

Why We Do What We Do: Honduras Medical/Surgical Mission, January 2008

By Mary Dowling

Each medical mission gives Sharing Resources Worldwide the opportunity to assist children and their families with medical problems that have not been corrected for a number of reasons—usually because of cost, or because the needed treatment is not available due to lack of equipment, supplies or training. The effects of that assistance are easy to see from the smiles and expressions of gratitude on the faces of patients and their families.

But there are other benefits of such missions that are more difficult to measure. SRW often donates equipment that enables a local surgeon to offer a certain type of surgery, at least on a semi-

regular basis. Sometimes training in a new procedure is all that's lacking. In other cases, SRW provides supplies such as suture and sterile gloves, which are in short supply.

Another palpable benefit is the camaraderie that comes from working for a week with colleagues who are new to our acquaintance. When the entire team has the same goal, they can work through issues and problems with surprising ease. On SRW medical/surgical mission trips, our goal is to help the children who need our services most. We work closely with our host partners, local surgeons and auxiliary staff. Those of us who make up the team usually have not worked with each other previously. Meeting the challenges of a new place, new coworkers, and new needs—and every mission trip provides at least six days of these—is a source of great personal satisfaction. In fact, this goal of mission endeavors is one of the things that draw medical professionals to mission trips.

Logistically, every trip starts in the SRW warehouse, as we plan and pack supplies and equipment for a mission. We try to anticipate what we'll need, what kinds of cases might be presented, and how we can prepare for the unknown.

Members of this medical team were:

David Mann, MD
Thomas Jones, MD
Deb Dahlke, CRNA
Luke Hattenhauer, CRNA
Kathy Sweeney, LPN
Mike Sweeney, Photographer
Mary Dowling, RN
Marge Abegglen RN
Toby Haines, RN
Gary Haefler, Biomedical Engineer



José is ready to go home after surgery with two new casts.



Before and after: One year later Manuel has new feet and a new outlook on life.

Once we're on site, it's rare that we don't have what we need. *Finding it* might be a challenge in the vast array of supplies sent... but we do find it. And if we don't, it's often available locally. One need only ask and have the money to buy it.

The practical and less tangible aspects of mission trips still amaze me, even after 16 years of personally traveling with medical teams. To those who help with planning, packing, unpacking, anticipating and accomplishing these medical/surgical missions, I again say *thank you for the privilege and opportunity to see these miracles happen again and again* in so many ways on so many missions. You truly are special people with special skills and unending love and caring for those we seek to serve.

The value of goods and services on our Honduras mission in January 2008 was \$276,247. Part of the reason we can provide such value is that each mission trip participant pays his or her own airfare and room and board. Our team screened 70 children, and 30 had surgery that week in Seguatepeque. Thanks to Womanade of Madison, Sweeney Construction, and Meriter Pharmacy for their support of the mission. To those in Honduras who worked for weeks before our arrival to make sure all would be ready and that the patients arrived when we were ready for them, we say: "Thank you, *everyone*," from all of us at SRW.

Sharing Hands
Sharing Hearts
Sharing Hope
Sharing Resources Worldwide

From Apprehension to Inspiration

By Megan Meinen

This is probably the wrong crowd to admit this to, but I have always been pretty scared of hospitals. Blood, needles, pain in general... I don't do well with it. So when I first found out I was going to be translating for a surgical medical mission I wasn't exactly sure how to feel about it. I am from Wisconsin originally but I am currently living in Lima, Peru and working at Casa Hogar Juan Pablo II, an orphanage that partners with Sharing Resources Worldwide to carry out medical missions in Peru. This year we were in Lima (the capital city) at the children's hospital. We operated on the eyes and



Hospital nursing staff in Lima with Mary Dowling (fourth from left), Megan Meinen (fifth from left) and Jayne Prew (far right).

ears of 59 children who would otherwise never have been able to afford it. I went into the week not really sure what to expect and nervous about all the things I would see. It ended up being one of the best experiences of my life.

Before the mission even started I was already becoming aware of all the work it takes to carry it out. After a long, frustrating battle with customs officials, the shipment of supplies sent down ahead of time arrived at the orphanage. Of course it just happened to arrive around 11pm, about two days before the mission was about to start. Then when the medical team arrived from the U.S., we had to sort through all of it, box by box, to ensure all the correct supplies were sent to the hospital. It was amazing to see how many things were donated by different groups and how much work and organization it took to get it all down there, accounted for, and ready to go.

After all the unpacking and organizing, the actual mission began. First of all, a description of the hospital is in order. The hospital is huge and walking into it is, in many ways, like walking back in time. There is no air conditioning, only one set of elevators, and an extremely troubling shortage of hand soap. I don't think there were individual rooms for the patients; if there were I didn't see them. On the fourth

floor where children who had to spend the night after surgery stayed, there were about ten kids in a room together. Each child was issued one set of eating utensils with their first meal, which they were expected to keep for the duration of their stay. If they lost a fork or a spoon, it was their family's responsibility to find them a new one outside of the hospital. The beds were made of rusty metal and only about half of them were equipped with a metal crank used to recline the bed. The surgical floor where we worked consisted of six operating rooms and a recovery room separated by a long hallway. That means that the hallway was also

where patients waited pre-surgery, where surgeons scrubbed, and sometimes even where patients went after surgery when there wasn't enough space for them in the recovery room.

The hospital was equipped with a capable and energetic staff who were extremely helpful and grateful to us. The Peruvian nurses I worked with in the recovery room were always very willing to support us in any way they could, and we truly could not have pulled off the mission without their help. I know the members of our team

in the operating rooms felt the same way about the hospital staff with whom they worked.

We spent our first day at the actual hospital screening patients. The sheer number of people in the first floor waiting area was enough to make me want to call it a day. Thankfully, not everyone was waiting to see us, but many of them were. On that first day all of our patients received a final screening from the surgeons and pre-op instructions from the anesthesiologists. The children were quiet and scared. Their parents were anxious, but also excited and grateful.

The next day was the first of five days of operations. There were a few kinks to work out, some organization to be done, but for the most part it went smoothly. Not even stifling heat or Brett Favre's retirement could shake us. Each day we operated on at least nine children. The surgeons, nurses and anesthesiologists working in the operating rooms usually didn't even see the light of the day, besides a twenty-minute lunch break. The same goes for the volunteers who organized and ran our supply room upstairs. We were constantly running there to get something and without the members of our team working up there, it would've been impossible to find what we needed.

I spent about half of my time waiting with the kids before their surgeries. It was an awesome job to be there to comfort the kids and hold their hands, and make them laugh. It

was amazing how everyone from our team, no matter how rushed, busy, or unaccustomed to working with children they were, found the time to make the children feel loved, by joking around with them, smiling at them, or offering them comfort. I also spent much of my time working in the recovery room with one nurse from our team. I was in full scrubs, so all the Peruvians called me doctor, which I can't say I didn't enjoy at least a little bit. Of course, I did learn what a CC was on the second day of the mission, so they may have also been misled by my vast medical vocabulary. In reality because of my lack of knowledge of all things medical, I was of little or no help, besides in translating. As a result the nurse I worked with had to do a truly incredible amount of work each day, basically single handedly taking care of all our patients while they were waking up, as well as checking on and comforting children who weren't even our patients. She also took the time to explain things to me and I am incredibly impressed by her and feel very lucky to have been able to work with her.

Every single person on our team, as well as all the translators and orphanage staff who supported the mission, worked tirelessly all week. They came at their own expense and used their vacation time. They worked so incredibly hard and shared their extremely valuable time and talents with people who have less than them. To be completely motivated by nothing more than the desire to help others is the epitome of selflessness and a truly beautiful and inspiring thing. I feel very fortunate to have been part of a group of people who live according to this ideal.

In fact, I feel fortunate to have been able to work with and learn from everyone I met that week. I was extremely impressed by the Peruvians who were so willing to let us into their hospital. They stepped aside and allowed us use their space and their equipment without trying to control us or force us to do things their way. In the same way, our team respected the practices of the hospital, even when it was



Marlon and his father wait with Marlon's new stuffed monkey for his turn for surgery by the SRW team at the Children's Hospital in Lima.

hard. We dealt with a lot of cultural, technological, and professional differences. Everyone involved approached these differences with a willingness to learn and teach, to explain and listen, and most of all to compromise. No one lost sight of the most important goal: improving the lives of children. If more people were able to compromise, keep an open mind, and not let pride or miscommunication get in the way of over-arching goals in the way the people on this medical mission were able to, the world would be a much better place.

Peru Medical/Surgical Team members

Rob Bechtel, MD
Brian Sieck, MD
Mary Dudley, CRNA
Dick Beinborn, CRNA
Mark Kernan, CRNA
Chester Hilton, RN
Jayne Prew, RN
Mary Dowling, RN
John Alamaid, RN
Donna Hundt, Admin. Assist.
Anne Beinborn, Admin. Assist.
Karen Welsh Ritter, RN
Peter Qualey, MD

For more information on Sharing Resources Worldwide, check out our website at www.sharingresourcesworldwide.org



Founded in January 2002, Sharing Resources Worldwide makes surplus and recycled medical supplies, durable medical equipment, and related items and activities available to needy populations around the world. SRW endeavors to improve the health and quality of life of its recipients and to empower them to live with increased dignity, independence, and hope.

We do this through three areas—medical missions, shipping and the wheelchair project.

All donations are tax deductible. Please make checks payable to

Sharing Resources Worldwide.

Sharing Resources Worldwide is incorporated in the state of Wisconsin and is a tax exempt charitable 501 (c) (3) organization.

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SRW Board News

David Mann, MD recently stepped down as president of SRW. David became our first president in 2002, and has lead us well as we have grown and become more active and productive. We wish David well on his retirement but expect his presence will still be felt at SRW now and then!

Our new president is **Richard Thompson**. Richard has been on our board for about one and a half years. He has a background in finance and is currently at Morgan Stanley, The Croal-Thompson Group as financial advisor, marketing, research, and development specialist. He and his family live in Waunakee. His leadership is most welcome on our board at SRW and we feel fortunate to have him take this position.

After serving on our SRW board of directors since our founding, **Kathy Sweeney** recently retired from the board due to other com-

mitments. The entire board, and especially Lisa and Mary, wish to thank her for her time and dedication on behalf of SRW, and for helping us grow and serve many worldwide. Kathy continues to be part of our medical team to Honduras and brings many talents to SRW's medical/surgical missions. Thank you, Kathy, for six years of service to SRW. We know you will continue to be involved in our projects

Del Coufal recently joined our SRW board as the sixth member. He is currently vice president of marketing at Tomo Therapy Inc. in Madison, and has much experience in medical-related businesses in Madison and throughout the state. He has traveled the world extensively. We welcome him and his enthusiasm for SRW and how we should meet our goals to help many worldwide to live with increased hope and better health.

SRW accepts gifts of appreciated stocks and mutual fund shares. You gift of such qualifies for a tax deduction based of full market value of your stock or mutual fund shares plus you avoid the capital gains tax that would otherwise arise from the sale of stock or mutual fund shares.

Donations: We thank Sylvia Boomsma for editing; Lisa Imhoff, Grey Horse Studio for layout; and SpectraPrint for printing this issue of the newsletter.

Since our beginning in 2002

	2002	2003	2004	2005	2006	2007	TOTALS
Number of containers shipped	12	16	19	22	16	18	103
Tons saved from landfills	180	192	281	368	270	325	1,616
Value of goods and medical services	\$1.2 mil	\$1.9 mil	\$2.1 mil	\$2.5 mil	\$1.8 mil	\$1.98 mil	\$11.48 mil



Four missions completed in 2007

Medical Surgical Mission to Peru
 Medical Surgical Mission to Honduras
 Eye Prosthetic Mission to Honduras
 Wheelchair Project Mission to Nicaragua

Shipment and supply destinations:

Peru
 Russia
 Philippines
 Nicaragua
 Haiti
 Honduras
 Nepal
 Guatemala
 New Orleans
 Afghanistan
 Cuba
 Sierra Leone
 Ghana
 Guinea
 Viet Nam
 Moldova
 Local Homeless shelters

In 2007 shipments and supplies went to:

Haiti
 Local homeless shelters
 Cuba
 Panama
 Honduras
 Peru
 Nicaragua
 Ethiopia
 Ghana
 Mexico
 Tanzania
 Guatemala
 Philippines
 Liberia
 Ghana
 Bolivia
 Nepal
 Ecuador
 Moldova

Contributors

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