



# Partners In Health Newsletter

*Volunteers sharing the gift of Health!*

October 2003

## A Group Trip to Bilwaskarma October 2002 Trip



Hospital Staff Folding Gauze

By Jill Grant (jgrant6198@aol.com)

Settling in on Costeña's Managua to Waspam flight, I felt a rush of many emotions. This was my twentieth trip to Nicaragua. This trip I was traveling with a wonderful mix of interesting people with whom I have grown so comfortable.. There were ten of us. This trip was the first trip that my son had traveled with me to Nicaragua. I wanted him to love Nicaragua as much as I do. Nathan was nineteen, just two weeks out of army boot camp and two months before starting college. Would he see what I see and love about Bilwaskarma? (As I look back on the trip I did not need to worry. Nathan is planning his next trip to Nicaragua.)

The trip from Managua to Waspam even in a small plane was short. I had seen the runway in Waspam, but it is quite different to land on it. It probably should be an attraction at Disney World that restricts pregnant women from riding. Dr. Patricia Ballesteros, Guermo Chow, and Eddie Coban were waiting at the airport to meet us. Everyone in the group was very relaxed.

We ate a pleasant lunch at a restaurant on the Rio Coco and traveled by two vehicles to Bilwas. Nathan and Eben Barus traveled on top of the luggage rack. I guess you have to be under twenty-five to enjoy the mix of fresh air and danger. Eben will be going to Medical school in 2003. He was a good companion for Nathan and for all of us. Nathan and Eben were the two youngest in the group and they added to the enjoyment of the trip for all the members of the group. (I know I'm Nate's Mom and this may not be an objective point of view.)



Coming around the corner and seeing the Church in Bilwas is like traveling to another time. It seems like the brakes are put on our pace of life and you are forced to slow down. The PolyClinic looked well tended and the staff was quietly working. As always, there were nurses folding gauzes to be sterilized. The guesthouse was wonderful. It is spacious with cool breezes and indoor plumbing. Dr. Patricia has done a great job in building a comfortable house for visiting volunteers. We all settled into our rooms. By some lucky coincidence Dr. Florence Levy was visiting Bilwas and we all had a chance to meet with her. She was in Bilwas fulfilling her new role as the head of the Ministry of Health for North Atlantic Autonomous region. The meeting was interesting and valuable. It was important to know the direction that she sees the Polyclinic in Bilwas moving. She is fully behind the starting of an outreach program where Bilwas will be the central hub. This program will stress preventive care and include nine villages. Dr. Robert Holmberg, a pediatrician on his first trip Bilwas, was taken with this project. He will be the person who can work with the clinic and help this project come to pass. Andre (Andy) Herriot with his many years of experience working with USAID was already planing budgeting and needs lists. He wants to raise funds to repair the existing truck at Bilwas and buy a new one. It is very important for any outreach program to have dependable transportation.

Dr. Florence Levy does not see surgery being done or sponsored by the Ministry of Health (MINSA) for five to ten years in the Bilwas / Waspam area. This does support the need to continue with the expansion of the surgical suite. The operating room at present in Bilwas is physically very small. Dr. Alan Brown and Nancy Tkacz RN suggested that having a surgical team visiting Bilwas every two months would meet a real need among the communities along the Bilwas part of the Rio Coco.

The beautiful trusting children enchanted Dr. Joan McCracken. She is planning to work on Miskito language tapes to aid medical groups who provide assistance to Miskito speaking people. Joan and her husband Bob, (Dr. Robert Homberg), were a welcome addition to our team. I loved seeing all us form a family. Eating dinner together around the big table was festive and entertaining.

Dr. Maxwell (Max) Barus traveled with his son Eben. Max is finding his role with Partners in Health. Soon Dr. Patricia Ballesteros will be working three weeks

a month for Partners in Health and will be in Bilwas one week a month. I think Patricia would have resigned her position as medical director altogether if Max had not designed this part time position and found the money to fund it. Patricia has been the energy and force behind the progress in the past three years in Bilwas. She is organized and disciplined, and will be a great asset to Partners in Health.

So we all gently moved around Bilwas, letting the slower pace of life wash over us. Dr. Peter Hauptert was such a source of inspiration, historical information, and humor. Pete was the engine that moved our group along. You've got to respect a guy, who when the lights went out, comes out of his room with a headlamp, a can of spray cheese and crackers. I learned so much listening to Pete and Andy. Our second night in Bilwas, we had the privilege to hearing an account of the war from the lips of a participant. El Tigre, the tiger, came after super and told his story. Pete and Andy did an excellent job interpreting his words and the meaning of his words. We were all sitting around the table by candlelight. There was something magical and mesmerizing about his story and the night. It was possible to feel some of the emotion and anguish from listening and seeing the expressive face of this former soldier.

The quiet of the nights in this small town on the Rio Coco are something that people from our world do not have much experience. (The quiet was broken by a couple of pigs under the house. They were either fighting or something else.)



In the early morning the church bell rings to waken the village which is not ruled by digital alarm clocks and tight schedules. We stayed two nights and left the third day. I left feeling optimistic for the future of the polyclinic at Bilwaskarma. The outreach program will have a profound impact on the villages that it touches. As Pete explained to me a few years ago, money spent on preventative care will have a greater effect on the health of the communities. The basic health care that this project will provide will make the difficult lives of the local people significantly better.

As the plane left the airfield / cow pasture, I was thinking about the group of special people who traveled to Bilwas. Each person was a thoughtful, kind human being. It was special to have the opportunity to travel with these people and to see the Rio Coco again. I hope we will all be able to travel together again and continue to help the people of Bilwas plan for their future.

## A New Project Starts

As a result of the trip together to Bilwas, Andy Herriott, Dr. Peter Hauptert and Dr. Robert Holmberg have been working together to organize an approach to community health in the nine villages that the clinic in Bilwas serves. This approach is based on a model set up on the west coast of Nicaragua by a dedicated group of people called the ProVadentic clinics. The following article is an excerpt from the grant proposal for this project.



**(An excerpt from grant proposal)**

**Village Community Oriented Primary Care in Bilwaskarma, Nicaragua – A Participatory Outreach Model of Essential Primary Health Care and Sustainable Community Public Health Development in Rural Northeast Region of Nicaragua**

**By Dr. Robert Holmberg**

([rholmberg@emh.org](mailto:rholmberg@emh.org))

### Background

Peter Hauptert, MD and Robert Holmberg, MD, MPH, volunteer physician members of Partners in Health, are proposing this grant to the Strachan Foundation. Its purpose is to help plan and implement the first phase of a community oriented primary health care and community development outreach project in the nine village region (7,500 population) around the rural health care clinic at Bilwaskarma in the remote Rio Coco Region of northeast Nicaragua. We plan to employ the well tested and proven ProVadentic Model developed in the rural Pacific region of Nicaragua by Gustavo Parajon, MD, MPH. In this local community participatory model, villages select their own Health Promoter and health committee who are then trained in essential primary/preventive health care (eg. prenatal, post natal maternal health care, nutrition, immunization, etc) and basic community public health (eg. sustainable agriculture, sanitation, safe water supply).

### The Problem

The Miskito, the major native American group in Nicaragua, are the predominant population of the Rio Coco northeast region of Nicaragua. They are among the most impoverished of all rural populations in Nicaragua, one of the most impoverished countries in Central America.

The rural regions of Nicaragua have the greatest public health problems of high fertility rate, (total fertility rate in Nicaragua four children per woman: double the Latin American average); (adolescent fertility rate 139 per 1,000), infant mortality rate (50 per 1,000), under five year mortality (68 per 1,000 children), malnutrition (40%). These public health problems indicate the lack of access to essential primary health care and community public health services (lack of clean, reliable water and sanitation) along with extreme poverty (58% population of Nicaragua earns less than \$1.00 a day),

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geographic isolation (lack of communication and paved roads), and lack of education (rural female literacy rate 50%)

(PAHO 2001 data and communication with Drs. David and Laura Parajon, medical directors Provadenic Program, Managua, Nicaragua.) "Of those who are poor, woman and children living in rural areas of Nicaragua represent the weakest and most vulnerable segment of the population. They have less education, less access to basic social services, higher fertility rates, higher morbidity and infant mortality rates, and fewer options and opportunities than all other segments of the population." (World Bank Poverty Report 2000; Communication with Provadenic) While there is a rudimentary health clinic in Bilwas, there has not been the funding nor personnel or training to develop a village-based essential primary health care outreach program to affect these great disparities of rural health outcomes.



### Output/Outcome measures and evaluation

Evaluation will be the participatory model with Health Promoter and Health Committee determining with village meetings what specific outputs (community public health projects) and outcomes are most locally relevant. The Health Promoter in each village will also monitor monthly birth, death and morbidity rates for major conditions (eg. measles, diarrhea, TB, pneumonia, malnutrition). From this data program-wide rates of fertility, under five year mortality and maternal mortality will be extrapolated. Output measures may include number of prenatal and post natal visits, immunization rates, number of villages with latrines and safe water sources, number of villages with agricultural projects, and eventual women's literacy and women's micro business centers.

### Future vision

It is hoped and anticipated that superior output and outcome measures will convince the Nicaraguan health department (MINSa) to provide support to expand this Provadenic Model throughout Northeast Nicaragua. (RAAN) Once essential health outcomes improve, self-sustaining village enterprises (social, educational and agricultural) will develop.



Polyclinic, Bilwas, Nicaragua

## Memories of Nicaragua

By Janyce Churchill RN, ([janyce@chase.org](mailto:janyce@chase.org))

It's August of 2003 and I'm sitting in my back yard here in Camden trying to think of a short article for the next PIH news letter. I've written several before and made 12 trips to RAAN (North Atlantic Automimus Region) So, it seems difficult to think about any one trip / experience to share.

My first trip to Puerto Cabezas was in January of 1993 with Dr. Bach. I was Director of Surgical Services and it had been 5 years since the cancer. That came when I was 40 years old. My 'job' on that trip was to do inventory and help coordinate the move from the Old Gray Memorial hospital to Nuevo Amanacer.

On that very first journey, I met people who have helped shape this part of my life; Dr. Bach, Jill Grant, Jed Davis, Mary Lacayo Ellis and her father Carlos, Laurita Wilson Tilleth RN (Miss Meddie), and Dr. Kenneth Serapio Hunter.

I remember Dr. Bach talking to me on the long flight from Bangor to Miami. I expected to walk into the hospital and do the work. He gently explained to me that the purpose of Partners is to teach and bring supplies. If we go and do all of the work, we do not leave our most important gift...our knowledge and skill. As left Puerto Cabezas 9 days later, he told me we were flying out of the airstrip created for the Bay of Pigs invasion.

I learned several things in those first 9 days with Dr. Bach. Number one is that my time and that of RAAN are very different. Not only was there a major language barrier, speed was a factor. I was accustomed to a large support staff who reacted when I made a request or needed help. I remember asking for a 2by4 board to balance the Polaris OR lights. We had to wait until the next day for a man to make one with a hand saw.

I also learned to say to people..." I am sorry, I do not speak your language...I would like to hear your story..." The response usually started with an apology for poor Spanish or English. The stories I have heard on my 12 journeys could fill a book. However, there are a few that I would like to share. They tell of sadness, happiness, joy and pride.

I've been to Lions Club meetings, Moravian ministers wives gatherings, swimming with beautiful Meskito children at the new dam in Bilwaskarma. I've shared Earl Grey tea with Guillermo Chow's brother-in-law when he was dying of TB. He told me delightful stories of his childhood, his work the the United Fruit company and about the little baby pigs who sat watching us share the tea.

I've sat many times of the porch at Miss Meddie's house. She told of how hard it was to become the first Registered Nurse in Nicaragua. Not only did she have to study many years in Bilwaskarma, there was no exam for her to take initially. They had to write one. She touched my heart in many ways as she told me stories of the war, the loss of men, women and children...families...villages...the terrible loss of Bilwaskarma and it's effect on their

culture. Perhaps one of her most amazing gifts to her people was her ability to always help others, her complete belief in goodness, ability to focus on the positive and her total belief in the Lord. Sitting on her porch in 1997 in her new hammock, she told me that she was very thankful for her long life. She had never gone to

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bed at night feeling unloved or not having some sort of food that day. She felt blessed.

I met Jed Davis (Trudy's father and the head of the Puert Authority) He told me that he was Sandinistaa - half Meskito and half Creole. He told me stories of his Grandparents in their Meskito village. When I asked him what he felt Partners' could do for his people, I was surprised at his answer. He said "Send your grey haired people...send your teachers." He went on to explain that he felt the greatest loss from the war was the loss of people with the knowledge and ability to teach the young.



**Dr. Kenneth Serapio Hunter**

Dr. Bach introduced me to Dr. Kenneth Serapio (the first Miskito to become a surgeon) I've loved him and his people ever since. He has shared so much of his life's stories....terrible losses and sadness...laughter and joy as a child in the village, fighting his way through medical school. He was driving Henrietta Pearl and I to the airport. I don't remember the year. I was hot and tired. I had not attained 'my goals' for the trip. He was asking us when we would return. I remember looking at the rust colored dirt, the road and then the deep blue sky. My sarcastic response to him was "Ask God". His quiet humble response to me was , "Everyday I pray to God that Partners' will return. What Partners' brings to me and my people is Hope."

I replied with a quote from Thich Nhat Hanh...  
*"Whenever you miss me.....look at your hand."*  
Partners In Health will always return.

### **Message from Our President**

## **Accomplishments This Year**

By Dr. Robert Bach,(

**mc.bach@verizon.net)**

There were many accomplishments this year:

Dr. Bob Holmberg, Dr. Pete Hauptert, and Andy Herriott have been instrumental in developing a medical outreach program for the region along the Rio Cocco River. Health leaders from the many villages involved will receive training in Managua in conjunction with the Nicaraguan Providencic organization.

Dr Joan McCracken, a Bangor pediatrician raised \$10,000 on her own for the construction of a burn unit for Hospital Nuevo Amanacer in Puerto-Cabezas.

Dr. Max Barus has been developing an extensive Pap Smear program and continues to contribute a great deal of organizational talent to PIH . His son Eben and friend Eric have

been instrumental in bringing the hospital lab up to date in Puerto-Cabezas.

Jill Grant has continues to infect everyone with her enthusiasm while her husband Ernie continues to pack box after box in anticipation of our next shipment.

Thanks to Steve Johnson for keeping the books straight, "Gracias" to Miki McDonald for her continued role in supporting the nursing students in Nicaragua, and thanks to Ed Bezembuk, for continuing to share his talents, ultrasound equipment, and money. Special thanks Tom Helinsky for the equipment that has collected.

We are very pleased with our new medical director in Nicaragua, Dr Patricia Ballesteros who has the unique ability "to get things done". Dr Dino Aguilar, a gifted and dedicated orthopedic surgeon has also joined the ranks as our representative in Managua.

The list of dedicated members has been growing and many are returning repeatedly such as Kathy McCarthy, nurse anesthetist from Portland, Nancy Tkacz nurse practitioner from Portland, Dr. James McKendry, orthopedic surgeon and his wife Helen, and John Bozin, maintenance engineer from Mayo Regional Hospital in Dover-Foxcrof, Maine. Dr Allen Browne, a pediatric surgeon from Maine Medical Center will be initiating a surgical outreach to Rosita in the mines in conjunction with Jill Grant who initiated our presence in the mines several years ago.

The one dark cloud this year was when we had to send twenty five beds to salvage instead of shipping them to Nicaragua because of lack of funds. We are in hopes that this newsletter will generate the necessary funds for a shipment of equipment that is packed and ready to go.

### **Special Thanks to the Ronald McDonald House**

**By Dr. Robert Bach (mc.bach@verizon.net)**

The Ronald McDonald House in Portland has always been a special haven for the patents that we have brought back for special surgeries. Most of the patients have been young children who are in need of cardiac surgery. This year Partners in Health brought back 2 patients-Daniela and Ronald. Daniela recently returned to Nicaragua after being treated for a cerebral arteriovenous malformation while Ronald is still awaiting final surgery for an extensive caustic burn of his esophagus and pharynx. He and his mother Maria have been at the Ronald McDonald house since March and have been the recipients of a warm hospitality from all their volunteers which has been beyond all expectations .It is anticipated that his final surgery will be performed at Children's Hospital in Boston because of the complexity of the procedure.

Thank you Robin Chibroski, Exec Dir. and Sandy Boland, House Manager for all that you and your volunteers have done for us.



## Children in Need

By Jill Grant ([jgrant6198@aol.com](mailto:jgrant6198@aol.com))

In Nicaragua, the limited economic resources affect all areas of medical care. The meager medical resources are used for acute problems and children and adults with chronic physical disabilities and left with few or no resources. A simple pair of crutches is difficult to come by. When a child is born with a physical handicap in Nicaragua, there is little hope of receiving the specialized walkers, braces, or wheelchairs that allow the child to become as independent as possible. A new member of Partners in Health, Richard Cherkis, knows first hand how important these devices can be in the life of a disabled child. His daughter, Madison was born with spina bifida and has benefited from a series of wheelchairs, braces and physical therapy equipment. As she outgrows this equipment, it is stored in the attic. In the USA, our resources allow equipment to be ordered new for each child. When a child is done with equipment, the families would love to give these devices to other children in need. In Nicaragua there are many children in need to whom a wheel chair would allow them to leave the house and interact with their neighbors and family.

Partners in Health would like to develop a five-year plan in which this outgrown equipment could be collected and shipped to Puerto Cabezas, Nicaragua. The equipment would be stored in the Partners in Health "Casa de Amistad" building. Richard would visit Nicaragua and coordinate the distribution of materials and equipment with the local pediatricians, orthopedists and physical therapists. During his visits he would compile a list of specific needs and work on his return to find the equipment. Richard would also set up a program for disabled children, teenagers, and their families to meet once a month to socialize and support each other. They would meet in the Partners in Health "Casa de Amistad" building which will be wheel chair accessible.

Other goals in the future will be helping families of disabled children and adults with wheel chair accessibility to their homes and transportation needs. There are also many elderly who would benefit from a walker or a bedside commode.

To achieve these goals, Partners in Health is asking for donations to help with the shipping of these much needed supplies. We have access to a large volume of equipment all that is needed is money for shipping. \$4000 will ship a 40-foot container to Puerto Cabezas. These supplies will go a long way to address the needs of these disabled children.



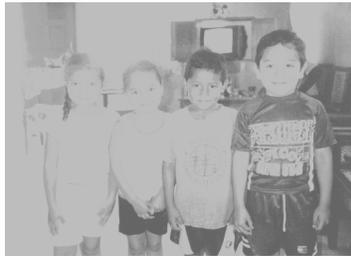
Partners In Health, A Good Fit  
By Eben Barus, (ebecke@hampshire.edu)

At the beginning of my sophomore year at Hampshire College, I began looking at medical outreach groups doing work in Third World Central or South America. The idea of working with such a group seemed like a logical combination of my interests in healthcare, travel, and my on-again, off-again eighth-year flirtation with the Spanish language. By March of the following semester, I was on my way to Nicaragua with a close-knit organization known as Partners in Health (PIH). Without my knowing it, this warm and receptive group had already begun considering me a member, not just another tourist. This attitude of acceptance and friendliness has cemented me to this organization and guarantees my involvement in the future.

PIH is a Maine-based organization primarily composed of, but not limited to, healthcare professionals who have focused on improving health services at multiple sites in the Eastern (RAAN) region of Nicaragua since 1975. Unlike many other outreach groups like Doctors Without Borders, PIH does not limit its membership to healthcare professionals, but instead welcomes everyone interested in making a difference in a struggling healthcare system. Because no hierarchical attitudes exist between members of PIH, I quickly formed friendships with the entire group regardless of training, and was appreciated for my enthusiasm and energy toward a similar goal.

During my very first trip, I rapidly became aware of just how respected my group was throughout the RAAN region. It seemed that everywhere I went I was being welcomed into homes and businesses, solely because of my association with the group. This was especially true at the Hospital Nuevo Amanecer (NA) in the coastal city of Puerto Cabezas (PC). This hospital, one of many destroyed as a result of internal warfare in years past, was pretty much rebuilt through the efforts of PIH. As a result, the staff and PIH members have developed strong ties to one and other, and because of it I was greeted as a friend. During subsequent visits, I too developed many of my own close friendships with members of the NA staff.

For PIH, having enough projects has never, and probably will never, be an issue. Because of this, it is every member's responsibility to work on those projects where he or she can make the greatest impact on the healthcare system. The Lab Expansion Project (PIH-LEP) was perfect for me to pick up and run with because of available support, my own abilities, and the major impact it could have towards delivering basic healthcare needs. For years, Jill Grant, a laboratory technologist from Maine, has been making wonderful things happen in the lab, and with her guidance I was able to learn the lab's needs and to design this project. With my training in laboratory practices, advanced mathematics, and organic and biological chemistry, I was in a great position to learn the specifics of this project, and make some worthwhile changes happen. What I thought would be a minor undertaking has now snowballed in to enormous endeavor involving many sites and dozens of people, all of whom have dedicated incredible amounts of time and energy into making this project a success. With their continued support, I anticipate amazing advances in the quality of healthcare at many sites throughout the RAAN region.



Some of PIH's friends

**Anyone interested in learning more about Partners in Health please contact us by e-mail. You can write to us at:**

Dr. Robert Bach, 50 Wilson Street, South Dartmouth, Ma 02748 or  
Jill Grant, 150 State Street, Brewer, Maine 04412

**Please send tax exempt donations to:**

**Partners in Health**

c/o Steve Johnson 959 Kennebec Road, Hampden, Maine 04444

