

Geisinger Brigade – Medical Volunteers from the Keystone State

Who would travel in the dead of winter from the banks of the Susquehanna River in central Pennsylvania with only a carry-on bag of clothing and two 50-pound foot-lockers each, containing medications, to celebrate St. Valentines Day in La Entrada? If your answer was a group of dedicated professionals with love in their hearts, you would be correct! This is exactly what the first brigade of five doctors and five nurses affiliated with the Geisinger Hospital in Danville, PA did in Mid-February. A second group quickly followed the very next week.



Team of doctors and nurses from Geisinger Hospital

Thus, Manos Amigas hosted its very first brigade of healthcare professionals at the clinic. They attend to the needs of patients within a 10 kilometer radius of the existing clinic in La Entrada. These professionals were special people with special gifts who paid their own way to serve the people of this community. In anticipation of the visit, MA publicized the event by appearing on the local TV station and participating in community talk shows to describe the services that would be available. Typically the clinic offers what is known in medical-speak as “episodic care” for the routine types of illnesses or conditions requiring immediate attention. Generally patients are seeking relief for fevers, coughs, cuts, infections, broken bones, diarrhea, pain and headaches. This time however, the “medico’s” from Pennsylvania were specialists offering services in pediatrics, dermatology, pulmonology and neurology.

The afternoon of their arrival, the doctors traveled from the airport by bus, passing alongside banana plantations, small villages and a few industrial parks into the rolling foothills and high country of the Copan in Western Honduras. They unloaded their black footlockers, filled with extra medications, supplies and materials, in anticipation of seeing their first patients in the morning. Well, they were not disappointed!



Patients expectantly wait to be seen by physicians

The first morning a large crowd had gathered in front of the clinic gates by 6:00 am. As the day progressed, the size of crowd kept getting larger as patients returning to their barrios and villages told about their experiences and treatment at the clinic. Believe it or not, the first day was the slowest as clinic staff gained familiarity with the “methods” of the gringo brigade, the interpreters from the bi-lingual school and the need to work in specialized teams in close cramped quarters. They met these challenges with more than 100

patients receiving treatment on Day 1. Efficiency increased over the next several days with patient numbers ranging from 150 to 175 per day. Over the two-week period, nearly 1,600 patients were seen and treated. These patients are now eligible for follow-up care at the Manos Amigas clinic!

Only a few people in the visiting brigades spoke Spanish, so students from the nearby Good Future Bilingual Kinder and Junior High School were enlisted to help translate during the visit. These students, ranging in age from 12 – 15 years, demonstrated that they could effectively convey information from the patient to the doctor and then to translate instructions back to the patient. Much like children at home, the girls can sit for longer periods of time and focus in on the details of the illness. The boys on the other hand had shorter attention spans and were more interested in how fast they can get things done in order to go outside and run off pent up energy periodically.



Student interpreters with teacher, Francisco

It was good to see that some things don't change, no matter what the culture!



Dr. Benkovic, student interpreter and patient

For the students, this was not only an eye-opening exposure to medical conditions, but also inspirational. They saw what it is like to be a nurse or physician. Several said they will study harder now because they want to be doctors and help their people.

The brigade experience was positive for everyone – including the visiting doctors as they had a chance to see third-world medicine up close. Sometimes they saw serious medical conditions which previously they had not seen in their own

practices, except perhaps only in textbook photos. The realities of rural living in a poor country can have serious manifestations when it comes to people's health. Resources are scarce and expensive. A doctor's request for an x-ray means a trip to a larger town, 90 minutes away by bus, and many of these patients have no means of transportation or can't afford the ticket. The need for an echocardiogram means a trip to San Pedro Sula two and half hours away. Simple blood tests can be done across town and special ones may have to be sent off to a regional lab. Many routine tests exceed the financial means for the local residents.

During the brigade visit, Manos Amigas staff would call to schedule appointments with affiliates within the medical network they had established previously. As a network partner, they were able to obtain priority appointments and successfully negotiate reduced fees. If patients could not pay the fees, Manos Amigas agreed to pick up the expenses. There is very little charitable work going on among the various medical businesses in the area to support the medical practitioner or the patient. Similarly, when specific medications were required which were not available at the clinic, Manos Amigas contacted a partnering public pharmacy and arranged for the medication to be on site later that day or shipped in from San Pedro Sula the next day. All expenses were picked up by Manos Amigas.



Unlike the US, there are no counseling services for spousal abuse, no local police requirement to report incidents like muggings and bodily injuries, no physical therapists and no access to eye exams and glasses or hearing aid testing on a daily basis. Patients suffering from mental illness or physical deformities have little chance for treatment and their families frequently abandon any hope of assistance. These kinds of services have not yet reached La Entrada. Even simple items like glucometers, thermometers, bandages and over the counter topical antibiotics are not readily available. Numerous patients came to the clinic with elevated sugar levels. Some of them were suffering from the effects of diabetes. They have no financial resources to purchase glucometers and if they had one, there was no money to purchase the test strips. Storing the strips would also be a problem because having a cool or refrigerated place to store them is a luxury they can not afford!



Eyes need attention



Exercise ball in lieu of physical therapy



Mugging Victim