

Area Doctors Going the Extra Miles Arlington Medical Workers Run Clinics in Honduras

By Leef Smith

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Barry Byer, a family practitioner, remembers the teenager because he came to the medical field clinic in La Ceiba, Honduras, complaining of a respiratory infection.

U.S. medical workers visiting the city during a week-long aid mission were preparing to prescribe antibiotics for the 18-year-old when he pulled up his shirt to reveal a colostomy bag. Embarrassed, he pleaded, "Can you help me?"

The pouch, which is worn on the outside of the body to collect waste that normally passes through the digestive system, was put in by Honduran doctors two years ago when the boy suffered a gunshot wound. It was supposed to have been removed shortly after the boy's colon healed from surgery.

But in one of the poorest countries in the Western Hemisphere — where one-fourth of the population has no access to health care, hospitals lack the most basic supplies and patients abound — there were neither the resources nor the money to perform the follow-up procedure.

Byer, chief of family practice at Arlington's Virginia Hospital Center, and the members of his team swung into action. "We referred him to one of our surgical teams, and in no time they repaired it," Byer said, still elated by the week's many successes. "We were all thrilled."

Scenes such as this one have played out thousands of times since the team — 61 doctors, nurses and support staff who in October traveled south to treat Honduras' neediest — made its first visit to the country in 1999. Team members encountered the devastation caused by 1998's Hurricane Mitch and treated more than 1,000 patients in makeshift field clinics in Sula.

The patient load has grown steadily over the years, topping 6,500 — more than six times the number of patients the team



John Sverha, MD, assistant chief of emergency medicine at Virginia Hospital Center, examines a Honduran girl during one of the hospital's annual missions. (Photo Courtesy Virginia Hospital Center)



Hondurans in Tegucigalpa wait to receive medical treatment provided by doctors, nurses and support staff from Virginia Hospital Center in Arlington. The hospital workers use vacation time to visit each year. (Photo Courtesy Virginia Hospital Center)

treated in 1999 — during the most recent week-long visit. Setting up their clinics in the slums of La Ceiba, the team members — almost all of whom are employed by Virginia Hospital Center — cleaned and sutured festering wounds, handed out thousands of pairs of glasses, provided wheelchairs and walkers to the crippled and repaired cleft palates and scores of fallen uteruses.

Each year in Honduras, the pharmacy team distributes untold numbers of vitamins and antibiotics to cure the sorts of everyday maladies that are fixed by a quick visit to the doctor in the United States. Left untreated, even a simple case of pinkeye

can become debilitating in Third World countries such as Honduras.

Every patient, excluding pregnant women and nursing mothers, is treated for worms. Toothbrushes and soap are distributed, along with children's chewable vitamins that are so tasty to the young patients that parents are warned to keep them out of the reach of little ones.

After five years of providing humanitarian aid, the annual missions, spearheaded by Byer, have grown dramatically, both in scope and resources, leading organizers to consider new avenues of cooperation to help the impoverished nation.

This year's effort drew nearly twice the number of staff as that first mission and three times the private donations, which officials said have surpassed \$50,000 annually. The money is used to buy the medication and supplies needed to treat the thousands of patients who line up before dawn to see the American doctors.

Surplus equipment — walkers, wheelchairs and other supplies — have been donated by Virginia Hospital Center and CrossLink International, a Falls Church nonprofit organization that collects surplus pharmaceuticals and equipment for distribution overseas.

The Red Cross has lauded Virginia Hospital Center's brigade for running the largest medical mission to Honduras from a single hospital.

But they are hardly the only group making medical pilgrimages to help the people of Honduras.

Officials say there are dozens of groups — big and small — who travel to the country each year to provide some kind of medical care and deliver donations to the country, which is easy to reach by plane and more economically feasible for American aid workers to help than far-flung locales such as Africa.

Byer, who is medical director and the founder of CrossLink International, is eager to take their missions to a new level. After his most recent trip he proposed expanding the breadth of the team's work by coordinating the many U.S. mission trips made into Honduras by different groups.

The idea, he said, would be to organize monthly field missions to specific locations, allowing existing clinics to stay open and provide care throughout the year, supplemented once a month with visits by U.S. doctors and other medical specialists from across the United States.

Byer has recently begun talks with the Honduran Embassy in Washington and the U.S. State Department about the possibilities.

"If you could have ongoing care, there would be support from the Honduran government," Byer said. "The idea is appealing to me and the people we've talked to who are part of the Honduran infrastructure."

There is no lack of interest on the part of medical professionals who have joined the Virginia Hospital Center team from other hospitals, such as Suburban Hospital in Bethesda and Georgetown University Hospital. One doctor, an alum of the group, traveled from North Carolina to participate.

The brigade, which comprises surgeons, primary care and eye specialists, and even physical therapists, has grown each year, buoyed, participants say, by the gratification they get by helping, and the humbling belief that they are blessed to live in a country where even the poorest often have access to medical care.

If you're thinking the missions are a paid vacation to an exotic locale, think again.

Team members pay their own way to participate, shelling out about \$1,200 apiece to cover their airfare, hotel and food. The week the workers spend in Honduras is not paid leave — it must be taken as vacation time. Having to use up a week of vacation is a hardship for some of the workers.

Still, the volunteers say, it's work they feel compelled to do.

This year, the medical brigade distributed more than \$600,000 worth of medical supplies and medication over the course of five intense, dawn-to-dusk days at different public health clinics.

The group performed 66 surgeries and fitted more than 2,600 pairs of adult and children's eyeglasses aided by 58 bilingual Honduran high school students.

Beckie Hallinger is a staff nurse at Virginia Hospital Center, where she teaches childbirth classes. This was her fourth mission. The bilingual nurse was the first person to speak to the teenager with the colostomy bag.

"I can't image what it would be like to live in a county like [Honduras] with a colostomy," Hallinger said. "This was such a positive change. All of a sudden he can date and he can marry and he can be a normal guy. There's so many people we see where [the result] is life-altering."

The examples are many, say team members, who rattle off details about the patients they've helped: the 8-year-old girl who hadn't been able to see a sharp, clear line before the team gave her glasses; the mother of eight whose uterus was so

stretched that it hung nearly to her knees; paralyzed children who had never owned a wheelchair and instead relied on family members to carry them.

"Our veterinary offices are better supplied than their hospitals," said Hallinger, still incredulous. "They have absolutely nothing. Hospitals are just buildings with beds. The blankets we found in the recovery rooms looked like Swiss cheese. It was just appalling."

The October mission was the second to Honduras for Maureen Merkl, a registered emergency department nurse who spent the last year working with the pharmacy team, ordering drugs to be dispensed on the trip.

Her team relied heavily on the student translators who wrote instructions on the pill bottles in Spanish. Still, they found themselves worrying about the patients who can't read. Next year, they said, they may rely more on universal symbols, just to be safe.

Then there are the patients who are just overwhelmed, needing so much more than a quick visit with the doctors.

Merkl still thinks about the 14-year-old girl who came in with her sick newborn, her second child.

The baby was malnourished, covered in scabies and ill with a bronchial infection. The first dose of medication Merkl administered caused the baby to vomit. She found herself relieved that the child had a cleft lip and palate, a problem serious enough that he would be referred to the surgical team for more comprehensive treatment.

"The mother was overwhelmed," Merkl said. "Sometimes when you start helping you just want to do more."

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