

After arrival in San Pedro Sula, we loaded luggage and ourselves aboard a collection of trucks, vans and trailers and headed for La Ceiba. La Ceiba is the third largest city in Honduras, home to things seemingly out of place in this Central American tropical



country. Burger King, KFC, Dunkin Donuts and other icons, all with the same menu items you would see down the road from your house, and all with approximately the same price in U.S. dollars, well beyond the reach of most of the population. Our first night in Honduras was in a hotel with A/C and hot showers, a blessing after 36 hours without sleep. The next morning we loaded up and headed for Limon, a town further down the coast, several hours away.

We passed through many small towns and a few larger ones. We drove by nice homes and more shacks at the roadside than you could ever count. Driving in Honduras is an extended game of chicken, interspersed with armed police roadblocks. After a few hours of mountains, palm groves and brief rain showers, the pavement ended and the dusty, bumpy roads began. Oncoming traffic would hide the road in large clouds of dust for more than a few seconds. We snaked along the coast in the shadow of huge mountains partially obscured by clouds. Rarely was the sea visible, but it was never more than a mile or two away. The heat was ever present. People walked or rode horseback along the road seemingly miles from any starting point or destination. Frequently, animals grazed right along the road side where the jungle is too thick for grass to grow anywhere else.



The sun was setting as we arrived in Limon and the Carolinas Clinic. We unloaded the vehicles and settled in for the night. The sound of the sea was there, but a palm grove hid it from view. It was hot, really hot. Summers in Alabama are no match for the coast of Honduras.

We made plans for the next parts of our tasks. I would work in the Clinic downstairs for the next couple of days

along with Tom Camp, Tom Arnold with many others helping as translators, pharmacists, lab techs and receptionists. Others were to work with the Nurture Project specifically aimed at the children in the Soup Kitchen in Limon. The remainder would go to several

small towns along the Garifuna Coast to establish libraries using books purchased and donated in the States.

Each day was to start with morning Devotions and a meeting to set forth the goals and plans for the day. I awakened early, quite anxious to see this place in the light of the new day. My first glimpse of the Caribbean through the small grove of coconut palms was memorable to say the least. Then I turned and saw a section of the town of Limon; a collection of small houses, gray except for the palm trees and the ever-present mountains in the distance. There is one 200-yard stretch of partially completed concrete road in the center of



town; unconnected, unfinished and isolated. The remainder of the town consists of narrow dirt roads with a varied collection of concrete or stucco buildings, shacks and palm leaf huts. Barefoot children were playing in the dust, speaking a language far from any I've heard, armed with ready smiles, oblivious to their surroundings.

After breakfast I was asked to see the first patient of the day, a fifteen-day-old infant; alive, but more sick than any child I'd seen in more than thirty years of acute care medicine. I suddenly realized that I was a thousand miles from our well-equipped hospitals and all the specialists you could ever want. We did what little we could medically, while the rest of team joined the parents in prayer for their baby. I probably will never know the final outcome. The child was taken to the nearest hospital which was three or four hours away in Tocoa.



Another patient was to be seen; a child with a large abscess on his forehead. This little boy was brought to the Clinic by his mother. She had traveled for six hours to get to the Clinic, four hours on foot and two hours in a canoe..... with an additional three-year-old child in tow. We told her that the abscess needed to be drained. She said she would need to return home to seek her husband's permission, but that she would return in the morning if he agreed. We finally convinced the mom that this was a small procedure and that it should be done for the child as soon as possible. She reluctantly agreed, and the simple procedure was done. He was given a shot and some antibiotic suspension. She was sent home with her baby and toddler, the same six hour trek.

Can any of us imagine traveling six hours to see a doctor for a simple illness? How about trying to care for a critically ill infant at home for several days, and then taking your baby



to a place where you HOPE a doctor will be. It's hard to imagine any American being more than an hour away from care.

We treated a couple of patients so dehydrated from vomiting and fever that they required IV fluids. A young man with appendicitis came to the clinic; an easy diagnosis and disposition at home, but here there are no CT scanners and the nearest surgeon was hours away. This patient was the husband of a school teacher in Limon. We advised him to



travel to the hospital in Tocoa and see a surgeon. There was nothing else we could do. The rest of our patients were routine that day. We saw patients with hypertension, diabetes, parasites, aches and pains, and several with malaria and a couple with Dengue fever. We treated their diabetes and blood pressure and tried to give them enough medicine to last until the next medical team arrives. There are no drugstores for the Garifuna, and no

money to buy their medication if there were. The quality of medical care we take for granted here in the U.S. is almost unheard of for the people along the coast of Honduras.

We left the next day for Ciriboya, another Garifuna village further down the coast. The road was narrower and rougher and much dustier. We passed men on foot and horseback carrying their machetes, and trucks loaded with fruit and produce: sugarcane, pineapples, oranges, and palm oil nuts. In this dry season, we had no problem crossing the many streams and rivers despite many ruined bridges. On the way we stopped to visit an AHMEN supported sewing and woodworking school. A child there had cut his arm badly and needed care so we brought him with us to suture in Ciriboya. We were



heading to the new hospital, built at the site of the first traveling medical clinic held by AHMEN a few years previously. This new two-story facility has eight beds, examining rooms, dental services, laboratory X-ray, and ultrasound. Cuban and Honduran doctors trained in Cuba are based at this facility. The entire building is solar powered, with back-up batteries capable of lasting a week without recharging. We arrived with trunk loads of medications and supplies for the hospital,

all of which was donated by generous and caring people. We delivered enough medicine to last the local doctors for quite some time. We planned to have a Medical Conference at the Ciriboya facility where the American health care providers would teach our Caribbean counterparts what we hoped would be useful knowledge, and they in turn would teach us.

We had prepared talks on many topics, from obstetrics to orthopedics and pre-hospital



care to suturing. Our first class was to suture the young boy we brought with us. Dr. Arnold sutured the boy as all the young doctors watched intently. Although these young Honduran doctors are trained at the big medical school in Havana, they appeared to lack some of the skills that come with experience, even as is the case for physicians trained in America. It inspired me to look at these young Honduran doctors. They were all Garifuna

from that area and had attended medical school in Havana free of charge. All were committed to return to Honduras to serve in their own communities.

A young man presented with a severe infection of his fingers and hand. In the U.S., he would have been taken to the operating room as soon as possible. In the real world of Ciriboya we opened and drained the finger and hand with full realization that his finger would never be normal again, but with hopes and prayers that we could stop the infection before he lost all use of his hand, or worse. The expectations of these Hondurans are so different than in the U.S.A. They are hopeful, yet resigned to their fates as products of their poverty and isolation.

The language barrier at the Conference was substantial, Minimal conversational Spanish and English leave a lot to be desired when trying to convey technical subjects. Brent Brady was invaluable as a translator.



Presentations by several of the Cuban and Honduran doctors showed that there have been major improvements in the health of local residents. Infant mortality has been positively affected by better prenatal care. Diabetes and hypertension are being diagnosed and treated. HIV is being addressed and education provided.

Immunization of children against many childhood diseases is one of their major programs. Plans in the works to supply

more Cuban trained doctors to the local communities were explained to us. Phillip Windham's and Tom Camp's talk on pre-hospital care was a new concept to the local physicians and nurses. Plans to provide an ambulance for the community are progressing. An EMT course for the local villages has been proposed and should take place next fall.

We were worried that there would not be electricity at the hospital in Ciriboya. A PowerPoint program without power doesn't make it easy to look at pictures of x-rays. We even brought a generator just in case, but the solar collectors on the roof provided all the electricity we needed to show slides on a TV and run laptop computers.



We ate our meals at a local café in Ciriboya. We all enjoyed the local fare of chicken, fish, frijoles, rice and tortillas, all generously sprinkled with Don Julio hot sauce. The heat made it mandatory to drink lots of fluid, dehydration was a constant threat. A liberal and frequent basting with DEET made sitting outside in the evening possible. The stars in Honduras are unlike anywhere I've ever been. There are so many more visible in

Ciriboya than in Alabama. There is no smog and no background light to hide the beauty we all miss here. It was awe inspiring to see God's own lights shining upon this sleepy tropical village.

At the completion of the Medical Conference, we critiqued the meeting as a whole and offered suggestions for improvements. Plans were made for the Second International Medical Conference to be held in Ciriboya next year. Many medical texts and reference books were presented to the staff at the Ciriboya hospital. Each of the participants was awarded a Certificate of Attendance and Diploma to mark this important and noteworthy event. To the best of anyone's knowledge this was the first and only medical conference held for the benefit of, and by, practicing health care providers from Honduras, Cuba and the United States. I was proud to be part of it.



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