



Keeping You In Touch Because You Care

Taking Time for the “*Road Less Traveled*”



It was one of the usual crazy-busy days. I was heading down the mountain as fast as the windy road would allow me toward Pinalejo and then on to San Pedro Sula. There were medi-

cations to buy, lab specimens to drop off, results to pick up, surgical supplies to purchase before the next day’s surgeries and many other past due tasks that demanded my immediate attention. My mind was racing and the clock was ticking when I saw an elderly man making his way along the road with only a crudely fashioned walking stick to keep him company.

As I passed him, I noticed he was walking quite slowly and yet his steps seemed to be filled with resolve and determination. I thought to myself, “if only I weren’t so busy this morning, I would stop to give him a ride”. And then, as if my heart had a mind of its own, I stepped on the brakes to turn



the truck around. “Hey Grandpa,” I yelled out the window. “Where are you headed?” I hoped the answer would be a village close by. Unfortunately the response was a village nearly an hour and a half driving distance away. It was a village tucked away in the highest part of our mountain range called *See the Sea*. I didn’t have an extra thirty minutes to spare let alone three hours and yet I soon found myself heading in the opposite direction of my to-do list.

His name was Manuel. He was ninety-two years old. As he began to speak, I soon realized I had turned the truck around to hear God’s small quiet voice among life’s noisy clang. Don Manuel explained he was going to his home village to visit family and his parents grave one last time before moving to Copan with his son. It seemed to me he was taking his life in review. With every twist and turn of the mountain road, there was a

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corresponding memory. As we made our way further up the mountain the intrinsic beauty of Honduras and its people once again made its way into my heart just the same as the sunlight fingered its way through the understory of the cloud rainforest around us. When we finally reached the village, Don Manuel jumped out of the truck with much excitement and said “thanks gringita”. I thought to myself, “no, thank you”.

Warmth, Loving Kindness and Compassion - Sharing Christ's Love



As the rainy season approaches and the fresh cool breezes begin to move the trees, there is always one thing that weighs heavy on the mothers' hearts of this place. It is the knowledge that their children do not have adequate clothing to protect them from the cold

weather. And while fifty degrees might not seem that cold to you or I, malnourished children with little body fat and threadbare clothes can easily become quite chilled. It is during this time of year, the clinic sees an increase in young children with severe lower respiratory tract infections such as pneumonia. It's

hard to imagine how uncomfortable the small children must feel when subjected to high fevers, chills and yet not have even so much as a sweater to protect themselves from the damp, penetrating cold of the season.

Mary Jo Geiger of Chanute FUMC has given me hand-knitted sweaters every time I have come home.

Last June, she handed me several sweaters to be taken back for the children. As you can see, Christ's love on this occasion literally warms the heart!



Nutritional Evaluations Continue to Provide Valuable Insight



Between the months of May and October, six different villages were visited to perform nutritional evaluations and apply fluoride to the school children's teeth. In addition to the children visited at the schools, those who arrive at the clinic, whether they come for treatment, accompanying a family member, or were just visiting, have also been evaluated. We have evaluated 353 children ages two to twelve years old; 191 females, and 162



males. Part of the evaluation consists of measuring the child's weight, height, and calculating his or her Body Mass Index (BMI) from the information gathered. In order to keep a better record of the child's progress, an evaluation form is made for each child with his or her corresponding growth chart attached in the hope that the child's development will be properly tracked through the years.

Through the calculation of the children's BMI (weight in kilograms/height in meters²), it can be observed that over 70% fall below the CDC's Growth Chart's 50th percentile line, with 45.9% falling at or below the 10th percentile line. Out of the 191

girls evaluated, 86 fall at or below the 10th percentile, while 139 fall below the 50th percentile line, accounting for 45.0% and 72.8% of the girls, respectively. Of the 162 boys evaluated, 76 fall at or below the 10th percentile, while 122 fall below the 50th percentile line, accounting for 46.9% and 75.3%, respectively. While a child with a BMI that falls between the 10th and 50th percentile line is still considered to have a healthy weight, said child still falls below the average. A child with a BMI that falls at or below the 10th percentile line is considered underweight. Thus, the information gathered demonstrates that 45.9% of the 353 children that have been evaluated are underweight.

One of the added benefits of performing the evaluations at the villages' school is the opportunity to gather information from the teachers. In one particular village, we became more aware of how a varied diet can affect a child's growth. After evaluating some of the children, we noticed that they had a tendency to be better built, more muscular, and healthier-looking than children in other villages. When we mentioned this to the director of the school, he very proudly informed us he did not allow monotony in their school lunch program. He requested of the mothers who prepared the meals to constantly change the menu, while supervising the variety of the meals. As an additional observation, of the six villages visited, this village was the only one that has an 8th grade, the others only provide education to the 6th grade level. There are possibly many other factors that contribute to the children's health and development, but the variety of their meals may have a strong influence.

Helga has truly taken this project to heart. We hope to be able to evaluate every child under twelve in the clinic's service area for malnutrition. Early detection is key to successful treatment!

There is No Place Like Home - Home is Truly Where the Heart Resides

Dorothy surely had it right when she said there was no place like home. However, several times during the past six months I have been forced to ask the question, “what defines home...and where is it”. It has been a scary time as political turmoil in Honduras forced me to move my family to the United States (albeit temporarily until things could cool down). I worried about my children’s reaction to everything from the food to the loss of their daily playtime with the thirty plus children of our barrio. Yet it seems as though to me, home isn’t nearly so much a place... as it is a feeling of belonging. What a blessing it has been for me to discover my family has not one, but two homes. Whether it be a day trip to the aquarium in Tulsa or a weekend at the beach on the north coast of Honduras, my children have been greatly enriched by the variety of experiences this missionary life has provided them. Every day, there was something new to experience from preschool to pizza to penguins! As they met their extended family in the United States they soon became

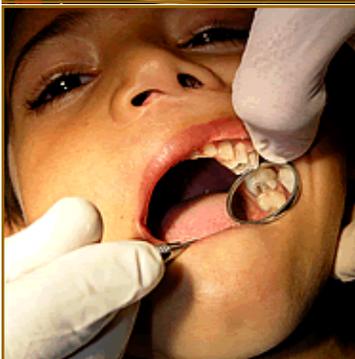
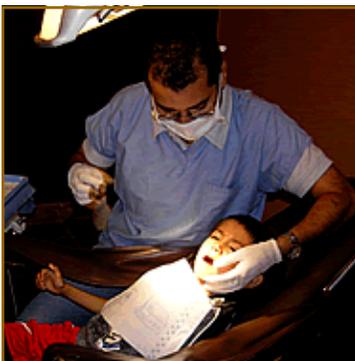
aware that there are great benefits to having family in both places.

For me, the experience of “coming home” has been profound. When my hometown hospital offered me a job despite my inability to make any specific time commitments, it deeply touched my heart. Throughout our stay in the U.S. so many, (more than I can count) extended us unspoken kindnesses.

And yet, as I drove into our driveway here in Honduras, and was met by many of the mission staff who I also consider to be my family, I realized I had once again left home only to come home.



Combating Malnutrition and Integrating Care



FMI dentist, Dr. Edmundo Ordonez, faces enormous challenges on a daily basis in his office. Many of the clinic’s patients have multiple complex dental issues that eventually lead them to our doors. On this occasion, Dr. Ordonez faced a difficult case which he would like to share with you. It exemplifies the link between malnutrition and overall dental health.

The patient, Edwin Edgardo Cortez Martinez, 7 years and 8 months old, presents a critical dental picture to the oral evaluation performed. There are several factors that indicate massive destruction from dental cavities at an early age in deciduous molars that are going to alter and produce a dental movement of the existing permanent molars and premolars. Through X-rays, we have been able to determine that the deciduous molars should be extracted, however, it is not the appropriate dental age to perform said extraction because the premolars (which can be seen between the ages of 9 and 11) will need to occupy these positions, but at their due time.

One option is to place a space keeper in the patient’s mouth in order to prevent a greater alteration of the dental and oral anatomy, avoiding dental transposition of the canines. Without a doubt, the “rampant” dental decay is creating this problem because of its advanced stage and continued rapid progression. Another factor is that the growth and eruption of the permanent teeth is not occurring at its determined time most likely because of malnutrition.

In dental age, we can conclude through the clinical

exam and x-ray that the patient presents the dentition of a six and a half year-old due to general nutritional factors that have produced a delayed growth in body mass, bones, and teeth.

Our dental treatment will be as follows:

- Antibiotics and -analgesics prior to extractions
- Surgical (extraction of affected pieces)
- Prophylactic and Preventative (cleanings and fluoride applications)
- Preventive (application of sealers and restoring of damaged pieces)
- Orthodontic (placement of space keeper in the area where premolars will erupt)
- Observation (watch for any changes that may present themselves)

Never before have the children of this area had access to full-service dentistry. This child’s only option would have been to have the painful, decayed teeth pulled by a dental technician. Dr. Ordonez always tries to look at the bigger picture. The patient was given antibiotics to prevent a more serious infection. Care was given to maintain the integrity of the child’s future dental configuration and a comprehensive plan of care was developed to assure appropriate follow-up. Thank you to all who help to provide these services to those in such need!



No Room in the Inn for Those in Real Need



One never knows what Dr. Madrid will bring to the clinic on surgery day. On this particular occasion, it was a 74 year old man who could not even lay on the exam table because of the excruciating pain he had in his groin.

Months earlier, he had visited the public hospital only to be told he had a large inguinal hernia. He was given a date for his semi-

elective procedure for the year 2011. Having heard of Dr. Madrid and his humanitarian spirit, Don Jose pleaded for help.

That same day, Dr. Madrid scheduled Jose for surgery at the Fellow Man clinic. The supposed inguinal hernia was actually a testicular cancer that was growing fast and required immediate attention. For Jose and his family, the FMI clinic was the only op-

tion. The private hospitals were far beyond their financial reach. To perform such a delicate surgical procedure in the mission's modest clinic would be a challenge because of the risk of bleeding. Yet, God was with us on surgery day. The tumor was removed successfully. Don Jose was referred to another FMI board member who works at the Honduran cancer league for additional treatment.

Would Someone Help My Baby . . . Please

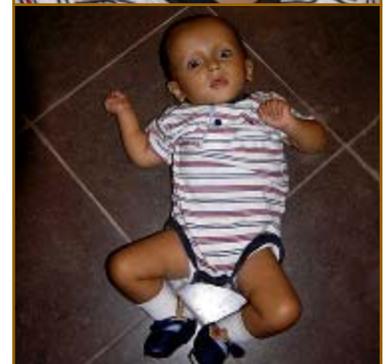
As sunlight waned in the distance behind the fronds of the coconut palms, a small woman appeared at my gate. She was holding a baby I presumed, but had the child covered with a towel. She apologized for bothering me at home but said she needed help. She was clutching a large manila envelope filled with her baby's medical records.

When she removed the towel from the child's head, it was easy to see why her eyes seemed weary from worry. Her baby had a huge head from hydrocephaly. She began to speak very fast as if she were afraid I would soon walk away from the situation cloaked in the same indifference as so many others had done before me. I opened the gate and asked her to come in to discuss her baby's situation.

Hydrocephaly is a problem all too common in Honduras. The pediatric neurosurgical unit at the public hospital is overflowing with cases that require surgical intervention to relieve

the pressure on the brain due to an excessive build-up of cerebrospinal fluid in the ventricles. While the public hospital has some very fine neurosurgeons who are more than capable of placing the shunt which drains the excess fluid away from the brain and into the patient's abdomen, often times the bigger problem is the purchase of the shunt itself. The hospital tries to provide as many shunts as possible but the demand is overwhelming. The purchase price of a shunt at a local medical supply house in San Pedro Sula is nearly five hundred dollars...far from the financial reach of those who make no more than six hundred dollars a year.

Still, time was running out for this child. He was nearly two years old and was showing signs of severe neurological impairment and was developmentally delayed. I referred him to a friend in San Pedro who is a neurosurgeon and has helped with similar situations in the past. Look for updates on this child's condition in the next newsletter.



Living Wages for FMI Employees Mean Opportunity - Meet Nidia



Nidia Ramirez was one of the original nurses who I trained nearly ten years ago. I wanted to have the opportunity to present this wonderful, accomplished nurse to you again so that you might know the impact a living wage has had on her life. Nidia has always been one of the best and the brightest. Not only

has she achieved proficiency in her nursing skills, but she brings a smile to the patient's faces as her infectious laugh fills the halls of the mission's clinic.

At a glance, you would never guess the personal struggles Nidia faces in her every day life. Nearly five years ago, she was diagnosed with rheumatoid arthritis. Despite a well-planned treatment regimen, Nidia must deal with chronic pain on a daily basis. She is also a single mother of two girls. She receives no outside financial support to help with their upbringing. Still, Nidia gives her all to her work at the clinic. She is an inspiration and a gift to everyone who knows her. Thank you to all of those who provide the financial support necessary to assure a living wage for every one of the mission's employees. It makes all of the difference in the world to them and the families they support. Blessings!

Good Day! It is an honor for me to address you and at the same time give thanks to the Lord for the opportunity that I have been given to form part of Fellow Man International.

I would like to tell you a little about how much I have been able to accomplish. First, as a professional, I have been able to grow because of the good fortune I have had to be a part of this institution since its beginning. I was one of the people who began training in this profession when the opportunity first presented itself about nine years ago. After leaving for some time, I have had the opportunity to return and hope to be able to give my best in order to fulfill my job as I have to this day.

Secondly, this job has also affected my personal life. I would like to thank my boss, Lisa, for this opportunity, for her trust in me, and for always being there for us when we need her. I also thank God, Lisa, and this institution for the opportunity of work because I am a single mother who has been able to see her daughters ahead through my job.

*Well, I think the day would not be long enough to be able to thank you or express how good I feel. Thank you!
Nidia*

A Passion for Passion Fruit - Diversification in Coffee Country

One of the most worrisome aspects of living in coffee country is, the people's well-being is absolutely subject to the whims of the international coffee market. A good or bad year is highly dependent on the prices established through trading on the New York Board of Trade. Even more worrisome is the unfair local pricing system that often times fixes prices and is controlled by a select few, very large coffee export houses.

Soil in the high places of

Honduras has very little to offer with regard to the diversity of cultivated fruits and vegetables it will support. Many have tried to diversify without much success. However, Don Miguel, with the help of coffee producer Orlando Figueroa has found one product that appears to have a bright future.

As it happens, passion fruit grows well in our area. Maracuya, as it is known locally thrives on the cooler temperatures and heavy rainfall. Don Miguel has planted more than six acres of passion fruit. He sells

his produce in San Pedro Sula. Currently he is unable to meet the demand.

The fruit is produced by a vine-like plant. The passion fruit vines are strung on wire in between wooden posts very much like grape vines. The plants bear fruit all year. Don Miguel has plans to expand his production of passion fruit. He has a nursery with thousands of plants in the hopes of encouraging others to produce the fruit in an attempt to meet the growing demand. Efforts such as this deserve applause!





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Love in Action for the Benefit of Our Fellow Man

Borrowing the Back of My Fellow Man - Will I Ever Truly Understand

Hondurans have a phrase they like to use when they refer to the amount of effort they put into their work. They say, “he prestado mi lomo”. It translates to, “I have loaned out my back”. When it comes to the hard physical labor of the coffee trade, this phrase becomes literal. Carrying more than one hundred pounds of coffee on one’s back can easily be defined as **back-breaking**.

As we head into the coffee harvest, I have contemplated my responsibility to those who would toil in the fields to help us produce Green Parrot Coffee. Is there any real way to truly appreciate and compensate these people who have loaned me their back?

Still, when the opportunity to sell my small coffee farm came just before harvest, I felt a heaviness in my heart. The price offered would make a tidy profit. I could always purchase coffee from others



Many older men work in the fields along side their younger counterparts. Because of the physical demands on their bodies, pain is simply a fact of life that must be dealt with if they are to continue to provide food for the table.

with strictly high grown varieties in the area. From a logistical standpoint, Green Parrot did not need the coffee produced specifically on my farm to produce a flavorful cup of coffee. However, assuring a fair wage for those who have drenched my farm’s soil with their sweat would be another matter.

As the political situation continued to disintegrate in Honduras, I wondered how wise it could be leaving all of my assets in Honduras. Everything in the world that

I call mine, I have in Honduras. And yet, no sacrifice for me could ever compare to that poor coffee field workers make on a daily basis. The only reason the farm has increased in value is because of their knowledge, experience and of course back-breaking work. No, it seemed that my debt on their backs has not yet been paid in full. I’m not sure it ever will be, but it seems only fair to keep trying!