



# CAMO

A different kind of aid organization



Winter 2012 • Volume 20 • Issue 3

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

## In This Issue:

Newborns in Need . . . . .	1
October Teams . . . . .	2-5
Special Projects . . . . .	6-7
Life Changed, Carmen . . . .	8
History Being Made . . . . .	9
Changes from Within . . . .	10
Events . . . . .	10
Give Hope this Holiday . .	11

## CAMO USA Board Members

Mark Gustafson, *President,*  
*D.D.S.*

Jorge Romero, *M.D.*

Robert Gandy,  
*Spanish Interpreter*

Colleen Teague,  
*Associate Professor,*  
*Wayne College*

Dennis Horst,  
*Business Owner*

Glenda R. Ervin,  
*V.P. of Marketing,*  
*Lehman's Hardware*

Jim Kleinfelter,  
*President & Sr. Consultant,*  
*Young & Associates, Inc.*

Ruth Davis Brown, *RNC*

Kathryn Tschiegg,  
*RN, BBA, Founder and*  
*Executive Director*

## CAMO

Central American  
Medical Outreach, Inc.  
322 Westwood Avenue  
Orrville, OH 44667  
(330) 683-5956  
(330) 313-1000  
Fax: (330) 313-1001  
[www.CAMO.org](http://www.CAMO.org)

## Newborns in Need

Imagine having to sleep on the floor after giving birth, or bathe your newborn in a dirty sink. This is the reality for more than 18 women a day at the public hospital in Santa Rosa...



New mothers are forced to lie on the floor due to overcrowding and shortage of beds!

*Yeny, CAMO's administrator in Honduras, shared this story of her experience in the hospital with her first born:*

"It was my first baby, so I did not know what to expect. I was in labor and they had only checked me twice. When they found I had preeclampsia they did a C-section. After the surgery, I did not go to the recovery room, but went straight to a ward with 30 other women. Since I'd had a C-section, they allowed me my own bed for one night, but the next day I was in a bed with my baby, another woman and her baby. That day they sent me to the bathroom to bathe without any assistance. There was a cement floor, with a rusted 50 gallon water drum and cold water. The floor had blood from other women, and there was only one sink to bathe our babies. My surgical

wound was covered with just gauze and no tape. Seeing all this, I fainted. Thankfully, my mother was with me."

CAMO assisted several years ago in remodeling the bathrooms in this maternity ward, but unfortunately the overcrowding is still an issue. There are not enough sheets or baby blankets for the patients. With more than 18 births a day, the need is unexplainable. There is currently a ward waiting to be reopened, but it requires \$2,000 in funding and is being held up by the government. This ward would provide 30 more beds for women and their newborns! CAMO is attempting to assist in opening this section of the hospital through funding and negotiations with the Ministry of Health on their defaulted contracts.

### You can help us provide better care to these new mothers!

- 1. Make Baby Bundles:** they're simple to make, yet these bundles help poor mothers provide the basic necessities to their new child.
- 2.** Go to <http://www.camo.org/give/gifts-kind> for a **list of supplies**, or **donate money** to help us get this new ward open to help prevent future overcrowding!

# Teams Compliment Each Other

## *Santa Rosa de Copan:*

Four years ago, anyone living in western Honduras suffering from a serious head injury, tumor, stroke or aneurysm would mostly likely die.

Modern medicine has come a long way in just a few years, especially in the United States. But that doesn't mean the whole world moves as quickly. Just four short years ago, neurosurgery did not exist in the western region of Honduras. People were dying unnecessarily of head traumas, tumors and other injuries all the time. So CAMO started working with the Federation of Neurosurgery in 2007, whose mission is to promote global improvements in neurosurgical care. Just two years later in Santa Rosa, Dr. Robert Alvarez stepped up to make history and to serve over a million people who are dependent on the public hospital for their health care. And the neurosurgery specialty was born.

Over the next few years Dr. Alvarez continued to be a major component to the neuro team, but was in need of many instruments necessary to perform surgical miracles. Dr. Tatsumi, from CA, had helped us gain a micro surgical scope, vital to operations [and costing over \$30,000 used]; and throughout this time, incomplete sets and components of surgical supplies were being donated by others. But CAMO was not successful in finding a committed counterpart to complete the surgical team. Until this year.

The neuro-surgical team was officially founded this October with seasoned Neurosurgeon Dr. JC Tabet, surgical technologist Martin Kersten, Operating room nurse Mary Harris, and a CRNA Ed Rhodes. This team traveled to Honduras with over \$400,000 of surgical instruments and



Just four years ago, neurosurgery did not exist in western Honduras. Head injuries, strokes and tumors went unaided!

special spinal column implants loaned by Medtronic. This counterpart team trained the nursing staff in the hospital OR along with Dr. Robert Alvarez on the use of this new instrument set and all of the components. This team was also able to perform 12 surgeries alongside their Honduran counterpart, leaving behind instruments for a future set of cases and whole new lives for these patients.

## All 12 of these cases were special. Here are two of their stories:

**Kathy Tschiegg:** "I remember seeing this young man brought to CAMO supported on both sides by his brothers, barely able to move. He was crippled by a tumor pressing on his spinal column near his neck. He had been told that he had only two months left to live. The surgical team scheduled him for surgery and was able to remove the tumor from this man's spinal column. The young man who was unable to walk before surgery, and where death was ultimately pending, is now in physical therapy...with the hope of a bright future."

Another young man named Angel came to the hospital over a year ago with redness on the top of his head from a puncture wound. This wound had worsened, become infected, and continued to grow until it infected his bone; this caused Angel to fall into a coma for several weeks. Dr. Robert Alvarez was able to remove the infected bone, leaving four inches of his brain protected only by skin. After the surgery, Angel came out of his coma; but with



CAMO's first ever neurosurgery team consisted of:  
Dr. Tabet, Martin Kersten, Mary Harris, Ed Rhodes and Honduran counterpart Dr. Alvarez



only a helmet to protect the fragile tissue and his head. His mother pleaded with CAMO to help find the special material needed to cover the hole in her son's skull. When this case was presented to Dr. Tabet, this special material was donated, and the hole was covered. This 19 year old can now live out his life thanks to the efforts and care of the neurosurgical team.

**Much of what this surgical team was able to accomplish would not have been possible without the support of many other CAMO volunteers/teams:**

The majority of assumptions seem to be that lives are primarily saved by surgical teams on the operating table; but this is far from reality. Many other individuals and teams must work together to help provide the necessary support in saving these lives.

The biomedical staff, for one, is vital in keeping all equipment running. From the microscopes, anesthesia machines, C-arms to even the lights; if this equipment fails to operate, the surgical team fails to function as well. Before the arrival of the neuro-surgical team this October, the biomedical team traveled to Honduras early to assure the quality and function of the C-arm CAMO had just donated and all other equipment.

The CAMO respiratory therapist provided much needed respiratory support in surgeries, and the prosthetic team supplied braces for post-op care. Each of these teams is a vital service towards the healing process of patients beyond the operating room. Another vital resource is the rehab clinic, Teleton, which works very closely with CAMO to provide the necessary physical therapy to patients. We are very grateful for each of these teams, counterparts and facilities for providing the necessary skills and services in bringing hope and life to these patients.



Teams are critical in helping to support one another. The prosthetics team helped to provide braces for neuro patients post-op.

## October Teams

Below is a table of all the specialties and services rendered during the October teams

Specialty	Services Provided	Value of Services
Inventory/Need Assessment	Assessing needs, Teleton, Fire Department, Paramedics, Hospitals, Clinics	\$2,294.50
Respiratory (Larson)	Pt care, equipment trouble shooting and ABG analysis	\$2,855.00
CPR	CPR Training (58 students)	\$5,200.00
Prosthetics	Staff Evaluation/training, fabrication of prosthetics and orthotics	\$9,375.00
Biomedics	Biomedical equipment repair	\$16,736.30
Prosthetic	Evaluations and fabrications	\$725.00
Electrical System	Evaluation of electrical hospital generator, health center electrical system Vicente Fernandes, Teleton.	\$9,240.00
Colostomy	Training on the use and management of patients with colostomy	\$1,800.00
Daycare	Evaluation of daycare. Teacher and assistance with children	\$624.00
Neurosurgery	Consults 18, Surgery 12,	\$9,120.00
	Hand carried value of instruments and surgical implants	\$400,000.00
<b>TOTAL VALUE</b>		<b>\$457,244.80</b>

To learn more about CAMO 'Teams' visit [www.camo.org/programs](http://www.camo.org/programs)

# The Patient Has to Pay

By: Nanette Sprunger

The patients in the public hospital in Santa Rosa are very poor. And as I spent my time in the different wards of the hospital, the same theme kept popping up: the patient always has to pay...

One patient had to find and pay for adult diapers because the hospital did not have any. One patient had to find and pay for a life-saving chest tube and drainage system because the hospital could not provide it. And yet another patient who had just been in a car accident had to return home until he could find the 15,000 limperas (\$750) needed for a surgical pin to fix the broken bone of his upper arm.

More and more stories could be told like these. CAMO was able to supply some of the materials for these patients needs without charge. But as we looked and looked for a pin to aid that poor man from the auto accident, we came up empty-handed. He thanked me for caring and went on his way...but I will always wonder about him and the many others patients that are forced to find a way to pay...



Nanette & U.S. Operations Manager Claudia: working with Honduras Operations Aryeny and Warehouse Manager Fatima in Honduras...

**CAMO provides thousands of free services and materials to individuals each year. Help us bridge the gap for individuals like these by donating at [www.camo.org](http://www.camo.org).**

## First Time for Everything

By: Fran Gengo

Most people take the act of elimination for granted. But when circumstances change the way your body eliminates waste, the impact on your self-esteem and activities of daily living is real and universal. My function with CAMO this October was to help educate the nurses on colostomy care and to identify how CAMO could better support them in caring for patients with this life-altering change.

I had no idea what to expect: this was the first trip for me, and the first colostomy classes for the Honduran nursing staff. And I had more questions than information. How would I teach nurses who do not speak English and I do not speak Spanish? What were their issues? How would they accept an American instructor?

I had been told prior to my trip not to expect too much enthusiasm and not to expect to start my lecture on time. Hondurans are not ruled by the clock as Americans are. My first class was an eye opener. Not only were the nurses on time, but they had notebooks, questions, and they were interested, and they were attentive. They freely admitted that they had received no training in caring for patients with a colostomy. They had a variety of supplies provided by CAMO; but they did not know how to use it, or what pieces went with what, or how to use the accessory pieces. Their need was real. They typically saw 3-4 new colostomies per month, far exceeding the number I expected. They shared stories, as only nurses can, of the patients they had cared for, their frustration trying to work without the right supplies, and the concerns patients expressed to them about having a colostomy. It turns out their issues and concerns mirror

the concerns of American nurses and patients. And despite the language barrier, and with the aid of my excellent interpreter, Claudia, we were able to communicate.

Marisol, the head nurse in the clinic, attended the class several times and will serve as a resource for the nurses. By the end of the last class she was actually helping teach some of the material. I left some of my teaching aids with her so she can continue to provide education to the staff.

After teaching 4 separate groups (in excess of 40 nurses), we identified several ways CAMO could provide better support and supplies. Colostomy kits with needed equipment and accessories will be assembled for each ward. My hope is that my week in Honduras will help leave these nurses with a better sense of how to care for these patients.



Fran Gengo learned about CAMO at the Wayne County Fair. She began volunteering at the Orrville warehouse organizing colostomy supplies, and this October taught the first colostomy classes to the Honduran nursing staff



# Why Can't You Do It Now?

By: Darcy Ciccionetti

My trip to Honduras this past October was my eighth, and just as amazing as the previous seven. I help teach the BLS, or Basic Life Support, commonly referred to as CPR. I've been a nurse since 1973 and quickly discovered that nurses are teachers too! We teach our patients how to improve their level of wellness and quality of lives, along with those of their families. Teaching, I found, was what I really loved about nursing!

About ten years ago I received an e-mail requesting BLS Instructors to contact CAMO. I called, just to say I'd be willing someday. But Kathy Tschiegg asked me a question that changed everything: "Why can't you do it now?" -- Well...honestly, I couldn't find a good reason NOT to!!! I found myself telling her I would do it...then I had to check an encyclopedia to see where in the world Honduras is!

We've taught nurses, doctors, dentists, students, firefighters, soldiers, paramedics and Red Cross workers. We've taught all day and then again in the evening when another group pleads us for their chance to learn. We've rejoiced when our students can pass the skills AND written test; and tried to hold back the tears when they cannot. There have been discouraging days where we've taught, and no one passes. We have to be flexible: we joke about 'Honduran time', but it's a reality. An 8 a.m. start time usually means 8:30 or later. A ten minute break will be 20 or 25 minutes.

Gradually CAMO is providing improved facilities, supplies and training to the healthcare staff. Every year that I am privileged to be there, I see progress.



Darcy Ciccionetti has gone on 8 trips to teach CPR with the teams. She encourages anyone who is hesitant to give to ask themselves, "Why can't you do it now?"

If you ever have the chance to go with CAMO to Honduras to provide a needed skill, I urge you to do it! My time in Honduras has changed me forever. Sometimes friends will say, "I hear you are going on vacation to Honduras again." And I have to laugh. This is NO vacation. It is, however, the best week of my year. I come home with far more than I gave. We are so blessed in this country, with homes, utilities for safe water, heat and cooking. We have medical facilities to treat all manner of illnesses and that promote good health. We have access to programs, insurances, WIC, People to People, stores, libraries, education, daycare, and many more opportunities! I had no idea before CAMO how much I really have, and how little most of the world has. I would ask you—"Why can't you do it now?"

## We Support Our Own...

Natalia is 2 years old, and she has leukemia. Her treatments cost \$400 a week, and her father is earning less than \$500 a month (the standard wages for a chaufer in Honduras).

Natalia's case hits close to home for us at CAMO. She is the daughter to Felipe, one of CAMO's drivers in Honduras. In an effort to help one of our own, the staff in Honduras have pulled together and donated part of their wages to help pay for this little girl's chemo. The staff have also done various fundraisers for this little girl, and have agreed to pull together this year's christmas exchange funds to put towards this little girl's treatments.

At just two years old, Natalia has a strong support system cheering her on. We encourage you to consider joining in and supporting Natalia, and her father Felipe too!



Natalia is the daughter of one of CAMO's drivers. and she has leukemia.



# Public Health Center: Need for Rebuild

The maintenance budget for the largest public health center in Western Honduras is equivalent to \$20.00 a month.

The public health center in Santa Rosa, “Centro de Salud Vicente Fernandez Mejia” was constructed in 1963, and is responsible for over 80,000 people and over 22 cities! This clinic sees close to 180 patients per day; about 14 thousand patient visits per year!

Needless to say, with a budget of \$240 a year in a 50-year-old building, the structural needs have become great...

## The Clinic offers the following services to people of extreme poverty:

- patient waiting areas
- 7 patient exam rooms
- medical records
- pharmacy
- 2 dental clinics
- vaccination room
- pre-clinic area
- AIDS counseling room
- family planning room
- x-ray program
- ultrasound program
- mammography
- colposcopy & treatment
- laboratory
- 1 break room
- 3 office rooms

But the structural decline has begun to impact this facility’s ability to provide care to its patients. The doctor’s have shared their concerns: due to all of the noise coming from the street they are not able to hear fetal heart beats, or do good lung and heart examinations. Many of the windows do not have any glass or screens, allowing noise and dust to enter exam rooms. The ceilings are cracked with severe water damage and the walls have structural fissures from the weight of the cement roof. The plumbing is no longer functional, so many of the bathrooms are used for storage or when used, raw sewage runs onto the ground.



The Public Health Center serves the poor of the poor, with a maintenance budget that couldn’t replace the tires on your car!



The construction project to revitalize this facility will consist of 9 stages as noted in the chart below:

Nine Stages Of Repair Of The Public Health Center		Cost
1	Demolition of present roof	\$30,000
2	New support columns for new roof: 54 columns	\$54,000
3	Addition to old facility, increasing clinics from 7 to 14	\$70,000
4	New roof structure (new roof has a 50 year life span)	\$105,000
5	Electrical wiring, communication, data and security systems	\$56,000
6	Noise reduction and dust elimination with installation of double pane windows. Fiberglass doors (163 Windows & 63 doors)	\$40,000
7	Potable water, sewage distribution and anti-theft fixtures	\$20,000
8	New floor and drop ceiling	\$50,000
9	Wall repair with painting of entire interior	\$35,000
<b>Total Project Cost:</b>		<b>\$460,000</b>

This clinic is vital to the basic health care needs of so many people. While we have started this project, we need your help! We have \$250,000 of the \$460,000 funds needed. Please consider donating towards this project and the health and well being of thousands of individuals!



# Doing Medicine: Without Water...

The nurses in the hospital couldn't turn on a faucet to get clean water.

Because there wasn't any.

The existing water distribution system in the public hospital has been outdated for years: leaking, contaminated and unmanageable. CAMO has successfully obtained funds through the SG Foundation, Seaman Foundation and Rotary International to place a new water distribution system in the hospital. It will include new commercial grade lavatory fixtures that will deter theft. The installation of this new system is underway. Rotary International has drilled a new well and pump system which is producing 80 gallons of clean water a minute.

This will meet the needs of over **40,000 patients** that are served by this hospital each year. And it will be the first time in the history of the hospital that potable (drinkable) water has come out of the faucets. Such a basic necessity to provide proper healthcare to the patients, yet overlooked for so many years.

We will have this project finalized by January of 2013. Thanks to everyone who made this project, and the reality of clean, drinkable water possible!



The public hospital in Santa Rosa serves over 40,000 patients a year, without potable water. A new water distribution system will provide the quality and quantity of safe water needed to serve the patients, for the first time in the hospital's history.

And it will be the first time that potable (drinkable) water has come out of the faucets.

## Interpreters

**Darcy Ciccionetti:** "As most of our team does not speak Spanish, we have the most amazing high school students from a Santa Rosa bilingual school as interpreters. I am so impressed each year with these remarkable 15-17 year old Honduran youth. They are fluent in English (some in French also), intelligent, respectful and eager to help us...and their country. I still e-mail and Facebook with Yolany, my first interpreter from 2003. This year, she and her husband made the long trip from Tegucigalpa to Santa Rosa so we could reconnect and visit! Many of the teen interpreters have gone into medicine after translating for CAMO teams, including Yolany's friend and classmate Candy who is now a pediatrician!"



**Claudia Caballero:** Claudia, CAMO's Operations Manager in the United States, is from Santa Rosa. And she became introduced to CAMO by volunteering as an interpreter with the teams at the age of 17. She says that she was a bit weary at first; afraid that the Americans she would be working with would have the attitude that they could 'change the world'. But she was wrong. She admits, "I was really impressed by how culturally sensitive the teams were. Everyone was authentically interested in sustainable aid. They didn't just want to come, do something and leave; but actually do permanent good. The way they formed relationships with their counterparts really impacted me. So I stayed on to volunteer with CAMO for another 8 years..." And it would be safe to say that this experience as a volunteer helped her form a tight relationship with the organization, ultimately leading her to a passionate role within the United States warehouse as the Operations Manager.

Many team members keep in touch with their interpreters over the years. Darcy Ciccionetti and her very first interpreter from 2003, Yolany were able to get together during this year's October teams!



# Changing A Life: One Step At A Time

Carmen Sanchez Update:

You can remove a facial tumor. We've done it, and it takes 16 hours. But to change a person on the inside, actually helping them become a strong individual who knows right from wrong...well this is another process entirely; and it doesn't take hours, but years.

You've probably read about Carmen and her miraculous journey surviving a four-pound facial tumor procedure. (If not, visit [www.camo.org](http://www.camo.org).) But that is only part of her story. Carmen grew up amongst family abuse. Her sister has been involved with drugs and prostitution. And while this sister took her in when the world shut her out, it was in return for the care of her children as Carmen slowly wasted away from effects of the growing tumor.

During Carmen's post-operative care, we began to see the true nature of her sister, her attitude, and her motives. It was very clear that she was determined to use Carmen for money, whether for drugs or selling her body.

But now Carmen is completely healed from her surgery, made possibly by a generous donation from Salem Mennonite Church. She is done with speech, physical and psychological therapy, and with her job training. A new 20' by 20' home has been built for her by CAMO, on land donated by the city of Santa Rosa. And it is time for her to move in. But the reality we face is the risk that Carmen's sister will use this situation for her own purpose, should we not stay engaged.

During her journey, Carmen has become a part of our CAMO family. Each employee treats her as a little sister. We have been working with her daily, teaching her many skills. The last four months as she stayed in the women's shelter,



Carmen (pictured right) recently survived a miraculous operation to remove a 4 pound facial tumor. A new home (shown here) has been built for her and she will soon move in with a young woman and her child (left), victims of domestic violence, whom Carmen became close with at the Women's Shelter.

she has made many friends. One of these close friendships is with a young woman who was extradited from the USA after reporting spousal abuse. Her two children were placed in foster care, and she was deported to her country, Honduras, and the father to his. This young woman will become the house mate to Carmen under the one condition that Carmen's sister will not move in.

It truly does take a village to change a person's life. We will continue to be the loving family that Carmen never had.



The youth group from Salem Mennonite Church in Kidron (pictured right, with local youth) helped with construction on Carmen's new home (left) during a mission trip to Honduras this summer. Carmen has completed her speech, physical and psychological therapy and is ready to move into her new home!



# Meet German: He's Only 1 Of 10 In The Whole Country!

What is a Biomedical Engineer? Biomedical engineers design, test, modify, and evaluate all medical equipment used to interface or interact with the human body. In other words, they keep medical equipment operational.

The western region of Honduras has never had a full-time biomedical engineer. That would be similar to the whole state of Ohio not having this specialty. Imagine the hundreds of hospitals and clinics not being able to provide any repair or maintenance to even the simplest of machines.

CAMO has been the only group bringing biomedical engineers into this region for the past 20 years. Two times a year. But we cannot keep up with the need.

Now, thanks to a partnership with Engineers World Health, along with CAMO's mentorship of German Barcenas for the past five years, we have a university graduate trained in biomedical engineering in this region of Honduras.

**There are only 10 biomedical engineers in all of Honduras! And one of them will be working at CAMO...**

What impacts will this have? Over 4,000 pieces of equipment have been shipped by CAMO to the public clinic and hospital over the years, but until today no one has had the skills or knowledge to repair them, except for the U.S. team members. Many machines purchased by the government, have sat idly for years, waiting for repair. Money has been thrown away because there have not been the human resources needed; equipment has waited and deteriorated to the point of no return.

Today with German Barcenas this region can now be developed.

To better prepare German for his position with CAMO, he spent three weeks in the United States training with different types of equipment and our new database system. CAMO works in many different areas, with a wide-range of equipment. German spent his time working and training with ventilators (Tim Larson), ultrasound machines (Nick Giarelli), anesthesia machines (Steve Skodzinsky), dental equipment (Gary Brown), x-ray equipment (Bob Warner), and much more (Allen Dicks).



CAMO has sent over 4,000 pieces of equipment to Honduras and distributed them to hospitals and clinics. Biomedical engineers are needed to keep this equipment operational.



There are only 10 biomedical engineers in all of Honduras and one of them, German Barcenas, will be working at CAMO! We have been sending biomed engineers to Honduras for years, but we couldn't keep up with the need. German (pictured above, right) will help keep CAMO's equipment operational.



This October's Biomed Team:  
Aaron Dicks, Tim Larson,  
German Barcenas, Nelson Pineda,  
Nick Giarelli and Allen Dicks.



## Scanning System

Grant Sprunger, Innovation Works, of Kidron, developed a new method of organizing and storing information through a web application (both in English and Spanish) with bar-coding for real-time inventory levels and locations. Grant and U.S. Operations Manager Claudia Caballero travelled to Honduras a week before the teams to train the Honduras staff in operating the database. The new system has added to an increase in donations to the clinic and hospital through the Honduras warehouse. We have become better at meeting the precise needs of those we serve!

*Aryeny, Operations Manager in Honduras, has seen a huge impact with this new database: "It's fast and reliable. Before, to make one requisition for materials from the hospital, it would take a week. We would sometimes have to stay late on weekdays and come in weekends to finish requisitions. And now they take only 5 minutes!"*

## Casa Hogar

Much advancement has taken place at the Women's Shelter. Since it began services in 2010, the shelter has served over 230 women and children. And recently it's begun to provide micro projects to help better serve the women and their families. Some of these projects include canning vegetables, laundry service, and making candles. They've also started to make and sell bread.

With the laundry service, the women are able to save money to help provide for themselves and their children for when they eventually leave the shelter. They've also begun training some shelter residents in catering for future occupation.

A project which is helping to save money for the women is using donated, oversized clothing to make cloth diapers and feminine products. This project is saving the families over 4,000 limperas a month.

The community has begun to support the shelter by donating \$1,000 a month, along with over \$1,300 worth of food, clothing, and other goods. Along with this community support developed a community based counsel who meets once a month to examine cases, evaluating how they were managed and what improvements can be made in the future.



Women at the shelter are learning to make and sell bread as part of micro-projects.

## Events

### Mano A Mano:

CAMO volunteers Dr. Anabis Vera-Gonzalez of Puerto Rico (pictured left) and Cari DeSantis of Washington, DC (right) with Honduran Vice Minister of Health Dr. Yolani Batres (center) attended the "Mano A Mano" Conference in Washington, DC on Thursday, November 8. Dr. Vera and Cari represented CAMO at the National Conference of NGOs working in Honduras attended by the First Lady of Honduras Rosa Elena Bonilla de Lobo and over 70 people from 50 NGOs. During the conference, CAMO was highlighted as a shining example of sustainable development in Honduras and a model that other NGOs should follow. The conference was an opportunity to network with Honduran embassy staff, representatives of the U.S. State Department, USAID, and other organizations working in health, education, water, sanitation, and community development throughout Honduras.



### Second Annual Sangria Sunset:

On September 22, over \$5,000 was raised to help support the development of programs for at risk youth at the community gym. This is the second year for the Sangria Sunset, put on by the Orrville 'Friends of CAMO', a group consisting mostly of OHS alumni from the class of '74. We would like to thank those who supported CAMO's 2nd Annual Sangria Sunset by attending the event and the area businesses for their generous support through music, food and auction items. A special thanks to the Brenners for hosting this event and the Orrville 'Friends of CAMO' committee who have continued to support this event through its second year.



# Give Hope this Holiday

Give The Gift of Hope This Holiday Season and Help Us Change Lives!

In January, 5 year-old Henry woke up, hungry. **CAMO provided him with food.**

In February, tiny Devi had a severe asthma attack. **A CAMO ventilator saved her life.**

In May, a 4-pound tumor in Carmen's throat was killing her. **The tumor was removed, and she is alive.**

In June, Sandy and her little brother were barefoot. **They now have shoes.**

In October, Joseph had been disabled and immobile for 9 years. **A CAMO wheelchair gave him back his "legs."**

These above accounts are just a few examples of CAMO's daily services to the people in need in Honduras. The following table shows the amount of services CAMO has been able to provide in each program over the past 5 years. Without your support, and CAMO's services, the people of Honduras would not have received the help they desperately needed.

Program Services	2007-2008	2008-2009	2009-2010	2010-2011	2011-2012
Prosthetic	929	1,119	1,233	1,063	1,237
Wheelchair	283	203	319	647	668
Ultrasounds	1,051	2,032	3,614	5,057	5,125
Mammography	838	1,587	1,093	1,308	1,752
Dental	4,986	6,341	6,470	7,074	7,413
Dental Stationary	5,100	27,296	29,451	46,857	108,677
Ophthalmology	1,760	1,637	1,519	1,893	2,151
General X-ray	1,262	4,679	2,849	3,232	3,075
Ventilator Use	495	325	329	233	295
Audiometry	938	1,209	1,551	2,182	1,746
Cervical Cancer	457	255	204	237	149
Neurosurgery	0	31	105	76	102
Urology	364	309	361	419	295
Endoscopy	1,002	1,263	1,420	1,158	1,197
Equipment Usage	95,574	64,702	86,917	117,756	115,976
Dermatology	0	0	0	78	187
National Training AHA Center CAMO	259	378	286	339	398
Orthopedics	98	142	9	28	20
<b>Total Fiscal Year</b>	<b>115,396</b>	<b>113,508</b>	<b>137,730</b>	<b>189,637</b>	<b>250,463</b>

*Each of these services would not be provided to these people without CAMO.*

## Consider giving a lasting gift this Christmas...

Help CAMO continue to provide life-saving and life-changing services in Honduras. This holiday season, don't spend your money on something conventional; put it where it counts. Give the gift of caring this holiday season by re-imaging gift giving for yourself, and for your loved ones. You can designate your giving in memory or in honor of someone special. Help us transform lives this Christmas Season!!!

**Personalize a gift card by placing your order online at [www.camo.org](http://www.camo.org). With our gift catalog you can choose a unique item to donate in honor of friends and family.**

## Give A Gift That Really Matters!



**CAMO**

Central American  
Medical Outreach, Inc.  
322 Westwood Avenue  
Orrville, OH 44667  
[www.camo.org](http://www.camo.org)

Non Profit Org.  
U.S. Postage  
**PAID**  
Orrville, OH  
44667  
Permit No. 97

Address Service  
Requested

## Give a Lasting Gift This Christmas...

Give the gift of caring this holiday season. For Christmas this year, re-imagine gift giving for yourself, and for your loved ones by helping CAMO continue to provide life-saving and life-changing services in Honduras. Don't know what to get that special someone? How about giving the gift of life. CAMO directly cares for approximately 175,000 medical needs of patients every year!

You can personalize a gift card by placing your order online at [www.camo.org](http://www.camo.org) with our Christmas gift catalog. Call our office at (330) 683-5956 with any questions.

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.

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

**Help us transform lives this Christmas season.**

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

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

