

Sharing Moments from a Life-Changing Medical Mission in Honduras

by Heather Lyn Mann

"OK, can I see you walk now?" asks Dr. Mann. A translator repeats the question to a mom and daughter, who lock eyes. After more words of encouragement, the child stands and takes several tentative steps.

I'm watching and the gait looks painful. The effort and discomfort must separate the girl from her playmates. Untreated, in the future it will likely continue to prove trouble, depriving her of potential dates and obstructing employment. But this, of course, is why the mom and daughter pair spent ten hours crossing the Honduran landscape on multiple buses only to wait an additional eleven hours outside the clinic. Mother and child hope the US medical team will give the girl a normal life.



Dave and Heather Mann

Orthopedic surgeon Dr. Mann—Dave—is my husband. For twenty-seven years he's traveled with founder of Sharing Resources Worldwide, Mary Dowling and others on medical missions to Central America. This year, I joined SRW for the first time to pitch in. It gave me the opportunity to see for myself what they've been up to for nearly three decades. This article—a series of moments—is my attempt to tell the story of what it means to deliver life-changing medicine in a developing country.

Many SRW team members are busy screening 155 children for potential surgery, but registered nurse Marge Abegglen is showing me around the operating and recovery rooms, the sterilizing equipment, the team lounge area, and storage closets—lots and lots of storage closets. All at once, I'm crying.

"What's wrong with me?" I wonder aloud, embarrassed. I'm looking at yet another large room stacked floor-to-ceiling with precisely sorted tubs of medical supplies.

Every last inch of what's here was donated, organized, shipped and shelved because someday someone would need, for example, a 1/8th inch steri-strip skin closure.

I take a breath. What's gripped my throat is the physical evidence of a thousand people's sustained commitment to the children I just saw in clinic. None of this happened overnight. I'm looking at proof of so many loving lives giving across decades.

It's *still* day one and the sun has long set. The team huddles in chairs around a large central table. Latin words ping-pong: "osteotomies," "bilateral posterior medial releases," "tenotomy." Patient charts (each topped with a photo of a smiling boy or girl) shift from one pile to another. A pattern emerges: the surgeries with the longest recovery time will happen early in the week. The easiest to recover will go last.

Once that's decided, daily stacks get reshuffled—youngest to oldest. Babies who are at greatest risk of dehydration (and who have had nothing to eat or drink since the night before) will start each day. Older kids get afternoon slots. There remains a small pile on the side, the "maybe" kids whose surgeries will only happen if someone gets cold feet. By 10:30 p.m., the week's plan is set. Thirty-six families still waiting in the hall outside will now learn the date and time of their child's surgery.

"Isn't this heaven?" It's morning and orthopedic surgeon Dr. Ken Noonan's eyes are out the window and up the hill. He's just finished his first case and we're alone in the lounge. He looks at me and I realize he's pressing through a bout of flu. Commenting on the obvious illness won't help.

"Heaven? Yes, but what do you mean?" I ask.

"This place...La Providencia...parents raising orphan kids in those houses, the bilingual school over there, what's happening here...." His voice trails off and he takes a seat. He's already shot and the marathon is just starting.

"You know, Heather, even the families we can't help have their own relief." I wait for him to continue. "They've come down from the mountain, brought their child all the way here, waited a full day outside and gotten news that nothing can be done. But now, hearing it from American doctors, they know it's true. They can feel good that they've done their job. They're good parents." It takes me a minute to absorb the wisdom of this hard reality.

"O.K., what have we got?" Nurse practitioner Kristen Sodergren breaks the silence. She opens a file cabinet and tosses jumbo bags of candy bars, trail mix, beef jerky, Twizzlers, and gum on the little table in the center of the room. "Wait, are these Marge's spiced pretzels?" A gleeful noise escapes her throat. "Oh, yes! These are the best!"

Other team members arrive. They hand out bottles of water and diet coke from the mini fridge and tear into the bags like wild dogs. I start to seriously question the diet of these health professionals when another thought rises. Their sleep deprived bodies *need* sugar and caffeine to take care of these children and families.

The next day, a piece of bone is lodged in surgical pliers. I grab a toothbrush and scrub. The white pearl doesn't budge. I pick up bloody, sharp-tipped scissors, dig with the point and the cream-colored lump pops out and rinses down the drain. My job is to clean used instruments of "surgical debris" before steam-sterilizing them in *Puddles*, the autoclave. I don't even know myself here; blood has always makes me queasy, but in Honduras I'm bulletproof. I've watched days of surgeries—from incision to closing—and have felt nothing but fascination. Could it be my desire to care for these kids surpasses a lifetime of squeamishness? Good! I really didn't want to pass out.

Later, between cases, the lounge again fills with the surgical team. More cokes and candy bags. Everyone sags with exhaustion but Marge springs to life.

"All right, Dr. Mann. You're in OR 2 and you need the fluoroscope. Can you make do with the "mini" because Dr Noonan is using the other in OR 1."

"Yes, but I need his floro table."

"No, no you don't. I've got you." Marge swings into OR 2 and starts lifting hinged extensions, shifting cushions, and wheeling make-do carts around the central table. Within minutes the x-ray-blocking surgical bed previously set up for a three-year-old grows to accommodate a fourteen-year-old's body. The table is x-ray translucent in exactly the right place.

"That's perfect," says Dave.

Exiting the OR, Mary mutters to me, "Honestly, I don't know how I could ever replace Marge. Like Dave, she's been on these missions from the beginning and she's "old-school"—everyone's so specialized now that nobody's even trained to think whole-picture like her." It occurs to me then that a surgeon is only as good as their tools. It's Marge's job to ready everything in advance. Yes, it's a team effort. Scrub nurses, circulating nurses, and even instrument washers like me play a part. But Marge runs the operating rooms. Only she is on top of the contents of every box in every storeroom and what needs to be where, when.

Now I'm reading a book in the lounge. Long operations make an instrument washer's day slow. Mary comes in from the recovery room for a swig of coke. She sits.

"You know, the complexity increases as they create patients." She gestures with her head. First, we're just a clinic. Then, we're an operating room. Then we're a hospital full of patients who need medications and pain management. Entire families are here for multi-day hospital stays!"

"The complexity of the mission increases the more work we do," I repeat. "That never occurred to me."

It's the end of another ten-hour day and the team is on nightly rounds in the ever-growing hospital ward. First we check in on orthopedic fellow Dr. Sara Heintzman and registered nurse Michelle (Shelly) Severson. At the moment, they are patients. IV bottles drip fluid into their veins to combat traveler's disease.

"I can't imagine what I ate," says Sara.

"This was a good idea," says Shelly. "I feel much better."

"Why is it the first-timers hit the dust?" Sara asks, embarrassed. The team groans as several seasoned veteran recount their IV treatments on past missions.

The team moves further into the hospital ward and it's packed with bed-bound children sporting colorful long-leg casts. Parents share a plastic chair between each cot.

"You're going to come back here in six weeks," Ken says for what feels like the hundredth time. The translator delivers the doctor's words. A father nods. "We'll take off the long-leg cast, fit your child with a brace, and put them in a short-leg cast."

"This fellow will get a rocker shoe to help him walk," reminds Dave. The young patient shakes his head vigorously, rejecting the idea.

"No?"

After a quick exchange between La Providencia's Dr. Yvette and the boy, she laughs. "He says he doesn't want you to put a rock in his shoe!"

It's black outside. The bus navigates the twisting road down the mountain to the hotel. The team is in a mood for reflection.

"That mother and daughter came back with their x-rays, today," Mary shares. You know, the ones who speak fluent English? Well, they had been talking to the other mom who came to clinic that first day and thought her child's surgery would happen right away so she didn't come with any money and had no place to stay. Dr. Yvette found a place for them to sleep for a few days until surgery, but the mom still needed money for food and to get home. So, when the English-speaking mom and daughter learned they weren't going to have surgery, they gave all their money to the other mom."

"What about the dads?" a voice asks in the darkness. There were the two boys who had the same surgery on the same day but one got to go home a day earlier. He was the boy with debilitating motion sickness who lives nine hours away. The family needed to take two take two busses and two ferry boats to get to their island--all while transporting a nauseous kid with two full-leg casts. Today, the hospital was taking a long time to discharge the family and they were going to miss the first bus messing up the whole trip. So, the second dad decides to drive them in his truck to the city—three hours away—so the first family can make it home tonight. Perfect strangers!"

"Unbelievable."

"People here are so generous."

"They help people they don't even know."

I sit silently, thinking: have you all looked in the mirror? Everyone on this team is *profoundly* generous. You leave your homes and families using limited vacation time to work grueling hours under stressful conditions to address far more complicated patient deformities. You pay for your flights. You get sick and find ways to press on. How is it you don't see the simple fact that "like" is responding to "like," that you are the source of so much goodness?

I look out the window and my thoughts take a turn. Maybe this "self-invisibility" is what feeds the creativity, compassion, and seamless group cohesion we've experienced. It's a rare thing--SRW's culture of egolessness. When that culture mixes with extreme talent and organizes around a singular purpose, I suppose miracles *can* happen--year after year.

I'm back home at my desk and reading an email from certified registered nurse anesthetist Jenna Palzkill. She wants to share trip details with colleagues and is asking team members to comment on a draft summary. A paragraph stands out.

Jenna describes a moment during a pre-op exam when she told a mom that her boy shouldn't eat after midnight on the day of surgery. The mom nodded agreement and the interpreter confirmed her son would not eat after seven. To be sure, Jenna restated that the child was not to eat breakfast. Jenna writes in the email, "The interpreter explained to me that [the mom] said they only ever eat a meal at supper time and that her children know not to complain or expect food at other times of the day." Jenna continues, "My heart almost broke, especially when I thought about the way my children complain when they don't get an after school snack an hour before we're going to eat supper."

I sit back in the chair in my home. It occurs to me that seventeen team members were in fact on seventeen different trips because we all experienced what happened thorough different moments. **Thirty-six** children had surgery that week in January in Honduras. And there's more. Every child and every family member walked away from our time together with their own string of experiences—including those who didn't need or get to have surgery. Suddenly, the task of me writing an article summarizing the trip seems undoable. I can't describe what happened on SRW's orthopedic mission from January 4-11, 2019, or what will happen to these children in the years ahead, because I don't know the whole of it. All I can share are the moments that imprinted on my heart and my strong belief that the team transformed a great many lives for the better.



Team members were:

- Marge Abegglen RN
- Mary Dowling RN
- Ken Noonan MD
- Kristan Sodergren NP
- Wendy Read RN
- Ric Choudoir ORSA
- Jenna Palzkill CRNA
- Robert Machotka RN
- Tracy Cotter MD
- David Mann MD
- Heather Mann - Assistant
- Sara Heintzman MD
- Michelle Severson ORT
- Robert Groshek MD
- Tricia Ejzak RN
- Peter Noonan - Student
- Christine Longoria PA