

Honduras Trip Report – May 2009
Department of Family Medicine, University of Rochester

Participants	
<u>Faculty</u> Elizabeth Brown Rebecca Dwyer Barbara Gawinski, PhD Douglas Stockman	<u>Medical Students</u> Matt Malek (who is in San Jose as part of a year long research project)
<u>Residents</u> Anh Bui James Diekroger Mellie Gilder Debbie Roessler Javeed Sukhera (UR psych R2) Brad Vanheukelum	<u>Others</u> Kirsten Nagel (Matt's girlfriend, speaks Spanish) Daniel Abud (engineering student)
<u>Dentist</u> Mike Lewis, DDS	<u>Interpreters</u> Cinthia, Edna, Benjamin, Cheno, Raul
	<u>Shoulder to Shoulder Representatives</u> Javier Mejia Marvin Cacho

Introduction

The Department of Family Medicine at the University of Rochester operates a Global Health Program. This year-round program offers didactic training throughout the year and travels twice a year for two weeks at a time to rural Honduras. The Department has partnered with an NGO called Shoulder to Shoulder and a rural community called San Jose San Marcos de la Sierra in the Southwestern state of Intibuca, Honduras. The needs of the target community are great and go beyond curative medicine. By listening to the concerns of the local community members and performing qualitative community assessment, we are creating interventions designed to address the common problems. Below is a report from our May 2009 trip.

Travel and General Comments

There were no problems with travel. There were some minor gastrointestinal disturbances and upper respiratory infections in group members, but otherwise we all remained healthy. Because the village is so isolated, H1N1 flu was promptly forgotten upon our arrival. We were blessed with the excellent cooking of Maria, so food was eaten in abundance! Rains often do not start until the end of May and we usually have very limited water for bathing (2-3 gallons/person/day). We were “blessed” with rain almost every day so we could splurge on water for bathing. The downside of early rains is that many people were working in their farms planting crops. This resulted in the clinic being slow.

San Jose Volunteers

Mateo (Matt Malek) is the volunteer in San Jose. He is a UofR medical student who took a year off between 2nd and 3rd year to live in San Jose. Mateo is nearing the end of his year and will finish up at the end of June. His research project involves the distribution and use of Potters for Peace water filters. In addition to his project, Mateo is involved in all other aspects of our project and is indispensable. He has greatly accelerated the status of many of our projects, such as cookstoves, latrines, water filters, piped water projects, school scholarships, micro-finance, agricultural activities, and many others. Mateo's intelligence, great organizational skills, motivation, sense of humor and kindness have made him an

integral part of the San Jose community. They will really miss Mateo, as will we. The only down side of having Mateo in San Jose is that not as many projects needed to be done by the brigade.

We are very fortunate to have two more UofR medical student volunteers, Calla Brown and Bela Denes, who are a couple. They will arrive in early August. Their research project will extend Mateo's work with Potters for Peace filters and then they will study the effects of piped water on child growth and development. We anticipate our two new volunteers will also jump into all our other projects as Mateo has done.

Meetings

Much of our time in San Jose is spent in meetings. We work very hard to ensure excellent communication with San Jose residents. We want to understand the important issues for the San Jose people and work closely with them. The Monday afternoon we arrived in San Jose was spent meeting with representative from the villages. This three hour meeting helps define what projects should be pursued during our two weeks in Honduras. Then throughout the two weeks other smaller focused-meetings occur. It is not uncommon to have 2-3 meetings a day on various topics.



Community Meeting on first day

Piped water projects

We are working with the villagers of El Horno to install two separate piped water systems. The materials are on-site and work has started on one of the projects. 11 homes will be served by this new piped water project. We are just starting to organize the second El Horno water project. We checked in with our two other piped water projects that were installed over the past 1-2 years. We are happy to report that the 27 homes in La Calera are all getting piped water and the system is working beautifully, even in the dry season. This project has improved the quality and quantity of water available. Because women and children do not have to haul water long distances (often up a mountain side), they reduce calorie expenditure and mothers have more time to spend with their children. In addition, diarrheal disease may be falling. All these facts improve nutrition for the people of La Calera. The Portillon water project is working very well in the rainy season but not as well in the dry season. The output from the natural spring seems to be much less than initial measurements (as done by the government) suggested. We evaluated their system and made recommendations to improve water capture. We anticipate the system will function as well as the La Calera system in the near future.

Water Filters

Potters for Peace filters – Through the hard work of Matt Malek significantly more homes use the Potters for Peace in-home ceramic water filter. As part of his research project in November, Matt visited 126 houses in San Jose, collecting baseline data and educating about water quality and the Potters for Peace filter. 78 of those houses eventually bought filters. Half of that 78 thereafter received monthly home follow-up visits by Elia, the local nurse/community health worker. In these home visits, Elia

reinforced effective filter maintenance and the health rationale for continued usage of the filter. 3 month, 6 month and 1 year re-visits of these houses by Matt, Kirsten and the next volunteers will reveal if this follow-up promotes sustained usage.

In February, the filter project was further expanded, accompanied by an aggressive public health campaign about the importance of water quality. At mothers' meetings, parents' association meetings and baby weighing days, Matt used a mix of interactive teaching techniques to reinforce the connection between water contamination and child health.

Microbiological water tests, showing the bright colors of fecal contamination, proved powerful in raising awareness about water quality. The concomitant ongoing filter sales, which continued during the brigade, have since raised the total number of filters in the community to 172. (MM)



Mateo teaching filter use in a class

Slow sand filters – We built another slow sand filter for future brigade use during this trip. Prior to the trip, Mateo helped the San Jose school build a slow sand filter for the school's use. We have arranged for Mateo to help the people of Guanacaste build a slow sand filter for their school. Slow sand filters can produce much more clean water per hour than can Potters for Peace filters, so they are ideal for use in schools.

Pilas – It is local custom for every home to have a pila. This is a small concrete tank that serves a similar purpose to the kitchen sink and laundry room in the US. We collaborated with the people in La Calera, Portillon and the area mayor to help each home in the 2 villages build one. We did education prior to construction about the potential for pilas to increase water contamination unless used correctly.

Latrines

In collaboration with the local people, we have fully completed 23 Ventilated Improved Pit (VIP) latrines. Seven more latrines have been built, but still require the recipients to complete the privacy structure around the latrine. We problem solved areas for improvement to accelerate latrine completion. Some people said they were ready to build a latrine but then did not follow through while others were disappointed the process was not moving faster. We anticipate an increase in the rate of latrine construction over the next 6-12 months.

Women's Health and Domestic Violence

Brigade members met with seven Madreguias to discuss the current status of the Folic Acid program. The Madreguias reported on the number of women engaged and the need to provide further education about why this medication should be used. The major part of the meeting focused on domestic violence. Javeed Sukhera (URMC psychiatry R2) conducted a 2-hour focus group to determine the women's experience and knowledge about violence in their communities. A couple of the women were remarkably open and shared personal experiences with domestic violence. This candor greatly facilitated the other women sharing more about their knowledge of violence. Javeed conducted a second

session to complete the focus group and provide an hour of education about domestic violence and the importance of a community treatment approach. The Madreguias and Elia were committed to being resources in their community and to begin the process of stopping violence for the current and future generations. More teaching tools will be needed for the Fall trip (BG).



Javeed presenting certificate after Domestic Violence Class



Anh performing height on child as part of Child Health Initiative

Child Health Initiative

We participated in a Shoulder to Shoulder funded Child Health Initiative. This program targets school children and involves gathering basic population health data (height, weight, visual acuity, etc) as well as performing a basic physical exam, dispensing multivitamins/iron and worm medicine. We screened over 250 of the 450 children in the San Jose township, including 130 in 3 hours. Though sometimes feeling like an assembly line, this allowed us to get out in the communities and interact with many children. In our physical exams we were able to identify 3 significant heart murmurs and 1 distal radial buckle fracture. Unfortunately, we noted that many children through age 9 could not recognize their letters when screening for vision problems. The plan is for the next brigade to finish the job (BV).

Education & Schools

First Unitarian Church Middle School Scholarships

Twelve children from the five schools of San Jose received scholarships to attend 7th grade at San Marcos de Sierra. Matt Malek, Barbara Gawinski, and Rebecca Dwyer, who are members of the Scholarship Committee, met with eleven of the parents and students who received scholarships. All students received financial support to cover school supplies, uniforms, shoes, backpacks, extra fees at school, and testing costs. Eight of the twelve children received a stipend for room and board because the school is more than a 2 hour walk from their home, making it necessary for the children to live in San Marcos. We assessed the students' ability to continue in school at this level. School grades had not yet been provided to the students, as school was delayed by one month due to a teacher's strike and the first exams grade had not yet been posted.

The parents and students reported on progress thus far in their experiences of middle school attendance. None of the parents had attended this level of schooling, so the students and families were experiencing

much new learning during the previous three months. Many parents also spoke of the difficulties of sending their children to live in a community with whom they had no previous connections. Both children and parents admitted that they were finding the separation for a week at a time to be emotionally difficult, yet they saw that this opportunity as tremendous to help the family improve financially and remained committed to make it through this sacrifice.



Scholarship recipients with Doug, Barbara and Mateo



Parent signing with thumbprint for child's scholarship

Matt Malek, Kirsten Nagel, and Barbara Gawinski visited with the director of the Middle School to review the students' progress. The director reported that most students have difficulty transitioning to middle school with the need to study more, more difficult exams, and new courses. She did indicate that our students were having more difficulty, though all of the grades we not posted. She believed that if the students apply themselves more, they could be successful. She and the counselor offered the students the opportunity to study at school and/or to attend the same classes twice a day to help them catch up. These were generous solutions to the low grades the students were receiving. Upon reviewing some of the tests, it appeared the students did not understand the instructions and needed assistance in the process. Hopefully, the two new medical students can serve as weekend resources to the students in need.

Matt and Barbara held a second meeting with the parents before distribution of the second payment, hoping that the director would have supplied the grades. Unfortunately, we did not receive the grades, but did speak with the parents about the poor reports for all but two of the students. We offered solutions, which the director suggested. We congratulated the parents for supporting their students in this opportunity and distributed the fund to all eleven parents in attendance. One parent requested that her son remain in the home and commute the three hours each way. She requested to use 2000 L (about \$100) to purchase a bike for her son to reduce the commuting time. This was granted with the expectation that if her son passed to 8th grade, she completed her agreement; however, if he failed, they would return 1000 L or the bike.



Scholarship recipient with family in front of their home

The one student who did not attend the meeting had failed to take the school exams as her mother had fallen gravely ill and been hospitalized during exam time. Her mother died four days prior to the Brigade meeting and they were in the mourning period. At the end of the trip, she had not returned to school. Her continuation in school was yet to be determined. Money remains with Matt Malek, available for her to continue, should she choose to do so. (BG)

Pen Pal Exchange

Rebecca hosted a reading session for each scholarship student to read the letter from his/her pen pal of the First Unitarian Church. The eleven students completed letters to return to their new friend in the US. (BG)

Backpacks and School Supplies

Thanks to the generous donation of North Baptist Church (Brad), First Unitarian Church of Rochester (Barbara), Warner School of Education, Jackie Barnes and individuals at the Highland Family Medicine Center, teachers from the five schools selected 80 children, based on attendance, grades, homework and behavior, to receive backpacks filled with school supplies. Brad, Barbara and others purchased most of the materials from two store in La Esperanza. Each school hosted a small ceremony to award the backpacks to the recipients. Additionally, each school received general school supplies and books. (BG)



Backpack recipients in San Jose Centro

First Aid Kits for Schools

Six months ago teachers requested a simple first aid kit for each of the area's five schools. Elizabeth Brown, Lindsay Phillips and four dedicated University of R medical students worked to write curriculum for first aid training for the most common minor illnesses that the teachers would encounter. These areas included burns, bleeding, cuts, insect bites, headaches, stomach ache, malnutrition, diarrhea, dehydration, fever, and allergic reaction. The curriculum was written in a way to guide the teachers to know when a referral to the health center was needed and was translated into Spanish. The medical students also assembled first aid kits that included basic medication, oral rehydration salts, and various first aid supplies for dressing and caring for wounds. Teachers from the five schools were presented with the kits and had an initial review of the supplies that were in each kit. A kit was also given to the kindergarten in La Calera. Several days after this training we saw a student wearing a bandaid from one of the kits, so it was nice to see the kits were already being used. We will continue to work with the teachers to revise the curriculum as needed and to resupply the kits as needed. (EB)

Curriculum Development

Barbara Gawinski presented a small lesson plan on teaching the utilization of maps, which had been prepared by the First Unitarian Curriculum committee. Teachers also received new spring scales for the measurement kits and each school received a balance scale with buckets to supplement the curriculum

on measurement. Brigade members interacting with the students and teachers have concerns that many of the children are not learning to read. Therefore, we hope to focus more on reading development in the future. (BG)

Teacher Education

The Honduran government recently required all teachers to teach basic English skills to their students. Unfortunately, none of the area teachers know English and the government has not yet provided materials to help in English education. Mateo and eight brigade members hosted a 3 hour English class for 20 teachers from the surrounding regions. Through utilization of a small group teaching format, the highly motivated and energetic teachers practiced basic English phrases. Everyone had great fun as demonstrated in the successful “Head, Shoulders, Knees and Toes” singing. The teachers requested more education. (BG)



Teachers learning English performing “Head-Shoulder-Knees-and-Toes”



Micro-finance meeting

Microfinance

Our efforts with microfinance are starting to pay off. We successfully collected on our 3 outstanding loans which were extremely helpful as the only other option was 10%/month loan for a local person. One lady even stated "No mas prestamo, gringo!" (“no more loans white man”) to Doug as her loan helped her get out of the loan cycle. We continued to explore interest in other loan programs including a locally available program called Adelante and a new government based one. We also continued to help foster the connection between the local women and a local Lenca Indian gift shop. Currently they are making embroidered cloths, but are interested in branching out to new products like crocheted hand bags. We are very excited to see how these continued education and financing efforts help pull this very impoverished community out of poverty. (BV)

Medical care

Our clinic ran smoothly this trip, with three preceptors taking turns and many residents and one medical student seeing patients. We were well-staffed with translators as well, including Cinthia, a wonderful student from La Ceiba who is hoping to study medicine. We experienced a lower volume of patients than usual. The rainy season had already started before we arrived, so that likely played a role, as many were out in the fields planting. In addition, the community health worker has the clinic and pharmacy open now almost daily, so there is easier access to medical care year-round. We also learned that many

people are interested in natural, herbal remedies and there are a few in the community who provide this care, particularly in Guanacaste.

We saw many common concerns, such as diarrhea, musculoskeletal pain, scabies, vision and hearing concerns, and abdominal pain. There were even a couple of patients with angina and hypertension. In addition, we diagnosed a woman with pregnancy and Elizabeth did our first obstetrical ultrasound in San Jose! We had just brought the machine down this trip and it was fun to have the opportunity to use it right away. It was estimated that the woman was about 10 weeks pregnant. Later in the trip, she returned with her friend who was about 8 months pregnant so she could get an ultrasound as well. We did not have any patients in labor this trip, but we did make OB emergency kits to have on hand if needed.

Brad and Debbie splinted a little boy's arm who had fallen and possibly had a non-displaced fracture of the distal radius. However, the splint didn't last long! We saw him playing just a couple days later without the splint and he said he felt better. Fortunately, upon examining him, he no longer had any point tenderness and was using his arm and wrist well.



Patient too sick to walk being carried to clinic

We saw several malnourished children in the clinic and in the schools. One child was particularly struggling, an 11-month old who was losing weight and getting recurrent illnesses including pneumonia. Her mother's body did not make breast milk after she was born, so she had been

receiving formula from the clinic at a discounted price and the family was having a hard time paying for it. The family had a very complicated social situation and we brainstormed ways to best help them so this little girl could get better. We gave her mother some education about food and nutrition and talked about how to care for her baby. Elia and Mateo had been working with the family to try to help them. This little girl's situation illustrated how complicated it can be to positively impact the health of the poor, as there are so many factors to consider. We are making so much progress with prevention and treatment, but there is still much work to be done!

Another home visit was made to the family with the boys with an unknown genetic syndrome. Last year, one of the boys couldn't even walk and had to be carried from place to place. Now they were both walking and their foot ulcers were much improved, which was encouraging! (RD)

One of the most interesting cases involved a middle-aged woman who was carried to the clinic after having come severely ill and bright yellow with jaundice. We do not yet have an answer as to the cause of her illness, but did what we could.

Community Health Workers

Elia continues to do a good job providing curative care, preventive care and rural development. She runs the clinic when we are gone and has helped Mateo run his water filter project (see above). Elia

ensures the school-based fluoride rinse program runs smoothly. She is performing patient education for the people. She also participates in child health and development activities. We are very fortunate to have Elia and work with her to expand her skill sets to further improve the health of her fellow community members.

We are supporting the training of a second community health worker, Carolina Sanchez. She is doing well in school and will help out the San Jose community following graduation.

Land/Building

After almost two years of trying, we were unable to gain ownership of the communal land because of a Honduran law that forbids non-Indians from owning Indian land. We have secured a 99 year lease (\$1/year) to the land. Therefore, we will begin building a house for volunteers and a small clinic to better support our activities within the next 6-12 months as funds become available. Doug met with the mayor of the San Marcos municipality to coordinate efforts. We will build the buildings and the government will help provide some medications and Community Health Worker (CHW) staffing to run the clinic and associated activities. Both groups believe Hondurans must find a sustainable solution

Patient Education

We used every opportunity we could to present skits on common health topics. Anh did a great dental skit, complete with a mouth full of rotting teeth (a prop fortunately for Anh). Barbara had a great time demonstrating the appropriate application of a condom and why they are important. Then she walked around town draped in condoms for all interested people to obtain. Barbara also did a skit on why collecting and containing garbage is important. Tuberculosis remains a significant problem in the area with a man recently dying after discharge from an area hospital. Therefore, a TB skit was presented in an effort to increase local awareness of this killer and how TB cases should be handled. Diarrhea skits remain popular. Skits with much humor are a more effective teaching tool than a typical didactic lecture that so many of us sat through in school. The audience is more likely to be engaged and remember what they heard.



Barbara making sure no unexpected carrots appear



Anh performing a dental skit with bad teeth in place

Cookstoves

Mateo has worked closely with two Hondurans, Manuel and Apolinar, to keep building cookstoves. 41 cookstoves have been built in the last six months. We have now built over 200 stoves in area homes. We expect that every home in San Jose that wants a stove will have one over the next year. We are

seeing less children with asthma in the clinic. When someone does present with an asthma attack, it mainly comes from people living in homes without improved cookstoves.

Census / Household Surveys

As part of Mateo's water filter project, he gathered additional information that is helping us better define the San Jose population. We are improving both the database structure and the amount of information gathered. This allows us to know what homes have improved cookstoves, improved water sources, water filters, latrines, etc. We are also attempting to identify every member living in San Jose and related data such as house structure, possessions, location of house, etc. Having this information will improve future interventions and give us a better understanding of the health of the population.

Nutrition

The Honduran government weighs children less than two years of age monthly. We were better able to understand this program and gain some of their data this trip. As we expected, a significant proportion (almost all children) are underweight and short for age. Given that the growth targets for children in developing countries are already significantly lower than we use in the US, this situation is scary. The number of children who are well below the bottom of the growth curve (3 sd's below) reaffirms our fears of serious under-nutrition. The solutions to this problem are very complicated. The government, with support from USAID, is basically paying women more than a year's salary (about \$200) when they deliver a baby in the hospital and then present the child for scheduled weighings. The belief is that providing this money will improve child growth and health as families have more money available to buy more food. We do not have longitudinal data yet to know if this is helping. An undesired outcome may be that some women have more children because there is no other method for them to make this amount of money.

Another method that some groups use is to run feeding programs. We have to date not pursued this approach. Feeding programs can definitely improve nutrition in the short term. However, they may create dependence on food handouts. As soon as funding for the feeding program runs out, the people are back to their baseline lack of food. We also do not have the resources necessary to sustain a feeding program. For now, we are focusing on improving the baseline causes of under-nutrition. For example, improving water access and quality reduces the number of times per year a child has diarrhea. This improves nutrition. By reducing how much firewood (cookstoves) and water women and children need to carry, we reduce calorie burn and allow more time for other activities, such as child care and food producing activities. By introducing new seed types/crops, improving the amount harvested, introducing fish farms and reducing poverty (micro-finance, etc.) we increase food availability in a sustainable manner. We are working hard to create a long term solution to the significant under-nutrition present in area children. It may take us 5-10 years to achieve our goal, but we are committed to correcting the problem.

Agriculture

Although agriculture has not yet been our main focus, we have made a number of small agricultural interventions. Some of these include the introduction of new seed types, irrigation projects and improved access to fertilizers. This trip we focused on starting small fish farms. Mateo identified four groups interested in trying fish farming. One brave person started a fish farm on his own last year. His results are less than he had hoped. We identified the reasons for this reduced performance and held two classes for this farmer and the other 3 interested groups. Through Mateo's very interactive approach to teaching, we are very hopeful that improvements in the existing fish farm and more successful starts for

the other three groups will be achieved. In addition to education, we have provided low cost pipes to bring the required water to the holes the villagers are digging for the farms. The farmer with the existing farm will provide the Tilapia fish fry to start the other three farms. Our first goal is to provide enough fish from these farms for household consumption. If these pilot projects prove successful, we want to expand activities to allow the sale of fish.

Our support of improved fertilizer availability at lower cost took an unexpected turn over the past six months. During our last Brigade, we expanded a locally run fertilizer cooperative that had been purchasing fertilizer when it was lower cost to avoid paying a premium cost when the fertilizer was needed. Every year previously, fertilizer prices were low in the dry season and then spiked when the rains start and farmers start buying fertilizer. Therefore, we loaned money to the cooperative and helped sign up interested farmers to buy the fertilizer at the low, dry season, cost. About 2-3 months ago, after the cooperative had purchased fertilizer, the Honduran government, with support from a developed country, started subsidizing fertilizer costs. Therefore, for the first time ever, fertilizer prices went down. The subsidized price is less than what the cooperative paid and has caused problems. We will need to see how things play out over the next few months and regroup as indicated.



Beginning of a fish farm

Dental Program

We were very fortunate to have a dentist this trip. Mike Lewis took time away from his private dental practice to spend two weeks in the bush. This is Mike's second trip to San Jose. Even so, it must be quite a change to have the patient sitting in a plastic lawn chair, instead of a dental chair; no additional light except the sunlight the front porch offers; no running water; and only hand tools. Even with these limitations, Mike extracted many teeth, did some fillings and treated multiple gum/tooth infections. Elia keeps the fluoride program running in local schools which has improved the dental health of area children. We look forward to having Mike join us again on future trips.



Front porch dentistry by Mike and Mellie

Its the People, Not the Technology

No matter how much time, resources and money are spent pursuing improvements in any community, if the target population is not actively involved and doing most of the work, the intervention will not be sustainable. Four of the seven San Jose communities remain very involved. Three of the communities have not been as involved. This is most likely due to the lack of strong leaders who actively organize the community. Even without strong leaders, a number of community members in Guanacaste, El Horno and Portreros have received our interventions. However, we want to ensure every member of the

San Jose township receive all interventions they desire. Therefore, we had a frank discussion with the community members to give them specific direction on communal participation. Our discussions were well received and we hope each community can identify a strong leader who will help create cohesiveness. A number of other communities outside San Jose have expressed an interest in participating in our interventions. We would like to focus our limited resources first in San Jose and then we will expand interventions to surrounding villages. Except in cases where people are physically/mentally unable to help themselves, we engage people who actively help themselves.

Your Help is Needed

We believe in low cost, simple technology solutions that the Hondurans can learn and maintain on their own. We are doing a great job in this respect. However, even simple interventions cost money. To continue the exceptional work we are doing in Honduras, we need more funds. If you have the financial ability and appreciate the great improvements our activities are bringing to rural Hondurans, please take a minute and donate to our project. Donations are tax deductible if you itemize your taxes. We are very fortunate to have the assistance of the Department of Family Medicine and dedicated volunteers to almost eliminate overhead expenses. Therefore, your donation will reach the Hondurans and not be spent on less helpful expenses such as rent for a dedicated US office or US-based secretarial support. If you would like to donate to the San Jose project, please make a check payable to “ HH Foundation – GH Fund HFM”. Mail the check to “ Highland Family Medicine 777 Clinton Ave, South Rochester, NY 14620 Attn: Roxanne Henry”.

Summary

The greater Rochester Family Medicine community has touched so many lives in Honduras and the Hondurans have enriched so many of our lives. This cross-cultural project is realizing huge benefits for everyone involved. It is so rewarding to see the smiles and appreciation as people display their running water, new cookstove or water filter. It is through these very personal human-to-human exchanges that hope for a better world will become reality. Thanks to everyone for their continued support to make this project such a great success.

Douglas Stockman, MD
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Thanks to other trip members who wrote parts of this report.

BG = Barbara Gawinski
BV = Brad Vanheukelum
EB = Elizabeth Brown
MM = Matt Malek
RD = Rebecca Dwyer

