

CAMO

A different kind of aid organization

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

### In This Issue:

Vultures & Angels1			
Projects2			
Service Expansion 3			
Women's Shelter 4			
Team Summary5			
ACLS/CPR 5,6			
Firehouse Dogs 6,7			
Can You Say Deuce in Spanish?			
"Futbol"8			
Fourteen Bunions in One Family/Talents Shared 9			
Talents Shared Cont'd. 10			
Collaborative Efforts 11			
Upcoming Events11			
Give a Gift12			

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### CAMO Central American

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## Vultures and Angels by Dr. Denise Crute

### November, 2009: CAMO, Hospital Occidente, Santa Rosa de Copan, Honduras:

The neonatal ward was bright, hot, and crowded. Young mothers with tired eyes hovered by their infants while doctors and nurses moved methodically between them. Outside large windows, vultures hopped and jostled along the gutter, eyeing the potential banquet within.

Enrique lay listless in a crib by the far window. His head was grotesquely swollen and still, the scalp stretched taught and shiny. His tiny arms and legs layed froglike and oddly wrinkled, like a balloon person my father made me when I was a child after the torso and limbs mostly deflated. His eyes were open, but heartbreakingly blank white, with thin rims of iris peeking above the lower lids.

"Hydrocephalus" literally means "water head," and occurs when cerebrospinal fluid continuously produced in the ventricles of the brain is unable to drain and be reabsorbed. The fluid builds up, increasing pressure inside the head, and compressing the brain from within. Because the eyes, along with the nerves that control things like swallowing and breathing, are direct extensions of the brain, blindness, malnutrition, and pneumonia soon follow, often resulting in a slow and agonizing death.

"He has been waiting for you," Dr. Roberto Alvarez, my Honduran neurosurgical colleague, said as I photographed the child.

- "And they for him," I said as I also photographed the big bald birds outside.
- "I think they will continue to wait," Roberto replied.

"I hope so," I said, thinking that the vultures, which I had never seen so close and eager before, perhaps knew something we didn't. Did they know this child was too far gone for us to help? Enrique's mother studied me intently, looked out at the dark birds, and curved protectively over her son. The hospital had no shunts needed to treat his severe hydrocephalus, but I brought with me a freshly donated supply to CAMO from Integra Neurosciences. It was not me so much as the shunts that Enrique had been waiting for. I pushed my doubts away and we scheduled his surgery for the next day.



Enrique Before

The next morning we learned that we would be unable to perform the surgery because Enrique had developed pneumonia. With the pneumonia, the risk of general anesthesia

and surgery was just too great. My heart sank. This news was beyond bad. Because the pneumonia certainly resulted from the hydrocephalus, the chance of clearing the pneumonia with antibiotics alone was vanishingly small. The chance the hydrocephalus would kill him in the interim was overwhelmingly large.

#### November, 2010: CAMO, Hospital Occidente, Santa Rosa de Copan, Honduras:

The little boy scooted happily across the exam table, laughing in the morning sun. His large brown eyes sparkled with intelligence and curiosity as he listened through the stethoscope and pulled at the curtains and tried to taste the reflex hammer. Less thrilled with examination of his shunt, he retreated to his mother's arms for a few beats, but the retreat soon evolved into a game of peek-a-boo, followed by more investigation and exploration.

Dr. Alvarez and I were seeing outpatients in the clinic at Hospital Occidente. Most of the patients we had seen in follow - up that morning



Enrique After

were doing well, but this little boy was fantastic. He had a history of a shunt for hydrocephalus, but his head circumference was now normal. His neurologic examination revealed only mild weakness in the legs and feet, corresponding to his congenital disorder. All other developmental milestones were perfectly on target.

"Wow, Roberto, nice job! This little guy looks great," I exclaimed.

Dr. Alvarez grinned broadly, flipped to a page in the chart, and pointed to a small white sticker. The page was the operative record, and the sticker was the implant record from the shunt that was placed. On the sticker was printed: "Integra," along with a reference and lot number, model number, description, and a box for the patient's name and date.

"He has one of the shunts you brought last year," Dr. Alvarez said.

I smiled and glanced down at the sticker, then froze as I read and re-read the patient's name and date. Impossible. "What is wrong, Dr. Denise? Are you OK?" Roberto said as I turned the pages until welling tears blurred my vision to the point I could not read any more.

"This is the boy with the hydrocephalus...." I said, voice catching as I steadied myself. Frowning in confusion, Roberto said "Yes... he is very good and you are not happy?"

It was my turn to grin broadly, as I explained how I remembered this boy and how I assumed he must have died.

Enrique's mother looked up, caught my eye, and beamed. Her gaze confirmed the medical record. Enrique lunged for her necklace, which bore a small golden figure with wings. I remembered the dark wings outside this boy's window last year and marveled at the contrast. As she shifted to evade his chubby fingers, the necklace caught the light: An angel. He had been surrounded by angels all along, I just hadn't recognized them. They were CAMO flagged.

## **Projects:** Greatest Need:

In the USA we take many things for granted. For example we are confident there will be water for surgery, it will be a sterile environment, and the roof will not leak during surgery. If by chance the surgeon messes up the surgery, we would look for an attorney, or the attorneys would be knocking down our door, to prosecute the wrongful act. This makes me pause and think about those getting rich from the misfortune of others and the trickle down effect. I wonder if these



One of the two operating rooms after repair

same professionals are willing to step up to the plate and do anything about preventing misfortune.

Here in Honduras when we received a call because water was running down the walls of the operating room, causing increased infections after surgery, drops of rain water falling into open abdominal cavities and onto sterile fields. It was time to act. Our budget is tight. Many people have pulled back and decreased their donations. As the founder of CAMO, I could not stand by and just watch this happen, so we went to every surgical program of CAMO and asked each counterpart to give up some funds designated for their program. They all agreed. We repaired the roofs over two of the four operating rooms,

built new false ceilings, and cleaned up the interior of two operating rooms. The other two main operating rooms still need repair, but this will depend on our donors. I wonder if anyone will be knocking down my door to help with this injustice being committed every day to the poorest of poor.

## Labor and Delivery Expansion:

We completed the labor/delivery expansion project and will be moving the women who are in labor out of the emergency room and into the new area on December 1. We believe this will reduce the postpartum infection and leading to more appropriate care for both the newborn and the mother.



Labor and Delivery Room

Visit Central American Medical Outreach Facebook page for photos.



Neonatal Unit Expansion

## NICU:

CAMO broke ground on this project September 17. The footer or the foundation is always the most difficult of our projects, because it is all dug by hand. The new area of the NICU will provide breast feeding moms a clean, private area to nurse their high risk newborn. We are thankful for the donations from the SG Foundation, Seaman Family Foundation and the Honduras Hospital de Occidente Committee of Support. This project will be completed by February 1, 2011

## Service Expansion: Hemodialysis

Synergy, just by doing well what we have done, groups and specialties are following. Two weeks ago I met with a gentleman who has a private company and wanted to provide hemodialysis for Honduras. He had made his mind up it was going to be in a city other than Santa Rosa. That was before he met me. The first hour he sat in my office completely committed to not building the 38 bed unit in Santa Rosa. Then we started sharing the services and structure which existed in Santa Rosa, I suggested a tour of the hospital. We started walking though the facility meeting key physicians on the way, and they continued to work their magic. This gentleman on leaving the facility turned to me and said, "You have made me rethink this whole project". With this statement we put him in contact with the Chamber of Commerce of Santa Rosa. Guess where he is building the facility. You are right. The facility is to be completed by August of 2011 in Santa Rosa de Copan.

# Pathology lab expands its services

There are many tests which can be run in a lab. We have this beautiful lab in our CAMO facility in Honduras; it was designed as a pathology lab and is being used as one. Part of the lab space is underutilized which made us think about what other services could be provided to the western part of Honduras. So we are joining efforts with a large lab in San Pedro to provide laboratory tests which are otherwise not available to this population. This will be up and running by the end of this year.



Pathology Lab with employee Carolina

### Women's Shelter

The last 6 weeks have been very productive for the women's shelter. Four weeks ago the community became active on a weekly basis at the fresh fruit and vegetable market. Every Sunday the community provides enough fresh produce to feed all the clients of the shelter. We take this opportunity to pass out information about domestic violence to further educate Santa Rosa and the surrounding communities.

The Board of Directors of the shelter is meeting on a weekly basis. We have been able to have full time security with the national police. The Ministry of Health signed a contract effective November 30th. They will be providing medical and mental health care to the clients at the shelter. They also will be providing all the medicine necessary for our clients. Contracts have been signed with the trade school, which is connected to the shelter, and is providing many classes for the women in different trades. We have contracts pending with the Public Defense, Family Court and Ministry of Education. These contracts are all in the process and we hope to have them completed and signed by the end of November.

The shelter has been close to full capacity the last three weeks with two or three new admissions per week and two or three leaving. We have hired a full time social worker and the new Director will start December 15th. Amanda Riuviejo arrived November 7th and is providing training classes to staff, clients and organization which have signed contracts with the Women's shelter. We are on the right track, but when you start something that has never existed at this level the work can be overwhelming. We just need to remember the saying: "How do you eat an elephant? One bite at a time." So we will keep biting away at the problems with education and solutions.



Robyn McClintock playing with the children of the Women's shelter

Please visit our website www.camo.org

## Teams:

The October Team came and went. There were thirteen training and surgical specialties. Our Honduras counterparts worked very hard to make sure they learned from and taught their USA partner in the effort to improve their area of expertise. The following chart is a summary of specialties and the value.

SPECIALTY	SERVICE PROVIDED	VALUE OF SERVICES
WATER SYSTEM	Municipal Water System, CAMO and Hospital HRO:	\$3,200.00
EMT	Paramedics, Fire Dept. and Warehouse	\$910.00
PODIATRIC SURGERY	Consults, Treatment and surgeries	\$31,610.00
DAY CARE	Daycare and Women's Shelter	\$725.00
PROSTHETIC	Prosthetic lab, warehouse	\$4,275.00
ENDOSCOPY	Endoscopy training	\$1,200.00
TRADE SCHOOL	Reflexology & Sewing Instruction	\$1,499.00
SOFTWARE	Computer System work	\$15,600.00
GYM	Tennis Instruction	\$1,025.00
INVENTORY	Warehouse	\$1,871.50
RCP	RCP Training	\$3,204.00
ACLS	ACLS Training	\$2,800.00
BIOMEDICAL	Biomedical Equipment Repairs	\$3,150.00
	TOTAL	\$71,069.50

There are so many good stories which come from our volunteers. Here is a quick summary of their work:

## Advanced Cardiac Life Support (ACLS) & Cardiac Pulmonary Resuscitation (CPR)

For five days professionals from the USA and Honduras combined forces to train medical staff and medical students in these two skills. The CAMO USA Team consisting of Jim Cress, Jane Turner, Darcy Cicconetti, and Brain Cress worked with Dr. Natalie Munguia, Georgina Mejia, Katherine Pinto and Leana Pineda of the CAMO Honduras team. All are certified instructors of the American Heart Association (AHA). The Honduras team was trained under the CAMO Training Center which is registered with the AHA. The five days of training included eight courses. Twenty-nine professionals received the ACLS course and six were certified as ACLS instructors.

The other course trained seventy-two medical staff in CPR. As the students practiced there were lots of serious faces, but many smiles too. Katherine Pinto was the Honduran instructor. Her aunt had told her about the CPR classes. She signed up and passed the first one and went on to become an instructor. She is now a college student studying anesthesia. Katherine knows how important these skills are and is happy to be donating her time to instruct her fellow healthcare workers.

Dr. Natalie Munguia has been with the hospital in Santa Rosa for six years and truly appreciates and enjoys the weeks when CAMO teams arrive. Dr.



Natalie teaching the medical students how to intubate

Natalie Munguia is the president of the CAMO training center. She recently traveled to Chicago for AHA updates on training techniques and protocols. She is certified as an instructor in CPR, ACLS and Pediatric Advanced Life Support (PALS). The training is so important and she relies on CAMO USA trainers to increase the number of professionals proficient in the life saving techniques. The training is free to the medical staff, which is vital because of the failure of the government to pay wages of the nurses and other medical staff on a regular basis.

### Ballast and Fuehrer-Firehouse Dogs

No different than the USA, when Jedd Sprunger arrived at the Santa Rosa firehouse he was greeted by German Sheppard's, not Dalmatians. The fire station is located a few blocks from the center of town and employs six full time firemen who are paid by the city.

Edgardo Orellana, who has been a fireman for forty years and chief for the last ten years, runs a very professional and clean fire station. He is the father of eight children, six of whom are living in the USA. Edgardo is very proud of his station and his men.

The firemen handle about one domestic fire a month which is usually a kitchen fire or an electrical fire. During the dry season forest fires are a daily occurrence. There are also



Caption Orellana with Jedd Sprunger showing off the donated gear

many propane tank truck accidents which the department is called on to handle. The station has five trucks with one rescue truck.



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

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All five of the fire trucks are pumper trucks which can carry 8,000 gallons each and pump approximately five hundred gallons per minute. There are no fire hydrants in Santa Rosa, which is why the trucks must bring their own water to the scene. Sprunger, who works for the Dalton/Kidron fire department at home, was pleasantly surprised by the condition of the relatively new fire trucks.

Chief Orellana was happy to talk about the training that his men go through. Most have been through the basic course in firefighting after high school. They go through physical training and education in fighting fires and first aid. They all go through periodic re-certification and were proud to show certificates for courses in flooding, search and rescue, underwater rescue, fire prevention, and specific courses in earthquakes.



Ten years ago there was no building and no equipment. Chief Orellana has worked hard to build a strong department. Many pieces of firefighting equipment such as gloves, jackets, helmets, and boots had been donated to CAMO by various fire departments in the USA. CAMO will check on obtaining some Nomax hoods which firemen wear under their helmets. Jedd also visited the paramedics who are without an ambulance at this time. Jedd Sprunger will continue to work with CAMO to help look for ambulances and equipment for

Jedd Sprunger with the paramedics of Santa Rosa

both the paramedics and for Santa Rosa's fire department. Hopefully CAMO can help keep the fire department and the paramedic unit strong and effective for the people of Santa Rosa.

## Can You Say Deuce in Spanish?

There has never been a famous Honduran tennis player, but Julia Bogner is doing her best to develop one. Bogner so-

licited Babolet to donate rackets and nets, and on her second visit to Honduras introduced tennis to Santa Rosa. The classes were scheduled after work for about 12 Honduran men and women. Some of the students were gym teachers and administrators who could continue using the games and teaching techniques during the months when Bogner is not in Honduras.

CAMO has renovated a gymnasium, which is a wonderful facility for volleyball, basketball, little league indoor soccer, and now tennis. The gymnasium is part of the city government and is managed by a board of directors with CAMO as the president. This facility is the only gymnasium for more than one million people. There are so many uses for this wonderful facility. Physical activity can help in so many ways to keep the population of Honduran children and adults happy and healthy and out of trouble.



Future tennis instructors of Santa Rosa

At the end of the October week, there were actually several courts playing real games. The players were scoring in Spanish and doing it correctly. Hopefully Bogner will return in February to further advance the sport of tennis in Honduras!

Anyone who has basketballs, volleyballs, soccer balls, tennis balls, or nets for these sports - - the donation would be appreciated

## Let Me Play "Futbol"

Little Christian David Flores is simply a five year old boy who just wants to be able to play "futbol" (soccer). And CAMO's Prosthetics team has made that possible in his short life.

Christian was born in the Hospital Regional de Occidente hospital and spent his first day in the maternity ward with his mother Wendy. He was a beautiful baby with everything, except a left leg. At about one year old Christian was fitted by Mark Gorman, and the prosthetic lab Mark developed for CAMO. The two trained Honduran Prosthetic technologists continued to adjust the leg for Christian's growth. This allowed Christian to grow and become an active young boy.

Christian, an adorable 5 year old, has become a bit of a celebrity after participating in a CAMO video and becoming a favorite patient of Mark Gorman. Christian's mother and sister brought him back on the first day of the team's visit to have his prosthetic leg built up to better accommodate Christian's growth. Since Monday was a holiday, he and his sister, Cindy were anxious to get home to ride bicycles and play "futbol". Thanks to Mark and the CAMO prosthetic staff he is living an active life.



Christian and Jorge, he is ready to play

To see video on Christian go to www.camo.org

### Fourteen Bunions in One Family

The October team of podiatrists consisting of Dr. Karen Kellogg, Dr. Jon Smedley, Dr Renee Mackey, Kathy Nelson and Jessie Quintana held consults on the first day of the week. They worked beside their Honduran counterparts Dr.

Vernon Hernandez and Mirna Pineda RN, MSN. By 9:30 a.m. they had filled all but 4 of their surgery slots and still had a whole hallway full of people waiting to be seen. By the end of the day they had seen 41 patients. Fifteen of those patients received surgery ranging from club feet and bunions to extra toes.

A polydactyl (one extra toe) surgery will enable Carmen to feel better about herself. The surgery corrects the fact that Carmen was born with two fifth toes. Now she can wear shoes, and even go barefooted without others laughing at her.

Dr. Julia is 30 and works as a doctor in the capital city of Tegucigalpa. She was in such pain by the end of her day that she could hardly walk. Both of her feet have a bone deformity. Her left foot was corrected and she will return next year for surgery on her right foot. Her sister Ledia, 28 years old, is a teacher/principal at a school in Tegucigalpa. Two years ago she had one foot operated on and the October team corrected her second foot. Her sister Ellie will take over her duties as principal while she goes through the 6 weeks of recuperating. Ellie had bunion surgery by CAMO teams twice and is very happy with the results.

Dr. Karen Kellogg said that the reason she chose podiatry is that it is a combination of orthopedics, podiatry, and

Sisters in post op after podiatric surgery

dermatology. Dr. Kellogg like it because generally people leave feeling good and having higher self-esteem as a result of her work.



#### Nanette Sprunger Working with Carlos to distribute vital supplies

## Talents Shared:

• CAMO distributes over two million dollars of recovered medical supplies and equipment. The warehouse and the distribution of supplies save so many lives. Nanette Sprunger not only donates her time in the states but also travels yearly to Honduras. This year she visited many of the sites where the CAMO supplies are delivered. Nanette's visits will help us better define the items which are needed and not needed in Honduras. • Deb Steiner shared her talents as a endoscopy nurse and worked with the nurses in the endoscopy department. Endoscopy is not a specialty in Honduras so the nurses have never had any endoscopy training. Deb brought this training to them for the second year. "They are like sponges with this new knowledge. Everything they learned last year they have applied." Deb stated at the end of the week. We are positive we will find the same next year.



Deb Steiner with her Honduran counterparts

• Mark Steiner as a geologist joined us with his talent in water system and helped to define the needs along with local experts to define the priorities of the water system of the hospital. This report will be given to a Rotary Clubs in Michigan who are raising funds for this project.



Mark Steiner in front of the water tank which feeds the Hospital

• Robyn McClintock helped to evaluate needs of the daycare and the shelter. Her observations were invaluable and helped us to take corrective measures in both facilities.



Graduating Daycare Class with Robyn , Julia, and Reina



• Dave Moser and Dan McDaniel, as always, keep us running with 40 computer systems, backup systems and communication. It is vital to have their support. Only when you lose these services do you realize how dependent we have become upon them.

Dave Moser, Dan McDaniel and Bairon Moreno make the 40 systems hum

• CAMO is a partner with the trade school. Phyllis Young helped us with classes for the sewing instructors and also fit in some reflexology.

## Collaborative Efforts:

Phyllis Young with the sewing instructors

### Gastric Research

We continue with the Gastric Research Project in coordination with the University of Michigan and the University of North Carolina.

### • Executive Without Border (EWB)

EWB CEO Robert Goodwin and VP Jimmy Parks are helping us with our web page. If you visit our web you will see some changes. These changes will continue over the next few months. It is our hope that the web page will be more interactive with videos from team members and more active posting to keep you, the donor more informed. EWB introduced CAMO to Dow and through this relationship five videos were produced for CAMO by Dow. November 15th there was a film festival at the Dow corporate headquarters in Midland, MI. Three organizations presented videos of projects in India, Haiti and CAMO. CAMO presented the videos of Honduras. We are honored to report CAMO won the vote of the audience and was awarded \$10,000. This would have never happened without the assistance of EWB. CAMO looks forward to this continued relationship with EWB and Dow.

### Five year CAMO Strategic Plan

It has been 5 years since the last joint session of the CAMO Honduras Board of Directors and the CAMO USA Board of Directors. This time we will be meeting in Honduras. The Planning session starts April 6th and will end April 13th. The Honduras Board is busy planning for this session and we have been offered the use of a small ranch home to conduct the meetings. We have completed many of our goals and have made great advances in many areas. The CAMO model continues to be one of the best models for com-

Endoscopy training on cleaning the scopes

munity development in the world. The greatest downfall of CAMO is that we do a great deal and spend next to nothing on marketing our model. The benefit of this is your donation goes to those in need. So we need you to share our model, and our stories. If other organizations would adopt our model the world would change for the better at a lower price and a faster pace in an ethically sustainable way.

# Upcoming Events:

### **Project Inaugurations:**

Labor and Delivery Neonatal Expansion Shipment to Honduras December 3, 2010 February 4, 2011 December 1, 2010 March 1, 2011

11

**Teams:** 

Joint Session Boards: April 6 -13, 2011 Fiscal Year End April 30, 2011

February 19 -27, 2011 February 27 – March 6, 2011 March 6 -13, 2011 April 6 -13, 2011 April 30, 2011

### **Extended Volunteers in Honduras:** November 7 – December 17, 2010

January 15 - April 1, 2011



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# Give a Gift This Holiday Season

Central American Medical Outreach (CAMO) is doing incredible work. CAMO directly cares for approx. 160,000 medical needs of patients per year. We redevelop abandoned projects like a daycare center, a trade school, a cultural center, and a community center, also many public health system infrastructure projects. CAMO also provides more than two million dollars of supplies, equipment and education every year. With so many organizations to give to I know it is hard to discern who will do the most with your money, who will be the most accountable, and who will have the least bureaucracy. I am the founder and have worked 17 years to create a very successful international model for assistance to developing countries. If you would like to do the most with your money and have the greatest possible impact, CAMO has a wonderful track record of making good things happen. Share a gift this holiday season by giving a gift to someone less fortunate. CAMO has programs that meet the needs of women, children, and men; if they are in need, we do what we can to meet their needs.

You also can designate your giving in memory or in honor of someone special. CAMO will send a card to that individual letting them know that a gift has been given in their name for the work of CAMO. You also may designate a specific area or to use the donation where most needed. If donating in memory or in honor of someone, please donate by December 15th to ensure delivery of the gift card to the individual before Christmas.

If you are interested in a CAMO presentation, please call the office for a listing of times and places.

CAMO is an accredited Better Business Bureau organization.



## Please visit our website www.camo.org

Please remember those in need during these difficult economic times, and continue to give hope to the forgotten. Donations can be made online for your convenience. Your generosity is gratefully appreciated.

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