia Rozenbom (Translator for Plastic Surgery)

A little girl came to CAMO's team with a very large tumor on her brow. It was so noticeable that all you could see was the tumor on her face. I was near her when she woke up after her operation, and the first thing she did was give me a great hug. That image is going to stay with me a very long time.



*Far left:*  
Before surgery. This little girl suffered from a huge tumor on her brow.

*Left:*  
Alicia received a big hug after surgery. The plastics team removed the tumor from this little girl's face.

## CAMO

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## “Standing” Miracle

*“What transpired with this woman is a miracle.” –Dr. Sharon Stern*

Sharon Stern came into CAMO’s office shortly after returning from Honduras. And she was astounded. Very rarely is Dr. Stern unable to find words, but this case had her groping to find the right thing to say. I knew that she wanted to meet with me to discuss a specific case; a case that had touched her, and the entire plastic surgery team’s hearts. A miracle named Juventina.

Last spring newsletter’s cover story “Duck walk to a Run” described this young girl’s struggle. She had been badly burned around the age of 10, forming contractures in her legs so she could only walk in a squatted position, basically dragging herself across the ground. Waiting over 20 years in this state, she finally spoke up for help from CAMO’s 2011 team. Dr. Stern had never seen such a severe disability from burns. But during the team’s week of work in Honduras, Juventina was able to receive the surgery needed to release the contractures, extending her legs.

But as Dr. Stern explained to me, this surgery was “only the tip of the iceberg.”

Dr. Stern described the odds of a successful recovery for this type of situation as “slim in any venue,” let alone Honduras. If a “band-aid brigade” had performed the surgery and left, her odds would have been even worse. But Kathy and CAMO always follow through.

As the Plastic Surgery team departed, Juventina was only beginning her long journey of recovery. Juventina would need therapy to regain strength in muscles she hadn’t used in years, plus her skin grafts had a high chance of infection and rejection. The chances of improper rehabilitation in her case were very high.

And then she got chicken pox. This young woman was now facing two battles, rehabilitation and illness. But CAMO provided the resources necessary for her to get the follow-up care that she needed. Everything from medicine to clothing; even transportation to and from her home (a 45 min. drive) to therapy at Teletón, and a place to stay in between.



Juventina with CAMO’s Plastic Surgery Team. Just a year ago she was unable to walk...now, after surgery, she is able to stand tall and proud.



Juventina (right) tells CAMO’s team that her son cannot stop hugging her and telling her how beautiful she is.

And just one year later, standing in front of Dr. Mohler, Dr. Camp and the whole Plastics team is Juventina. With the emphasis on Standing. And a huge smile on her face: “Thank you for giving me my life back.”

To say the team was flabbergasted would be an understatement. This is truly a story of how CAMO follows-through; saw her past the surgery, through therapy, and into a successful recovery (and a NEW LIFE!).

“What transpired with this woman is a miracle.—not because it happened, but because never in my wildest dreams did I think that she would have been as restored as she was.” CAMO follows through on things, so patients become people and don’t get lost.

Dr. Stern is impressed. That’s the easiest way I can find to put it. As she said to me before she left: As doctor’s we are taught to First Do No Harm. Had we not known that CAMO was behind us and this young lady, we wouldn’t have done the surgery; simple as that. Because without the resources and follow-through that CAMO provided, she would have been worse off than where she started. But since CAMO is the organization that it is, Juventina’s case became a true miracle.

*You can read Juventina’s story from last spring’s newsletter on our website at <http://www.camo.org/newsletters/april-2011>*

## A Cure For Poisoning Grants Second Chances At Life!

**By: Dr. Tony Lazcano (with additional info provided by Dr. Arun Masih)**

*“If you walked into the emergency department today, you would find prepared potassium permanganate antidote ready to be dispensed without delay to patients who might get a second chance at life!”*

The first two days I was in the Emergency Department, four cases of aluminium phosphide poisoning presented in the hospital. All four patients, between 15 and 17 years old, died within a few hours. They had taken the poison to commit suicide.

Aluminium phosphide is a solid fumigant which has been in extensive use since the 1940s. It is lethal, cheap and readily available in Honduras. I had never treated a poisoning with aluminium phosphide. Access to the poison is highly restricted in the USA, so poisoning is extremely rare. I did some research into the treatment of this poisoning, and found that a gastric lavage with a solution of potassium permanganate significantly lowered the mortality rate. This antidote was not part of the standard treatment at the Santa Rosa ED.

I didn’t know where to find the potassium permanganate, it’s not used commonly in medicine, so I asked Dr. Masih; he knows everything! From having lived in a developing country, the poison and antidote were well known to him, and he sometimes used potassium permanganate in his work. He thought he might have some but couldn’t remember where it might be. A frantic search in his suitcase resulted in the discovery of a tiny vial of potassium permanganate. I was able to make three life saving doses from this.



Dr. Lazcano and Dr. Masih worked at finding an antidote to a fatal poison

Then Dr. Masih presented me with the “mother-load.” He, along with Sue Borocz, our histotechnologist, discovered that about seven years before, he had brought down potassium permanganate, and the compound has no expiration date! I quickly made many more doses of the antidote.

I don’t believe the ER will be without life-saving potassium permanganate again! If you walked into the emergency department today, you would find prepared potassium permanganate antidote ready to be dispensed without delay to patients who might get a second chance at life!!

**We hope to see a drop from the current 100% mortality rate to a 60% mortality using this new treatment protocol.**

## Healing the Blind

John Thomas and Hector Robles have worked together as counterparts for years.

Through this relationship, Hector’s son, Mark, travelled to Wooster, Ohio as a teenager. And it was during this trip that Mark decided to become an ophthalmologist (eye surgeon), just like his dad and his counterpart Dr. Thomas.

No longer a teenager, Mark Robles has now finished his residency and has decided to return to Santa Rosa to work with CAMO’s eye program. CAMO is now blessed to not only have one gifted Honduran doctor working in ophthalmology, but two.

The counterpart relationships that CAMO’s doctors and team members form go beyond the annual trips. They provide sustainability, support, and friendships; and in this case, a doctor’s son who not only chose to follow in his father’s field but in his footsteps as well. We are thrilled to have such an amazing team working for us to help bring sight to the forgotten.

Please visit our website [www.camo.org](http://www.camo.org)



At the heart of CAMO's sustainable activities is a strong education program for Honduras medical professionals. CAMO provides in-service training and professional growth opportunities to local physicians, nurses, and technicians. This year's teams provided multiple educational opportunities with classes in the following: fetal-monitoring, reflexology, computer software, tennis, audiometry, physical therapy, geriatrics, respiratory therapy, asthma, laparoscopy/OBGYN, pathology, nutrition, BLS and NALS.

## Tiny Lives Depend On Clear Minds By: Linda Pratt

What knowledge and skills do nurses need to help a newborn baby who is not breathing or crying? As an interpreter for CAMO in the Neonatal Resuscitation Program, I learned just how important split-second decisions can be.

RN and nurse educator from Aultman Hospital, Monica Coventry, worked with a team of two dynamic Honduran nursing supervisors to deliver the course to about 20 licensed and auxiliary nurses from the Hospital Regional de Occidente (HRO) in Santa Rosa de Copan. The first day Monica recertified the two supervisors, updating them on recent changes to the program, and videotaping them as they carried out scenarios on an infant mannequin. During the rest of the week, Kenia and Norma, the Honduran nurses, taught the course to their colleagues using the videotaping as a teaching tool during a variety of scenarios that mirror situations the nurses face daily in the hospital.

Here is the beginning of a typical scenario which students had to act out and narrate as they worked:

*Instructor:* Here is the baby, born at 34 weeks gestation.

*Student:* Is the baby breathing or crying? What's the baby's tone?

*Instructor:* The baby is not breathing and is flaccid.

*Student:* I clear the airway, then dry and stimulate the baby. Is he breathing?

*Instructor:* No!

*Student:* I begin positive pressure ventilation using the correct size bag and mask...

There is no time to think, decisions must be automatic and actions precisely carried out. Kenia and Norma stressed that although nurses do not perform certain procedures such as intubation, they need to understand when they might be



Monica Coventry provided neonatal training to nurses

necessary and be ready with equipment to assist the doctor. Many expectant mothers arrive at the HRO with little or no prenatal care and patient histories may be sketchy at best. Nurses and doctors must be ready for any emergency and tiny lives depend on clear heads and correct decisions.

Throughout the course students analyzed the videotapes, critiquing their performance and evaluating their decisions. All agreed that the videotaping helped them recognize their mistakes and learn from them.

I shared with the nurses that both my son and my grandson spent time in a Neonatal Intensive Care Unit, so I have personal experience with the important role that well-trained nurses play in the care of sick newborns. At the end of the week we left Santa Rosa knowing that Kenia and Norma will continue to provide guidance to their nurses and that the babies in the HRO will have a better chance thanks to the great teamwork that makes CAMO so special.

## La Brigada de Asma By: Emily Lee

This is La Brigada de Asma's fourth year traveling to Santa Rosa de Copán. The team consists of Tonya Barba and myself. This brigade spent five days in the villages outside of Santa Rosa doing asthma training with physicians, nurses, monitors, and community volunteers. We saw 60 people within four villages!

The villages that we visited were La Entrada, San Marcos, San Francisco, and Corquin. The people in attendance

at our trainings traveled anywhere from 1-3 hours to attend our training. The topics that we covered were: What is Asthma?; Symptoms; Warning Signs; Medications; How to Use Medication and Devices; and What to do in Case of an Emergency.

CAMO also distributed nebulizer set-ups and compressors to each of the communities, which was a both awesome and wonderful.



Brigada de Asma's workshop at San Francisco

## Relieving Respiratory Crisis

Devi Melendez has asthma. And Devi is only two years old.

In Honduras there is a 30% incidence of asthma. Many homes cook indoors over wood stoves without a chimney. The population is constantly breathing in heavy dust and smoke. These factors are part of why CAMO has a Respiratory Program.

One of the machines CAMO and its team members have introduced is the BiPAP. This machine provides non-invasive ventilation keeping patients off the ventilator. There's currently one in each of the ER, Women's Medical Ward and Pediatric Ward, and two in the Men's Medical Ward of the hospital. These machines are used so frequently that the filters become clogged with dirt and dust. The BiPAP can help a patient get over a respiratory crisis in as little as a few hours, serving in cases of respiratory distress, acute pulmonary edema, congestive heart failure, COPD, and cases of severe asthma.

When team members Tim Larson and Tony Lazcano introduced the BiPAP at the hospital last year, there were several patients found in need before they had even ended training.

This year, while Tim and Tony were in Honduras with the teams, Devi had a severe asthma attack. It was so bad that she would have needed to be put on a ventilator. She would have had there not been the BiPAP. Thanks to simple mechanics, this two year old's crisis was relieved in less than four hours.



Little Devi got the help she needed thanks to Tim (left) and the BiPAP machine

## "Best Place in the Country to Learn..."

**By: Susan Shetter**

*She told me that she had done her social service at the public hospital in Santa Rosa, and that it is the best place in the country to learn about mechanical ventilation.*

We have been working in Roatan since 2001. This year, while teaching classes for the new ventilator program, I was asked by the owner of the private hospital to come teach them how to use a ventilator they'd had for over two years and didn't know how to use!

While explaining how to use the equipment, there was a young doctor there who seemed to understand some of the modes of ventilation that I was showing on the ventilator. She had not been at any of my classes, so I was curious how she knew so much. She told me that she had done her social service at the public hospital in Santa Rosa, and that it is the best place in the country to learn about mechanical ventilation. I was so happy to hear that! This is the same public hospital that CAMO supports and where I have helped to develop the program for use of the ventilators in Lactantes and Pediatrics. CAMO is such a far reaching organization. It has impacted the quality of healthcare for the whole country!

**\*\*I received word recently that they saved a baby using the information I taught them in the class. That is what this is all about, saving lives!**



Members of the orthopedic team help identify parts and pieces in completing sets to be used in aiding patients



## Labor & Delivery

By: Heidi Unzicker

As a labor and delivery nurse, I was scheduled to teach some classes at the hospital. The nurses were not prepared for my arrival, and being very busy they didn't appear too pleased to have us there. So instead of teaching, my bilingual student and I jumped in to help with whatever we could do. I assisted in a cesarean section and two vaginal deliveries. Once the nurses saw my eagerness to help, they appeared more willing to listen to the class and read the booklets that we brought. This was an important lesson for me to learn: it's important to receive someone's respect before you try to teach them.

## Producing Fruit

By: Debbie Reyes

It is simply amazing how loving people can produce so much fruit. The work that CAMO has done is awesome. I could see improvements at the hospital from just last year: the entrance was different, there were new bathrooms and there is now a well where last year we didn't have running water for the last couple of days. And it seems the kids love us coming; not so much because we bring them things but because we love them and pay attention to their needs both physically and spiritually. Knowing someone cares for you makes a bigger impact on someone's life than receiving an inanimate object (although it certainly can add to the joy). One of the boys rushing to me with a hug was the biggest blessing I could have had on this trip!

*Gary Brown is one of five men from the February Teams who uses his skills to help maintain the equipment in Honduras as part of the teams. These men work alongside CAMO employees to make sure the equipment remains in working condition.*

## Dental Development & Sustainability

By: Ralph Stampone

When Kathy told me I would be working with Gary Brown visiting dental clinics I had no idea what to expect. On Monday morning, our driver took us to a public school where we met Dr. Cesar Alvarez, Chief Regional Dental Official, who was to accompany us on most of our visits.

I was surprised to see in the school complex a door with a sign labeled "Clinical Dental," and behind the door, a fully equipped dental office. Intrigued with what I was seeing, I asked Dr. Alvarez about the system of providing dental care to Hondurans. He told me that the objective was to provide a Dental Clinic in every school where possible. If a school did not have enough students to warrant a clinic,

one would be opened to serve not only the students, but the local community. "Who would staff these clinics?" naturally, was my next question. Dr. Alvarez told me that like medical doctors, the dentists must serve a year of "Social Service" working in such clinics upon graduation from dental schools. They receive a small monthly stipend and can work in private practice also.



Gary Brown works at repairing dental equipment

Along with visiting the schools for repairs, we were surprised to find ourselves with a prison on our itinerary. There we found dental facilities in the health center. Seeing our surprise, Dr. Alvarez explained that "after all, prisoners are also human beings."

Our next visit was the "Centros de Salud" (Public Health Centers). These are centers where, more or less, health and care giving facilities are available in addition to the dental offices. The largest is situated in downtown Santa Rosa. Here we found three operational dental offices working to capacity. Another facility is located in a different neighborhood, providing similar services but on a smaller scale. I was told that most services are free or a small fee.

Along each of these visits, Gary Brown would begin checking the dental chairs and other equipment; dismantling when necessary, and doing either on the spot repairs or bringing things back to the warehouse when further repair was warranted. Gary's opinion was also needed on a few occasions as to where equipment should be placed and utilized.

As I was thinking to myself, "How does CAMO fit into the Social Service program?" I was proud to see that most of the equipment in these clinics and centers had the CAMO logo attached. CAMO not only provided these dental chairs and other equipment but had Gary Brown, a very competent and tireless technician, to install and service this highly complex type of dental material. Our visits filled me with immense pride in my CAMO.

## It's Come A Long Way, Baby

By: Sue Hauenstein

I've done a few dental mission trips before, mostly with my father, Dr. Bill Moore. He was a dentist who practiced fifty years in Akron, Ohio. I've caught malaria, ate iguana, drank the deadly red punch, traveled in a dugout canoe navigated by a blind man and even rode a blind mule up the mountain. I've been in villages where voodoo was still practiced and had interpreters in African villages with laptop computers. We've even used scuba tanks as air compressors. But I've never experienced dental assisting with a young female Honduran dentist who spoke no English, used the Spanish quadrant charting system and had not practiced with an assistant. How exciting!

My young dentist, Dr. Yami, was eager to learn things in English, unlike some of her colleagues. As she held up an instrument, she'd say what it was in Spanish and I'd repeat it in English. Within a short amount of time we were no longer pointing at instruments and laughing, we were just working together as a team (and still laughing). Come the next day, I asked if she wanted an assistant again. She lit up and said "si" with a big smile. I've never had a dentist so excited to have me as an assistant. Wow, what a boost for your confidence. I also discovered she liked doing amalgam fillings better than composite fillings. As with our last patient on the last day, the patient handed Dr. Yami the procedure paper and closing her eyes she prayed "amalgam, amalgam," then looking at the paper she clapped, "yeah, it's amalgam!" For you see, it's very hard to keep the patient dry under our conditions, which is essential with composite restorations, so I'm assuming that's why she prefers amalgam (but that conversation is for another time). At her enthusiastic request, we are sending her a list of instruments and dental terms both in English and Spanish. How cool.



Sue and Dr. Yami doing a Composite restoration

Thanks to CAMO and my friend, Gary Brown, a dental technician, assisting Dr. Yami from Honduras happened. CAMO is fantastic. It's been around for almost twenty years and as they say "it's come a long way baby." I only wish I could have been a part of it sooner. My father would have been in awe, as I am, with this organization. It reaches out to so many, not only in the dental, but all aspects of health.

I promised my dad I'd continue his work, and now I will with CAMO.

## Bucking the "Throw Away" Culture

By: Mark Gustafson

In an era when it's easier (and cheaper) to throw away and buy new, instead of repairing just about everything, CAMO and its volunteers buck the trend. During the weeks that the American volunteers go down to Honduras in October and again in February, you can usually find 'Buzz' Emanuel and Harold Shetter in a back room of CAMO's bodega (warehouse), amidst drawers full of miscellaneous parts

that have either been shipped to Honduras, or salvaged from equipment already down here. They search for an exact item, or something close that they can modify, in order to keep the equipment up and running. They seem to have an endless supply of optimism and resourcefulness, which more often than not, produces amazing results.

**Go Green!**

Donate your old cellular telephones and empty ink cartridges/toners to CAMO.

Please call the office for more information: (330) 683-5956 • (330) 313-1000



# 35 SPECIALTY TEAMS

## Representing Over 85 People!

Every year we try to be better from the past and every year we almost reach perfection; but perfection is hard to reach and we can always do better. All the teams this year did a tremendous job working in a different culture and with their counterparts.

From staff & program development, to treatment and surgical programs, to our community outreach with development of the community gym, women domestic violence shelter, trade school, day care and all the health institutions: all of these were strengthened by our expert volunteers traveling to Honduras.

*A big thank you to everyone who donated their time and skills to making this year's teams a success!*



Juan Galvan numbing a patient before dental treatment – the dental team saw over 400 patients!



Pat Lorson is greeted by smiling faces during his visit.



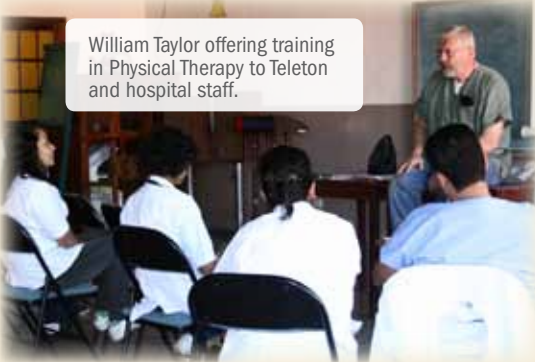
Jorge Romero training doctors in laparoscopy.



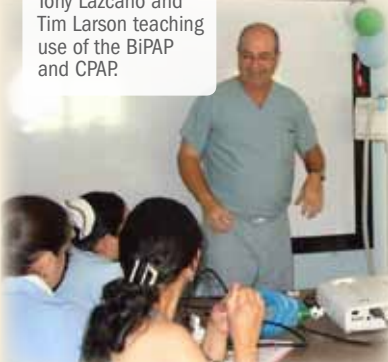
The maintenance team helps keep equipment running and maintained – an integral part to keeping CAMO sustainable.



Alicia Rozenbom helps translate for Linda Camp during plastics post-surgery rounds.



William Taylor offering training in Physical Therapy to Teleton and hospital staff.



Tony Lazcano and Tim Larson teaching use of the BiPAP and CPAP.



Hospital Kitchen employee Reina is excited about the advancements made in the kitchen, including this new dishwasher.



Dr. Thomas evaluating a patient in the eye clinic.



Ralph Stampone, visiting the NICU. These tiny lives would be lost without the life-saving advancements made to the NICU.



Scott Zacharias and Dan McDaniels work to rewire and fix electrical problems.



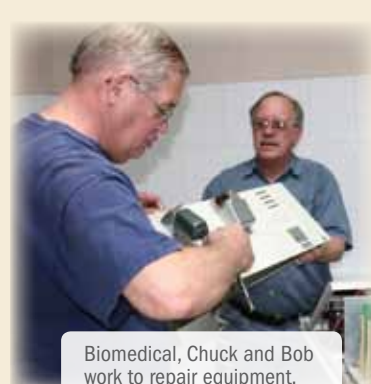
Suzi Lorson teaching hospital and nursing home staff on how to properly care for the elderly.



Debi Schneider training the Honduran staff in computer software (Word, Photoshop & Excel, etc.)



President of the board, Mark Gustafson and Cindy Mullet work to fix and brighten smiles with the Dental Team.



Biomedical, Chuck and Bob work to repair equipment.



Mark Gorman evaluates and fits patients with prosthetics and orthotics.



Mary Loder teaching fetal monitoring (and demonstrating on a pregnant student!)



Steve Wood assisted in training the bomberos (firemen) and paramedics.



Paul Crowley consulting in Urology – over 60 procedures were performed!



Annette Fejes aiding a child at the daycare as he learns to read and write.



The Marketing Team consisted of photographer Bret Gustafson, consultant Cari DeSantis and CAMO employee Kelsie Gerber.



Mike McClintock fixing electrical wiring in the kitchen of the hospital – getting broken stovetops and ovens working again.



# Kitchen Project, Phase One

By: Claudia Caballero

“Reduce cross contamination and standardize food portions”: I don’t know how many times I repeated this phrase while in Honduras the last week of February.

2 dietitians, 2 doctors, 3 translators and I were the “Kitchen Team” for the February brigade 2012.

There was a lot of speculation going on when we got to the Regional Public Hospital in Santa Rosa de Copán; hospital staff, doctors and nurses had noticed activity in the farthest corner of the grounds...CAMO, the Director of the hospital and the kitchen employees were all busy at work.

To give you a picture of what was going on, starting six months prior to our arrival:

- part of the kitchen floor was ripped out and reinstalled
- the ceiling was torn down, replaced and painted (as well as the walls)
- all the counters were topped with stainless steel
- new sinks were put in
- an industrial dish-washer was installed

Additionally 400 food trays were purchased in the US, and 8 food carts were donated by St. Luke’s Hospital (Duluth, MN) and Pomerene Hospital (Millersburg, OH).

The day our team arrived at the hospital kitchen, there were six or eight kitchen staff awaiting our arrival; and they were nervous, you could feel it. The Director of the hospital had asked CAMO to assist in making serious changes, and they knew we were to make these changes happen. But these brave women took on this challenge fiercely. Always cooperative and happy, suggesting, giving ideas, and telling us what things would or wouldn’t work and why.

While in Honduras, our team fought many battles: one against misperception. Many people, doctors and nurses alike, thought we were there to reestablish the entire dietary program of the hospital. Currently, there is not enough money to employ a dietitian and the program is almost non-existent. Others thought we were there to simply change



The Kitchen Team

the dinner menus. And even more thought that our team was there for show, and that when we left, the kitchen would fall back into its old routine. But our mission was to create sustainable, permanent changes from the “old routine,” primarily to “reduce cross-contamination and standardize food portions.”

That was another battle our team faced: the “old routine.” The old routine was prehistoric and unsanitary; costly in time and health. It consisted of taking pots of food into the eight wards, which may have up to 35 patients, with sometimes two or three people per bed! Ten patients are served at a time. Then the plates are rinsed in the same sinks where many times the bedpans are emptied, and the next 10 patients receive their meal, and so on. As you can imagine the portions become scarcer the farther down the line you go.

With the new food carts and trays, the food is now prepared and served in the kitchen with all portions being measured; then the food is “driven” to the wards in the carts. Trays are washed under high pressure, boiling water and stored in the carts for the next meal under under totally new hygiene standards for the hospital.

Food delivery time has been reduced. The delivery employees from the kitchen told us that they felt there was better order, and they felt respected with the new process. Patients told us that they enjoyed eating off the new trays because the food was “separated and pretty” (not the mash they would sometimes receive before). And the nurses and doctors reported that their patients were receiving more food than before and that they seemed more eager to eat.

Kitchen Project, phase one: “Reduce cross contamination and standardize food portions.” We are setting down the tracks for a whole new perspective on the importance of food as part of the cure for our patients.



The kitchen staff learned to prepare and serve food with measured portions on the new trays



The kitchen staff fill the new carts with trays, which will be driven to the patient wards

# Santa Rosa Gymnasium: Board Development & Strategic Planning Initiatives

By: Pat Lorson

It was rewarding to see the progress that has been made at the Community Gym since my last visit in March of 2011. The weight room has been finished and now has 90+ members. There is an active basketball league that involves around 20 teams, and several other leagues that are gaining teams as more people recognize the progress being made.

**The members of the Gymnasium Board have reached several of their primary goals.**

1. The gym is now self-sustaining with positive monthly cash flow.
2. The money is being reinvested in the club to continue to improve the facility.
3. These things are quickly leading them toward their number one overall goal: “To Provide A Safe Place for Kids”.

Eventually we want to have programs that are similar to the Orrville Area Boys and Girls Club, “a place that combines the positive life lessons that come from a blend of character education, sports, and teamwork, with shared goals and responsibilities.”

One of the best examples of “build it and they will come” is a mural project that started with kids collecting plastic bottle caps. In the end they rolled in with over 85,000 bottle caps. The caps were all washed and separated by color and size. A local artist designed a mural on the side of the Gym and a group of kids started cementing bottle caps in place. The project started with about 40 kids and ended up with over 100 young people working together to



This mural is made up of over 85,000 bottle caps!

complete the mural. The results are impressive. The kids are proud of their success and ready for more. CAMO has provided leadership and funding that will improve the lives of the children who are reached through the gym.



Pat and the Gymnasium Board are encouraged and inspired by the interest in the community

The gym’s board has developed a plan for a Speed Soccer field as more play areas for smaller kids on land right next door to the gym. Those fields will take the place of an old run-down playground that sees little use. The board is encouraged by the interest in the community and inspired to continue with the mission to improve things for the kids in Santa Rosa. Kevin Landers and I plan to continue to offer our support to the people of Santa Rosa. You will be hearing more from us in the future: we welcome the opportunity to share our stories with you.



Bottle cap mural outside of the gym, put together by over 100 kids!

**We are in constant need of sports equipment and musical instruments for use at the gym and community center. These donations would be much appreciated. Please contact our office for more information.**



## Tennis Times Three

By: Julia Bogner

The CAMO tennis program has tripled in growth the past two years. When I made my first CAMO trip in the fall of 2009 I spent the week writing stories and missing out on my usual tennis time. But Kathy Tschiegg was looking for creative ways to use the newly renovated gymnasium, and that directive became my mission. I contacted Babolet Tennis and within weeks had received six mini tennis nets, 50 or so rackets, balls, prizes and other teaching aids. And in February of 2010, I spent my volunteer week with CAMO teaching beginners tennis to a large group of Hondurans of all ages.



Since then I've taught two other weeks and reported on the program in CAMO newsletters. A tennis friend, Sally Huttinger and her daughter Ally, a senior at Wooster High School and a member of the tennis team, asked if they could come on a trip and help teach tennis. This request became a reality in February 2012 when the three tennis instructors spent the week "Serving in Honduras." Three classes were offered each day and each class was filled with about 20 enthusiastic Honduran tennis students. By the end of the week all participants were able to play a game of mini-tennis and enjoyed competing in tournaments.

Babolet Tennis has continued its support of the program by sending more equipment which is on its way for the October CAMO teams. I hope the program continues to grow because I still have the dream of building a full size outdoor tennis court somewhere in Santa Rosa!

Top: CAMO tennis team members: Julia Bogner, Sally & Ally Huttinger  
Bottom: 'Serving in Honduras'



The three tennis instructors spent the week offering classes to over 20 enthusiastic Honduran students

## Daycare: Tight Bear Hugs & Bubbles

CAMO provides a full-time certified teacher, a full-time maintenance employee, food and medicine to the local daycare. Over 90 children who come from low-income families are provided a safe environment through this facility. To provide ongoing support and development for the daycare, CAMO gives assistance through its team members. Reina, the full-time teacher of the daycare, consulted with Chris Davis and Robin McClintock previous to their arrival, informing them of her needs. These needs were then met by bringing needed supplies and providing follow-up services.



The children at the daycare come from low-income families. They now have a safe environment to learn and grow!

### Chris Davis:

On my first visit to Santa Rosa I had the pleasure of working in the kindergarten classroom with Miss Reina and meeting her 32 students. Their ages ranged from 4 to 5! As you can imagine with a ratio of 1 teacher to 32 little ones, she greatly appreciated the help that we provided her. We worked individually with the children, hands on, helping them work on fine motor skills in their classroom workbooks.

My most memorable moments are the images of the smiling faces of the children and how they welcomed us with tight bear hugs that only a child can give. Little Migel held my hand every day and tugged on my clothing to bring me to his desk to help him hold his pencil correctly. With that firm grip and squinting eye determination we filled his work book with the letter A and numero uno!



Migel, enjoying his breakfast provided to the daycare by support from CAMO

Muchas Gracias, Santa Rosa Kindergarten Students!

### Annette Fejes:

It was a very enlightening experience to see the meals they were fed, the way they gathered together each morning for prayer and national anthem, and then to be able to help them in class (with the help from our interpreter). My heart was overwhelmed on the last day when each child gave us a hug and some even thanked us in English! One little girl colored me a picture. I will cherish it and keep it as a constant reminder of so many children who need so much.



Shelly helped give lots of love to the youngsters at the daycare

### Shelly Brenner:

The coolest thing about my week was CHANGING a multitude of diapers, hugging and kissing and just loving on the kids who get little to NO physical touch 12 hours a day.

### Cindy Mullet:

Barbara McKee and I decided to accompany Robin McClintock to the Daycare on Wednesday. At play time in the courtyard I took out my famous bubbles and wand to entertain. The children got so excited that I almost started a riot. After seeing how the whole process worked, they all wanted to blow bubbles themselves. So I began to dip and then let them take turns blowing.

## Casa Hogar

By: Dennis Helmuth

Here they refer to the women's shelter as Casa Hogar (home house). CAMO built and supports this attractive facility. It is a refuge for women in western Honduras who are in unsafe relationships. These women are often accompanied by their children.

Monday and Tuesday, March 12-13, I had the opportunity to give presentations at Casa Hogar to the shelter staff and other concerned community members. Twenty-four people attended from a variety of disciplines – monitors, social workers, psychologists, a judge, and a psychiatrist. I have become friends with Dr. Francisco Ramirez, the only psychiatrist in Santa Rosa.

Monday morning I presented on the concept of parent-child attachment. "Attachment" describes the relationship between parent and child that serves as a model for all other relationships in the child's life. If a young child's needs are met by his parents he is likely to develop a normal or "secure" attachment. If the parent-child relationship is unpredictable, abusive, or does not meet the child's emotional needs he will develop an insecure attachment.

We explored different types of insecure attachment and the character traits that arise from them. This helps us to understand women who become entangled in abusive relationships. It helps us to understand their children. And it helps us to understand the intergenerational effects of abuse.

I was able to make some of my PowerPoint slides in Spanish, but my oral Spanish is very rudimentary. The interim director

of Casa Hogar, Amanda Ruiviejo, did a tremendous job of translating for me.

Monday afternoon I met with just the Casa Hogar staff to discuss their difficult cases. We talked about how the attachment model could be used to educate women about child development and stop the cycle of abuse.

Tuesday morning's large group presentation focused on treatments for posttraumatic stress. I taught them the simple but effective "counting method" for helping women who have re-experiencing symptoms (e.g., flashbacks). I also provided an update on cognitive-behavioral therapy, which here is called TCC (terapia cognitiva-conductual).

During the week I also found time to spend with Dr. Ramirez in his mental health clinic at the public health center. I was impressed with his kindness and patience in dealing with a busy schedule of difficult cases. He smiled as he related how he had already used something from my attachment presentation with one of his patients.

I learned from him as well, as I observed how he calmly handled a psychotic young woman and a hyperactive child, with a limited formulary of available medications. I appreciate the opportunity that CAMO has given me to exchange mental health knowledge with my Central American colleagues.



Dennis presented material to the Casa Hogar staff and other community members

Have gently used or unwanted school supplies left over from the school year?! Donate them to needy children in Honduras!



# Cycling for CAMO

Carrie Perdue just spent the past two years as a Peace Corps Volunteer in a small town in western Honduras. But when the US government decided to close down operations in Honduras and pull out its volunteers, Carrie's time was cut short. However, during her service there, she saw the intense need for aid to Honduras, particularly in the western region, and wanted to continue to do something to benefit the country.

So Carrie is taking this time, before returning to school in the fall, to bike across the country- and she's doing it in an effort to raise funds for CAMO!

Having seen firsthand the enormous difference the CAMO funds, supplies, and doctors have made in her community and in all of western Honduras, Carrie is cycling across the country to raise funds for our mission. Her trip covers nearly 3,100 miles from St. Augustine, Florida to San Diego, California in just over 50 days! Carrie and her mother Mary departed on March 2nd, and hoping to average around 60 miles a day, her trip will be completed within the next few days when she reaches California.

Please help support Carrie with her ride to raise funds for CAMO. To donate and learn more about her journey, visit [camo.donorpages.com/CyclingforCAMO2012/carrieperdue](http://camo.donorpages.com/CyclingforCAMO2012/carrieperdue).

## Names of volunteers who donated their time, money and expertise to Honduras during the February - March teams

**Founder/Coordinator**  
Kathryn Tschiegg

**Anesthesia**  
Dr. Sharon Stern

**Asthma**  
Tonya Barber (T)  
Emily Lee

**Audiometry/EMS**  
Steve Wood, EMT

**Biomed**  
John Gallagher  
Charles Kroon  
Robert Warner

**Computer/Quickbooks Training**  
Debra Schneider  
Patricia Wood

**CPR**  
Katie Helmuth

**Cystoscopy**  
Paul Crowley

**Daycare**  
Chris Davis  
Shelly Brenner  
Annette Fejes  
Robin McClintock

**Dental**  
Dr. Mark Gustafson  
Dr. Juan Galvan  
Loretta Erb (assist)  
Robert Gandy (T)  
Sue Hauenstein (assist)  
Barbara McKee (T)  
Cindy Mullet (Assist)  
Beth Pycraft (Hy)

**Dental Equipment Repair**  
Gary Brown

**ER Development**  
Dr. Antonio Lazcano

**Electrical**  
Mike McClintock  
Scott Zacharias

**Extra**  
Colin Lisenby  
Cristina Romero  
Kiersten Zacharias

**Eye Clinic**  
Dr. Ron Pycraft  
Marcia Murphy  
Judy Thomas

**Eye Surgery**  
Dr. John Thomas  
Deb Miller, RN

**Fetal Monitoring**  
Mary Loder  
Linda Pratt (T)

**Geriatrics**  
Suzi Lorson

**Gym**  
Julia Bogner  
Ruth Crowley  
Ally Huttinger  
Sally Huttinger  
Pat Lorson

**INNSA (EWOB)**  
Jeff Pelletier

**Kitchen (Nutrition)**  
Dr. Joe Morino  
Dr. Deborah Morino  
Claudia Caballero  
Roberta Randall, Nutritionist  
Queen Young, RN

**Marketing**  
Cari DeSantis  
Kelsie Gerber  
Bret Gustafson

**Maintenance**  
Clarence Emanuel  
Harold Shetter

**NALS**  
Monica Coventry

**OB/GYN**  
Dr. Jorge Romero  
Pamela Gerber, RN  
Nancy Likens, RN  
Heidi Unzicker, RN

**Pathology Lab**  
Dr. Arun Masih  
Susan Borocz

**Physical Therapy**  
William Taylor

**Plastics**  
Dr. Linda Camp  
Dr. Lester Mohler  
Beth Latimer, RN  
Debra Reyes, RN  
Alicia Rozenbom (T)  
Katie Simmons, RN

**Prosthetics**  
Mark Gorman

**Respiratory**  
Patricia Haslage  
Tim Larson RT

**Respiratory Training**  
Cathi Kroon (T)  
Susan Shetter RT

**Trade School**  
Phyllis Young

**Translating**  
Ralph Stampone

**Women's Shelter**  
Dennis Helmuth

## Below is a table of all the specialties and services rendered during the February - March teams

Speciality	Services Provided	Value of Services
System Electric	Electrical system work	\$1,175.00
Electrical	Electrical work in Hospital, INSSA and Public Health Center	\$2,490.00
Executive Without Borders	INSSA: collection and analysis of financial info and marketing	\$875.00
Day Care	Kindergarten and nursery assistance	\$1,327.00
Marketing	Professional photos and marketing plan	\$15,170.00
Prosthetic	Evaluations and fabrications	\$725.00
Maintenance	Equipment repair, kitchen, laundry, CAMO	\$4,789.50
BLS	Basic Life Support	\$1,800.00
Fetal Monitoring	Fetal monitoring training	\$3,180.00
Biomedical	Medical equipment repair: over 50 pieces of equipment repaired	\$13,000.00
Eye Clinic	273 consults: 19 meds (drops) and 77 glasses	\$24,320.00
Eye Surgery	28 Surgeries	\$44,374.00
Audiometry/EMT	Equipment repair, maintenance and training	\$870.00
Quickbooks	Word, Outlook and Photoshop education	\$3,132.00
Laparoscopy & OB training	Training	\$630.00
Laparoscopy OB/GYN	Training, 33 ultrasounds	\$16,100.00
Tennis	Instruction and some project tours	\$3,055.00
Reflexology	Education and treatments	\$2,160.00
Asthma	Training	\$2,065.00
Administration	Writing articles, photos and interviews	\$652.50
NALS	Training	\$3,100.00
GYM	Tours, meetings and plans	\$475.00
Trauma	Worked with ER staff and trauma	\$21,600.00
Urology	Consults & Surgeries: 67 procedures	\$29,650.00
Plastic Surgeries	90 Consults, 40 Surgeries	\$135,240.00
Respiratory Therapy	Training	\$2,287.50
Respiratory Week 2	BPAP/CPAP	\$2,625.00
Miscellaneous Work	Worked in Warehouse preparing donations & distribution	\$800.00
Pathology Lab	Training	\$22,300.00
Physical Therapy	Instruction, pt care and conferences	\$735.00
Nutritionist	Training	\$10,971.00
Dental	Over 420 patients (fillings, cleanings & flouride treatments)	\$105,290.00
Nursing Home/Geriatrics	Examinations and training	\$3,975.00
Dental/Equip. Repair	6 locations, Dental equipment repair	\$5,000.00
TOTAL		\$486,658.50

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## CAMO

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## Upcoming Events:

- **Carrie Perdue: Cycling for CAMO**

Help support Honduran Peace Corps volunteer Carrie Perdue and her bike across the country! Visit [camo.donorpages.com/CyclingforCamo2012/carrieperdue](http://camo.donorpages.com/CyclingforCamo2012/carrieperdue) to donate today!

- **CAMO's Golf Outing: June 23 — Mark your Calendars!**

Get your teams together now for CAMO's 7th Annual Golf Outing! Held at the Pines Golf Club, registration will begin at 7:00 a.m. with Continental Breakfast and a shotgun start at 8:00! Lunch and awards upon completion of play. Call the CAMO office for registration and additional information or visit [camo.donorpages.com/golfouting](http://camo.donorpages.com/golfouting) to register online!

- **Salsa Sizzle: August 18 — Save the Date!**

Come enjoy a great evening for a wonderful cause! Our 4th Annual Salsa Sizzle helps to benefit Casa Hogar, the domestic violence shelter in Santa Rosa de Copan. Come enjoy great food, dancing, live-auction items, as well as a Celebrity Bartending Contest with local celebrities! Tickets are just \$40 and can be purchased by calling the CAMO office!

- **May 11: Kathy will be speaking during commencement at Aultman College.**

Need an idea for a group activity? Or want to volunteer but don't have the time? CAMO is always in need of baby bundles, school supplies and dental kits, along with musical instruments, eyeglasses and hearing aids! They help us to serve the low-income children of Honduras. We also collect old cell phones and empty ink cartridges/toners. For more information on how to contribute, visit our website at [www.camo.org](http://www.camo.org) or call our office at (330) 683-5956.

There are many ways you can support CAMO. No matter how you choose to contribute, your donation will help us to provide much-needed medical aid and education in Honduras and surrounding countries.

Please visit our website [www.camo.org](http://www.camo.org)

CAMO is accredited by the  
Better Business Bureau and  
meets all 21 standards.



*When you are done with this issue,  
please pass it along to someone you know who  
may be interested in our mission.*