Brigades in Honduras: Leader’s Handbook

2014 Version
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Welcome to the Honduras Handbook: An Intro to Volunteering in Honduras.

This handbook recognizes the unique challenges and opportunities for those traveling to, or working in, Honduras with Shoulder to Shoulder, Inc. (STS) or any other entity. We hope that it will provide you with enough information on the remarkable partnership that is Shoulder to Shoulder (or Hombro a Hombro in Spanish), on Honduras and its people, and on ongoing project work within Shoulder to Shoulder to recognize the incredible value of your time and talents as you volunteer so that you feel invested in the project and are able to serve as a future ambassador of Shoulder to Shoulder.

Shoulder to Shoulder is a Non-Governmental Organization (NGO) that has played a unique role in connecting many volunteers with work in rural Honduras. Shoulder to Shoulder began at the University of Cincinnati, Department of Family Medicine from the vision of the then-Residency Director, Dr. Jeff Heck.

Currently the organization is contracted by the Honduran government to provide care to over 36,000 residents of Intibucá. By witnessing and contributing to this unique partnership visiting volunteers are giving a first-hand view into Honduras’ approach to development and healthcare access. To learn more about the organization and the government contract, please refer to the information provided, beginning on page 21.

Special thanks to Dr. Andrew Bazemore (currently Director of The American Academy of Family Physicians Robert Graham Center) who was the original writer (entitled at that time, “Team Leader Handbook”) and oft-editor of this handbook and to Kate Clitheroe (MPH, Health Programs Coordinator with Shoulder to Shoulder) as well as Dr. Christy O’Dea (Global Health Director at TCH/UC FMP) who have also taken up the cause of editing this handbook through several editions.
Volunteering

“You make a living by what you get. You make a life by what you give.”  -Winston Churchill

“Volunteering is not a choice, it’s a responsibility.”  -Unknown

“The heart of a volunteer is not measured in size, but by the depth of the commitment to make a difference in the lives of others.”  -DeAnn Hollis

“Never doubt that a small group of committed people can change the world. Indeed, it is the only thing that ever has.”  -Margaret Mead

“A volunteer is a person who is a light to others, giving witness in a mixed-up age, doing well and willingly the tasks at hand-namely, being aware of another’s needs and doing something about it.”  -Unknown

“Volunteering is the ultimate exercise in democracy. You vote in elections once a year, but when you volunteer, you vote every day about the kind of community you want to live in.”  -Unknown

“Volunteers are the only human beings on the face of the earth who reflect this nation’s compassion, unselfish caring, patience, and just plain love for one another.”  
- Erma Bombeck

“Volunteers are not paid -- not because they are worthless, but because they are priceless.”  -Unknown
Our Philosophy of Global Health Volunteering

Developing countries typically enjoy a regular stream of energetic and talented health care professionals traveling to help the poorest communities in any way possible. U.S. health centers and other volunteer health groups often bring with them eager medical students, residents, nursing students and allied health students for one to two weeks of medical service. These groups, by virtue of their broad community representation and influential reputation, often possess the ability to generate widespread support and raise the funds needed for their charitable endeavors.

Despite the talent, good will and infrastructure for raising funds and in-kind donations, these short-term efforts rarely result in significant, sustainable improvement in the health status of poor communities. The reasons are complex, but a primary factor is that health centers and other volunteer groups together with their supportive communities do not have the understanding, knowledge or experience required to forge long-term relationships with needy communities in the developing world.

A long-term, sustainable relationship opens possibilities for continuity of care, health promotion and disease prevention. Long-term relationships also lay a foundation for addressing health education, public health issues, economic development, agricultural development, improvement in schools and many other activities that impact the health of communities. It is this broader, comprehensive vision of sustainable community growth that poor communities deeply desire. This is consistent with the Honduran Ministry of Health priorities to promote community based health care initiatives.

Shoulder to Shoulder is able to provide brigades with the foundation for these long-term, sustainable relationships. Our goal is to continue to develop an effective network of partnerships between health care professionals from the U.S. and our successful long-term, sustainable health clinics and programs that work year-round in our communities. We desire to link the goodwill and technical capacities of U.S. health centers with the existing projects and everlasting hope of poor rural Honduran communities, joining forces to work toward improvement of the health status of the poorest of Honduras. We also hope to inspire U.S. and Honduran health care professionals to work in underserved communities with an enhanced level of cultural competency that is required for sustainable change.

Ultimately, it is our goal to link multiple partnerships, forming a network that interacts with each other, the Honduran government and U.S. organizations to improve the health status of poor, rural communities in Honduras.
Goals and Cultural Competency

Should our goals be short- or long-term?
It is important to view your trip as having three principle objectives:

1. **Help:** You can do this in many ways – seeing patients, teaching Honduran staff, initiating new projects, installing new equipment, organizing the pharmacy or even tidying up the facilities. There are many ways because there are many needs. You may also help by bringing comfort or joy to poor people who seldom are recipients of such commodities.

2. **Learn:** Learn how to practice in resource poor areas, learn how to rely on your physical exam skills, learn how to practice in a different culture, learn a different culture, etc. Ask as many questions as you would like of the staff, patients, and local community members.

3. **Reflect:** Ask yourself the important questions - Why do I have what I have? Who are my neighbors? What can I do at home and abroad to alleviate suffering? What are my obligations to the poor? And many more similar questions- Initiate such conversations with those who are most like you and those who are least like you.

What is Cultural Competency?
In short, visiting providers should have the following goal: be aware of, sensitive to, and knowledgeable about the Honduran culture. Until you start achieving this goal, simply be respectful, a good listener rather than talker, and don’t for a moment think that Americans have all the right answers… especially for Hondurans.

For more information about Cultural Competency, please reference the following resources:


BEFORE THE BRIGADE

How to Organize a Brigade
Since the 1990’s, Shoulder to Shoulder, Inc. has had many individuals travel to, and work in, rural Honduras in the department (state) of Intibucá. Located southwest, near the El Salvador border, is Santa Lucia. This village was our initial site for the provision of health care. Progress has been made in the area since the early days when the roads were dirt and gravel (with travel problems in the rainy season – think thick mud and rutted roads!) and there was no electricity in the village and no physician within hours of travel. Other sites of care have been established; many academic medical institutions, organizations and other professionals offer their time and talents to work in Intibucá in many fields. But even in the midst of great progress, the health care, dental care, public health, and other needs in this area remain high.

Our means of meeting many of those needs is working with brigades who work “shoulder to shoulder” with our friends in Intibucá. As a North American non-governmental organization (NGO), we could/can do little to implement change and realize success in our mission which is “to work together with our communities to create and operate sustainable health, nutrition, and education services with equitable access for everyone” without the support and input of many committed Hondurans and the support and input of many North Americans who travel to Honduras to provide tangible service. The contract for the provision of care with the Honduran Ministry of Health also provides long term, continuity solutions for the care needed in Intibucá.

Do you have a team comprised of medical/pharmacy/nursing/dental personnel wanting to support the health care structure or undertake a special project (e.g. women’s health issues) by providing care in the neediest areas? Are you a construction group wishing to build or repair? Is your team from a church/religious/civic group desiring to undertake community work we can propose? Do you have agriculturally trained personnel willing to work with the locals to assess need and offer solutions? Are you a group of caring individuals wishing to help in whatever capacity is needed? Are you studying/working in the public health arena and have research you would like to conduct or are interested in data we have accumulated (e.g. malnutrition in children under age 5)? Or, are you a mixture of many of the above? A brigade can be a team of any size/structure.

What does Shoulder to Shoulder offer?
1. Long term experience in Honduras with brigades
   - Coordinated travel from the U.S. to in-country Honduras. From the time of application on-line to arrival at the airport in Tegucigalpa, to working within Intibucá in various villages/aldeas, to returning to the airport to leave, coordination of travel is provided.
   - Site accommodations are provided (can be dorm style or more primitive on cots/mattresses in schools, churches, civic centers).
   - Trained cooks for food preparation
   - Hotel accommodations, when needed
Access to medical/dental facilities with some state-of-the-art equipment. Even if working in an outlying village, patients can be referred back for x-ray, ultrasound, other diagnostic modalities

- English-Spanish Interpreters

2. Supportive work environment to fulfill the brigade’s and Shoulder to Shoulder’s plan
   - Advertisement of brigade to villages/aldeas to be served
   - Support personnel to work with your brigade

3. Positive record of safety
   - While Honduras has been featured in the news as a country with substantial turmoil and violence, it is important to recognize that the majority of issues are associated with drug and gang violence. Foreign visitors are typically not targeted nor at high risk.
   - We work had to avoid all high risk situations including but not limited to avoiding dangerous locations, public transportation, and spending excess time in the large cities. See our Security Policy for more information (p.16).
   - Our clinics are located in a safer part of the country. There have been no major security incidences with our visiting brigades.

Interested? Where to begin?
1. Identify one individual to serve as your brigade leader who would be the initial contact for Shoulder to Shoulder (he/she can report back to team at-large).
2. Identify the make-up of your team and consider what work/projects would be best conducted by the brigade.
3. Have the brigade leader contact Sharon Mullen (sharon.m@shouldertoshoulder.org) to discuss your brigade:
   - Where you are from, what skills/abilities the members have, what you propose to do in Honduras, and the dates you would like to travel
   - You suggest what your team could undertake, and we will work with our Honduran General Manager and Brigade Coordinator to find the site(s) for the team taking into consideration community need and team skills and abilities. At times they may recommend specific public health, community development, education or other projects.
4. Consider the dates you would like to travel to Honduras; typically teams work 7-12 days in-country. At least two of those days would be travel. Propose dates of travel. Note that a brigade members must travel on the same dates; no late entry or early exit dates are permissible due to travel logistics.

We hope to hear from you and your group soon!
Preparation Timeline

90 days before:
1. Each member of the brigade would need to complete the on-line application process:
   a. Go to www.shouldertoshoulder.org in black ribbon on homepage top, click on “Brigade Members and Travelers.”
   b. Complete the application (you will need your Passport).
   c. View the safety video and take the short safety quiz.
   d. Complete a waiver of liability.
   e. Obtain flights utilizing Tegucigalpa for entry and exit from Honduras.
   f. Forward a list of proposed brigade participants to Shoulder to Shoulder contact.

60 days before:
1. Pay individual brigade fees on-line ($1,100 until June 30). These fees cover all in-country expenses except an airport tax (~$40 currently) paid when exiting Honduras. Credit cards are accepted when paying this tax.
2. If you are a medical team, our physicians/Honduran Director will make a recommendation to the brigade leader on how many medications are required for the brigade, based on number of field clinics, Centro de Salud visits, and number of patients expected. This recommendation includes medications and prices for each medication, as well as a total amount. You can also use this list to obtain donated meds/supplies in the U.S.
3. Finalize list of brigade participants with Sharon.

30 days before:
1. Brigade leader, with help from Honduran staff completes a brigade schedule, including assignments for each brigade member, each day.

On-site Orientation by Honduran Brigade Director:
1. Welcome and introduction of key STS staff
2. Discussion of Shoulder to Shoulder mission and programs (NOTE: this can be done during one of the evening sessions)
3. Pharmacy discussion
4. Logistics
   i. Water (what the supply looks like)
   ii. Internet (whether or not there is access)
   iii. Schedule (general overview)
   iv. Meals (who will be providing them and at what times)
   v. What to do in case of illness
   vi. Safety Policy (general overview)
5. Consider Discussing:
   i. Management of common problems seen in STS clinics
   ii. Working with Interpreters
Advice from Previous Team Leaders

- **Invest in pre-trip planning and communication with brigade participants**
- **FLEXIBILITY is key in all aspects of the trip**
- **Working with Faculty participants, faculty leaders**
  - Be confident – act like you know what is happening, even when you don’t
  - Encourage, facilitate, coordinate, problem-solve
  - Listen Well, communicate to the group often
  - Depend on your Honduran staff leader-ask for help, ask questions
  - Use humor when you can with the group
  - Think 1-2 days ahead and frequently communicate plans/schedules with the group
  - Frequent reminders about water, showers, working together
- **Organizing the group at the airport**
  - Consider head count
  - Check head counts
  - Stick together as a group through the airports. Timing is often tight for the connections. Gather after exiting the plane, stick together until the gate.
  - At the U.S. transfer airport, may buy water and snacks for the first few hours in Tegucigalpa
  - Inform everyone that they will need to complete customs forms on the plane, but there is no need to declare anything on the form.
- **...through customs**
  - Plan for a few Spanish speakers to be at the front of the line at customs, explain about the brigade and donated medical supplies.
  - Identify any missing luggage, check inventory lists, and put in a claim at the airport for any missing bags. Put the local Brigade Coordinator’s cell phone number on the claim.
  - If you allow anyone to carry your bags, you must tip them $2-3
  - As soon as the group is gathered outside of customs, move out into the main airport terminal and look for Hombro a Hombro personnel.
  - Make sure everyone keeps their carry on with them-everything they need for the next 24 hours. All checked bags may not be seen again until you reach Intibuca.
- **... once on the ground in Honduras (the following represents somewhat of a typical first day scenario – always subject to change)**
  - Count heads on the bus!
  - Announce the schedule for the afternoon
  - About 2-3 hours to Siguatepeque
  - Lunch in Siguatepeque (good grocery store, sells vanilla-good souvenir)
  - Another hour to La Esperanza
- **... the first night in the hotel**
  - Check with Honduran brigade coordinator about schedule/dinner
  - Work with Honduran brigade coordinator to assign hotel rooms
  - At dinner, discuss schedule for next morning (Breakfast, encourage walk through market, set time for bus)
  - Remind all to keep passport and money with them at all times.
- **On the road into Intibuca you will pass:**
  - Pinares (where VCU has a clinic). Good place for bathroom break, snacks. (Coffee sold is good souvenir)
  - Concepcion (site where various groups work from)
  - Camasca (where MAHEC works)
  - Long, unpaved road through the mountains to Santa Lucia, consider Dramamine!
• Arrival at your site
  ✓ Greet Staff first-discuss plan for unpacking, tours, sleeping quarters, schedule for afternoon
  ✓ Be careful about which bins can be unpacked and which should be delivered to clinics, field clinic sites, etc. before unpacking
  ✓ Formulate a schedule for first day on-site
  ✓ Gather the group for introductions, meeting interpreters (and discuss expectations), and discussion of ground rules. Discuss schedule for time there. Invite Honduran staff to participate.

• Work days
  ✓ Post schedules each night for following day
  ✓ Communicate frequently with the group about plans and working together

• Organizing the field clinic
  ✓ It takes roughly 8-10 persons to run a small field clinic, more if the village is very large. Size should be determined based on estimates of how many persons will attend the clinic (which our Honduran partners can help to assess in advance)
  ✓ Delegation needs to be well thought out. Better not to have a first time traveler or cautious person in charge alone. Usually better to have a technical person and a logistics person. Meet ahead of time-make others experts like you!

• Organizing/motivating people in the clinic to do various tasks, to carry their load
  ✓ The mood and attitude of the team leader affects the entire brigade. A team leader who is eager to help out in any way, will encourage brigade members to do the same. Likewise, a disinterested team leader will discourage the brigade as a whole.

• Manage resources well (limited water supply, etc.), be upfront about the limited supply especially during dry season

• Maintaining Safety for brigade participants
  ✓ No more than 6 brigade members in the back of a truck, it is preferable to fill up the cab of a truck, and then put people in the back of a truck

• Weekend
  ✓ Plan something fun for the weekend (skit night, movie night, etc)
  ✓ Check with Honduran brigade coordinator about possibilities-hike, waterfall, market, other

• Evening Discussions
  ✓ See the “Learn about Shoulder to Shoulder & Honduras” section beginning on page 21 for information and discussion questions.
  ✓ Think about what to accomplish each evening when the group gathers, have a simple agenda, ask brigade members to share experiences from the day.
  ✓ Ask Honduran staff to participate-either presenting a topic or listening and contributing
  ✓ Some brigade leaders prepare lectures ahead of time or ask members (1-2 people) to prepare topics like Dengue fever, water, chronic disease management, etc.

• Departure
  ✓ Again emphasize safety-stay in the hotel; travel in groups; no one on the street after dark
  ✓ Communicate plans frequently
Preparing to Go: Health Considerations

You (or members of your team, if a brigade) will likely have questions regarding health related preparations for travel to Honduras. For information specific to Honduras, you can visit [www.cdc.gov](http://www.cdc.gov).

Recommended Vaccinations for Travelers to Honduras (Intibucá region)

These are suggestions/recommendations. You should visit your family doctor before your trip.

- **Hepatitis A** *Recommended for:* all travelers.
- **Typhoid** *Recommended for:* all travelers, especially those to rural areas.
- **Hepatitis B** *Recommended for:* all health care workers; prolonged stays; frequent short stays in this or other high risk countries; adventure travelers;
- **Influenza** *Recommended for:* all travelers. Flu is transmitted year round in the tropics and all travelers are at increased risk
- **Routine vaccinations** (adults only)
  - **Tetanus/Diphtheria/Pertussis:** Adequate primary series plus one dose of TdaP
  - **Measles:** Indicated for those born in 1957 or later (1970 or later in Canada) without history of disease or of 2 adequate doses of live vaccine at any time during their life. Many countries (including the U.K.) recommend that adults need to have had only 1 countable dose at any time during their life
  - **Polio:** Adult polio boosters are unnecessary for travel anywhere in South and Central America
  - **Pneumococcal:** All adults over 65 and those with chronic disease or compromising conditions
  - **Varicella:** Consider for long-term travelers with no history of the disease

**Malaria**

Risk of bites from infected mosquitos (predominantly *P. vivax*) exists throughout the year in some areas; however there is a very *low risk* of malaria in Intibucá. Prophylaxis medication is not necessary.

**Insect Precautions**

Although the risk of malaria is very low in Intibucá, there is a small risk of Dengue Fever in the area. Dengue Fever is a viral illness transmitted by the daytime biting *Aedes aegypti*. Therefore, insect precautions, including the use of insect repellent with DEET (<30-50%) are necessary.
Traveler's Diarrhea
High risk throughout the country including deluxe accommodations in major cities. Tap water is unsuitable for drinking. Drink only bottled or boiled water. Eat only hot food in restaurants. Avoid uncooked vegetables and fruits. Recommend that all brigade members bring antibiotics for traveler's diarrhea, such as ciprofloxacin, rifaximin, azithromycin, or other floxin. In addition, it is wise to bring an antidiarrheal, such as loperamide, to be taken along with antibiotics.

Other Health Considerations

- Leishmaniasis (cutaneous), transmitted by sandflies, is widespread in rural areas. Recommend insect precautions.
- Chagas' disease occurs in rural areas; risk to travelers is unknown but is thought to be negligible. Avoid overnight stays in houses constructed of mud, adobe brick, or palm thatch. Avoid blood transfusions not assuredly screened for Chagas' disease.
- Violent crime, including sexual assault and carjacking occur and although not common, foreigners have been targeted. Advise extraordinary vigilance and strict adherence to personal security strategies at all times
- In general, the rural communities of Intibucá are safe for travel. It is recommended that brigade members leave in pairs, and do not leave the clinic premises after dark.
- San Pedro Sula and El Progreso have more crime. It is for this reason, Shoulder to Shoulder requires that brigades fly into and out of Tegucigalpa.
- Travel after dark is not permitted.

Please remember that the majority of health issues can be taken care of at our many clinics in the region. However, for more urgent cases and emergencies please refer to Shoulder to Shoulder's Evacuation Policy (page 18).

Additionally, we work very hard to maintain the safety of our brigade participants. Please refer to our Safety Policy for more information (page 16).
# Packing List

While there are many things you may want to consider bringing down to Honduras, the following is a suggested list. If possible, please pack light – the trip to Intibucá is long and you may not want to have to haul lots of personal items.

<table>
<thead>
<tr>
<th>Item</th>
<th>Amount/Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Customs Letter (posted on shoulbertoshoulder.org, under “Brigade Members and Travelers”, download and print a copy)</td>
<td></td>
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<tr>
<td>Passport, airline tickets, money -- always on your person - a waist pack is a good means of carrying these items. A COPY OF YOUR PASSPORT in each suitcase</td>
<td></td>
</tr>
<tr>
<td>An airport tax (~$40) is needed to leave the country, this may be paid in Lempira, dollars, a combo, and sometimes by credit card (inform your bank before use)</td>
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</tr>
<tr>
<td>Very little cash is needed during the trip. All meals and hotel expenses are covered by the brigade fee. Usually not more than $50 is needed for snacks and drinks. Dollars can be exchanged for Lempiras at the airport.</td>
<td></td>
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<tr>
<td>Canteen/Water bottle (drinkable water will be provided to fill these)</td>
<td></td>
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<tr>
<td>Camera with charger and cord to download photos, with batteries</td>
<td></td>
</tr>
<tr>
<td>Flashlight or Head lamp (power may go out from time to time), with batteries</td>
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<tr>
<td>Personal medications, including Cipro or other antibiotic for traveler’s diarrhea</td>
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<tr>
<td>Personal journal, Pocket translation guide/dictionary, reading materials (if desired)</td>
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<tr>
<td>Plastic zip lock bags to keep valuables/electronics dry</td>
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<tr>
<td>Toilet tissue/Kleenex (especially for travel when toilet paper is not available)</td>
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<tr>
<td>Ear plugs and eye mask</td>
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<tr>
<td>Comfortable, casual clothes are best (days near 85-95 degrees, nights 60-70). Many medical brigades wear scrubs while working. Shorts are not acceptable during work days. Inexpensive laundry services are typically available (store in a plastic bag).</td>
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<tr>
<td>Hat for rain and for sun</td>
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<tr>
<td>Good walking shoes (tennis shoes/Chacos/ heavy-duty sandals)</td>
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<tr>
<td>Flip-flops for the shower</td>
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<tr>
<td>Rain gear (especially during May- November)</td>
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<tr>
<td>Bath towel, washcloth, soap (towel may be provided but an extra is nice)</td>
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<tr>
<td>Toiletries</td>
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<tr>
<td>Sheet(s) (typically provided but you may want to bring your own)</td>
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<tr>
<td>Inflatable pillow or pillow case which can be stuffed with towels or clothes</td>
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</tr>
<tr>
<td>Insect repellant (30-50% DEET) or alternatively soak/spray your clothes with permethrin before arrival, mosquito net (optional)</td>
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</tr>
<tr>
<td>Lightweight sweater</td>
<td></td>
</tr>
<tr>
<td>Bathing suit (or running shorts/t-shirt), suntan lotion, sunglasses</td>
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</tr>
<tr>
<td>Blood pressure cuff, Stethoscope, &amp; Oto-ophthalmoscope (if medical)</td>
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</tr>
<tr>
<td>Use older luggage (it will be covered in dust, transported on top of busses and in back of pickup trucks; water resistant is good and secure valuables in plastic)</td>
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</tbody>
</table>

Since the majority of your checked baggage will need to contain medicines and supplies, it is recommended that your personal items, personal medications, toiletries, clothes, valuables, etc. be transported in your carry-on luggage ONLY. Additionally it is possible that you will not have your checked baggage for the first couple of days (worst case scenario).
Suggested Reading

While there is only so much that can be gained from reading about a country you are intending to visit, it is still valuable to review the literature about volunteering abroad, Honduran culture and Latin American history. If time allows, the following are a few suggested readings:

Global Health –
Farmer, P. *Reimagining Global Health: An Introduction*. 2013

Jacobsen, K. *Introduction to Global Health*. 2013


Skolnik, R. *Global Health 101 (Essential Public Health)*. 2011

Jong, E., Sanford, C. *The Travel and Tropical Medicine Manual, 4e*. 2008

Volunteering Abroad –

Lupton, R. *Toxic Charity: How Churches and Charities Hurt those they Help, and how to Reverse it*.

Goldsmith, M. *Physician Service Opportunities Abroad*. JAMA 1993; 270(5)

Werner, D. *Where There is No Doctor*. 2013


Honduras –
Benjamin, M. *Don’t Be Afraid, Gringo*. The history of a Honduran woman in the 1980s who organized campesinos to advocate for national land reform in Honduras.

Danner, M. *The Massacre at El Mozote*. The story of a massacre during the Salvadoran war in El Mozote, a small village less than two hours from Santa Lucia.


Honduras Health: [http://hondurashealth.wikidot.com/](http://hondurashealth.wikidot.com/)

Shoulder to Shoulder’s Safety Policy

Honduras is famous for many things: bananas, Mayan ruins, the beautiful coral reef off the coast of Roatán. In recent years, however, Honduras has become infamous for acts of violence and corruption. There is no denying that parts of Honduras, especially the major cities of San Pedro Sula and Tegucigalpa, can be very dangerous.

In November 2012, and updated in January 2014, the U.S. State Department issued a travel warning for parts of Honduras, including the states where Tegucigalpa and San Pedro Sula are located. Intibucá was not named in the travel warning.

On February 19, 2013, U.S. Ambassador to Honduras Lisa Kubiske tweeted: “Proud to meet the Public Health Brigade from my alma mater Brandeis. Look forward to seeing more volunteer groups soon.” How should Shoulder to Shoulder react when the State Department issues a travel warning, but the Ambassador encourages brigades to come to Honduras?

Police Cooperation

Shoulder to Shoulder works closely with the police force throughout Intibucá. Our local Brigade Director meets with police on a monthly basis to receive crime updates and to discuss any areas of concern. In 2013, police in Concepción received a police truck which has allowed them to conduct day and nighttime patrols.

The police presence in Concepción has doubled from three full-time officers to six, and they patrol throughout the municipality and give charlas (lectures) about Honduran laws, civil rights, and the consequences of drug use and trafficking. They strictly enforce laws, including a 10:00 p.m. curfew, a requirement to carry identification at all times, and jail time for all drug offenses. These efforts have resulted in a reduction of violent crime.

Police report that the overwhelming percentage of violence in Intibucá is due to alcohol, longstanding family feuds, and domestic violence. Over the past year the police have intensified their efforts to reduce these acts, with particular attention paid to domestic violence and alcohol-related events.

The police work with local town committees, schools, community leaders, and NGOs to communicate the latest local issues and how they are addressing criminal activity. Every 24 hours, local police report the day’s activities to the command center in La...
Esperanza. The security of our staff, visiting brigades, and volunteers remains our number one concern.

Visitors associated with Shoulder to Shoulder are subject to safety measures including undergoing training and passing a safety test prior to visiting Honduras. When brigades are away from our service areas, they stay in secure hotels and are supervised by American leaders and Honduras-based brigade coordinators. All brigade members and volunteer staff are covered by evacuation insurance and registered with the U.S. Department of State before their trip/volunteer time in Honduras.

In our 23+-year history, we have never had a violent incident involving a visitor. This is due in large part to the tranquility of Intibucá and to our safety requirements. Still, we remain vigilant with our staff, visitors and volunteers. Brigades sleep securely in one of our two main clinics, one of our three affiliate clinics, or in churches with the support of the community. Fieldwork is performed under the supervision of our Honduran doctors and nurses or American brigade leaders.

We recognize that American visitors, especially brigades, play a central role in the education of both US and Honduran practitioners, and have formed the basis for many a practitioner’s desire to volunteer, contribute, or practice in needy areas worldwide. Brigade alumni remain our most vocal advocates.

Honduras, the United States, and Shoulder to Shoulder remain committed to fostering individual development in a safe environment. Intibucá provides an excellent volunteer and learning environment with communities that are in great need of quality medical, education, and other professional volunteers.

Arrival and Departure from Country

- All airport travel is conducted through Tegucigalpa.
- Upon arrival, you will go through Honduras Customs as you exit the airport. They may/may not check your luggage. Once through, you will be met by a brigade coordinator. Travelers are then escorted to waiting transportation and driven out of Tegucigalpa.
  - Hombro a Hombro brigade coordinators will be at the airport to oversee all arrivals and departures. Any issues (e.g. lost luggage) should be directed to them for resolution.
  - Brigade coordinators have information on flights for arrivals (and departures).
- Overnight accommodations are made in smaller, less congested cities en route to Intibucá (e.g. Siguatepeque or La Esperanza).
- No travel is done after dark.

For more information regarding the safety situation in Honduras, or to inquire about joining us in a brigade or as a volunteer, please contact us at sharon.m@shouldertoshoulder.org.
Evacuation Plan

Shoulder to Shoulder, Inc. maintains a high level of vigilance with its brigade travel within Honduras. In its 23+ years of working within the country, there have been few occasions for evacuation.

However, working outside of the U.S. engenders the need for an evacuation plan. All brigade members are required to be covered by the Shoulder to Shoulder evacuation insurance issued by Trawick International; there are programs which have other policies, but details of this plan are germane to evacuation with Trawick. There are two general scenarios for evacuation. They are listed below with the plan for evacuation included.

1. **Personal Illness or Injury Evacuation**  Should a brigade member(s) become ill, their general care will follow the following protocol:
   i. A physician, in conjunction with the Hombro a Hombro General Manager (Janell McBride who is a nurse), would make the first assessment of the illness or injury. If non-life threatening and the patient can be treated on-site, this care would be rendered (e.g. on one brigade, a nurse broke her ankle. An aircast was applied and the nurse chose to remain on-site and seek treatment in the U.S. after the brigade). Fees for these situations would be paid between the ill/injured and Shoulder to Shoulder except in the case of brigade member negligence.

   If a more emergent issue arises, the physician and director would make the determination whether further treatment outside of Honduras or, in case of greatest urgency, care within Honduras should be rendered.

   ii. If the patient is stable to **travel back to the U.S. and this is determined best**, a call to the evacuation insurance carrier would be made; this company (currently Trawick International) authorizes the evacuation. It would be best for the physician initiating the evacuation to call Trawick; they will require medical information/details. The ill/injured brigade member would be taken as swiftly, comfortably, and as safely as possible to Tegucigalpa with the physician in attendance or by those the treating physician and director deem appropriate.

      1. Brigade member’s nearest relative would be called and apprised of situation and planned evacuation.
      2. Shoulder to Shoulder in the U.S. should be contacted (Sharon at 513 484 2559).

The Honduran Brigade Coordinator would help with necessary arrangements for hotel in Tegucigalpa (if needed) and/or airline notification of urgent need to travel.
The patient would be transported on the first available flight from Honduras to the nearest medical facility where appropriate treatment could be provided. A call to that hospital would be generated as soon as a flight arrival time is established to inform them of the arrival of the patient and discuss his/her urgent complaint.

Trawick, for payment of the above evacuation ($10,000 max), would require:

- Doctor certification of the illness/injury (first call)
- All transportation arrangements should be most direct/economic route
- Charges incurred do not exceed usual level of charges incurred in locality where expense is incurred
- Do not include charges that would not have been made if there were no insurance.

iii. If the brigade member’s medical condition is such that he/she is unable to travel and care must be sought immediately outside of Hombro a Hombro facilities, the Hombro a Hombro Director, in conjunction with a physician, would contact the physician/medical facility appropriate to meet the urgent need. The ill/injured brigade member would be taken as swiftly, comfortably, and as safely as possible to the appropriate physician/facility accompanied by them or by those the physician and director deem appropriate.

1. Nearest relative would be contacted in the U.S. (for permission to treat, if the patient is unable to grant permission) and apprised of the situation.
   a. Shoulder to Shoulder should also be notified (Sharon).
2. The Hombro a Hombro Director, if possible, and the physician referring the brigade member would remain with the patient at all times. Family in the U.S. would be kept informed as much as possible.
3. Care would be provided at this facility until such time that the patient is either stable to travel back to recuperate in Santa Lucia or is able to travel back to the U.S.

2. **Political Evacuation** Through our evacuation carrier, coverage is extended due to an occurrence in which grave physical harm or death could occur. For instance, you are in-country and a coup occurs, the State Department advises evacuation, and you could not safely leave through Tegucigalpa.

i. A call to the evacuation insurance carrier would be made; this company (Trawick International) authorizes the evacuation to the “nearest place of safety.”

ii. If Shoulder to Shoulder or Hombro a Hombro deems it unsafe to leave from Honduras, every effort will be made, in concert with authorization from
Trawick, for transport to and evacuation from another country (e.g. El Salvador).

iii. Shoulder to Shoulder in the U.S. should be contacted and kept apprised of situation (Sharon). Sharon will contact all families of travelers and also keep them informed of the progress of evacuation.

Both of these scenarios’ travel would necessarily incur expenses. The ill/injured brigade member(s) or those needing evacuation due to political reasons, should strive to pay his/her own expenses at the time they are incurred. This would make the reimbursement from the insurance carrier much more straightforward. Once returned to the U.S. under one of these evacuation plans, each brigade member would complete a benefits reimbursement sheet (requested through Trawick).

**Consular Information & State Department Updates**

- **U.S. Department of State Website:**
  [http://travel.state.gov/content/passports/english/country/honduras.html](http://travel.state.gov/content/passports/english/country/honduras.html)

- **Smart Traveler Enrollment Program:**
  [http://travel.state.gov/content/passports/english/go/step.html](http://travel.state.gov/content/passports/english/go/step.html)

  Every brigade/volunteer is registered with the United States Department of State.

- **Tegucigalpa U.S. Embassy Information:**

  Avenida La Paz in Tegucigalpa, Honduras  
  Telephone: 011-504-2236-9320 or 011-504-2238-5114  
  For information on services for U.S. citizens, please ask for ext. 4400  
  Emergency/After Hours: 011-504-2236-8497, ext. 4100  
  Fax: 011-504-2238-4357  
  Web site: [http://honduras.usembassy.gov/](http://honduras.usembassy.gov/)

- **San Pedro Sula Consulate Information:**

  Banco Atlántida Building (across from Central Park), 11th Floor  
  Telephone: 011-504-2238-5114, ext. 4400  
  Limited Hours: Monday, Wednesday, Friday 12:00 to 4:00 p.m.

- **Evacuation Insurance**

  Included in the brigade fee and provided for all brigade members. The company, Trawick International, should be called *before* any emergency transport is arranged. Shoulder to Shoulder/Hombro a Hombro coordinators have the contact information and would assist, if an evacuation were necessary.
Learn About Shoulder to Shoulder & Honduras

Shoulder to Shoulder, Inc.: An Introduction
Shoulder to Shoulder is a private, non-profit 501(c)(3), non-governmental organization formed in Cincinnati, Ohio in 1996. It began providing the first health care services in southwestern Intibucá in 1991, five years prior to its official incorporation. In the spirit of local empowerment, Shoulder to Shoulder worked with local community leaders in Santa Lucia to form Hombro a Hombro, a grassroots community-based, non-profit NGO registered in Honduras since 1996. Shoulder to Shoulder and Hombro a Hombro work in tandem to achieve a single mission: to develop educational and health programs to help poor rural communities in Honduras achieve sustainable development and improve the overall health and well being of its residents. We seek to address the health, education, economic, and social needs of isolated communities in the Southwestern Intibucá region.

The mission statement of Shoulder to Shoulder, Inc., states, “we exist to serve the poor.” From its inception to its current organizational structure, those who have worked with STS in Honduras are aware of the challenges and triumphs of working with those who have little financial resources.

Three ideals of Shoulder to Shoulder’s efforts are:
1. To provide medical and dental care, nutrition services and community development for poor communities in rural Honduras.
2. To provide faculty supervised experiences for health care providers in an international setting that enhances skills in community health, tropical medicine, cross cultural medicine and working in resource poor environments.
3. To provide a setting for reflection and personal growth through service.

Through the years, Shoulder to Shoulder has received in-kind assistance from the University of Cincinnati Department of Family and Community Medicine (where STS began) as well as financial assistance from private donors, both corporate and individual. The Honduran government, through its Ministry of Health, has in recent years provided much financial, personnel and facility support to Hombro a Hombro (the Honduran STS). Since the first brigade in 1991, Shoulder to Shoulder has given more than 1800 U.S. citizens the opportunity to work side by side (“shoulder to shoulder”) with Hondurans committed to improving the health and well being of all in their communities. The total budget grew from $150,000 in 2004 to $1.7 million in 2008 to several million today.

Our Clinics
The Shoulder to Shoulder health clinics in Santa Lucia and Concepcion are key components of our program, providing primary medical care, labor and delivery care, health education and community resources to the most needy. The clinics have modern exam rooms, an emergency room, and laboratory and radiology services. The Honduran physicians and nurses provide care to thousands of patients each year in
Santa Lucia and Concepcion and in the various sites to which Hombro a Hombro provides care.

Shoulder to Shoulder also operates two dental clinics, each staffed with a Honduran dentist and dental assistant. The clinics provide emergency, preventative, and restorative dentistry to the communities. In addition, Shoulder to Shoulder has a school based prevention program that provides ongoing care to ten elementary schools in nearby communities.

The clinic in Santa Lucia has a large attached dormitory for visiting brigade groups allowing for up to 40 individuals at a time. Apartments above the dormitory provide living space for the Honduran based staff. In Concepcion, there are living quarters with bunk beds and a kitchen area for up to 20 visitors. Staff in Concepcion have living quarters adjacent to the main clinic building.

Shoulder to Shoulder, in association with its academic affiliates, also operates clinics in the towns of Pinares, Guachipilincito, Camasca, Agua Salada and San Marcos de la Sierra (the last being ranked as the poorest municipality in all of Honduras). The affiliate residency programs send brigades on a regular basis (one to three times per year. When the brigades are not present, Hombro a Hombro provides medical and ancillary personnel.

Shoulder to Shoulder associates are from academic health centers or are other interested medical/dental/nursing personnel that organize and send brigades on a regular basis to Honduras; some serve at a specific site, others travel to and practice in an area where need at the time of their travel is greatest. The associates also manage ongoing public health programs at their respective sites. Academic associates include:

- The University of Rochester, San Jose, San Marcos de La Sierra, Intibucá
- Brown University, Guachipilincito, Concepcion, Intibucá
- University of Wyoming, Agua Salada, Concepcion, Intibucá
- Mountain Area Health Education Consortium, Camasca, Intibucá
- Virginia Commonwealth University, Pinares, Intibucá
- Campbell University, North Carolina, travel where need is greatest
- University of Minnesota, travel where need is greatest

Those who travel to Intibucá to offer their expertise are important to the ongoing work of Shoulder to Shoulder. But of importance to recognize are the dedicated personnel who live and work in this rural area, providing continuity medical, dental, nursing and public health care 24/7.
Our Coverage Area
The following map shows a representation of the areas in Intibucá where there are organized brigades traveling from the U.S. to assist with the continuity care provided by Hombro a Hombro.

- University of Pittsburgh, San Jose, Yoro (northern coast; not on this map)
- Washington Health System, Ocote Paulino, Yoro (northern coast; not on this map)
- Brown University, Guachipilincito, Intibucá
- University of Wyoming, Agua Salada, Intibucá
- Campbell University, North Carolina, travel where need is greatest
- The University of Rochester, San Jose, San Marcos de La Sierra, Intibucá
- Virginia Commonwealth University, Pinares, Intibucá
- Mountain Area Health Education Consortium, Camasca, Intibucá
- University of Minnesota, travel where need is greatest

Other Shoulder to Shoulder Programs
Besides the effective provision of medical, nursing and dental care, Shoulder to Shoulder operates a number of education and public health projects.

For education, we identified a need for a Bilingual School based on the American teaching system. In August 2012, with the generous support of the Community of Good Shepherd of Cincinnati, we broke ground on the Intibucá Bilingual School of the Frontier, located in the town of Camasca. We currently teach four classes (pre-K to 2nd).

The Library in Santa Lucia was opened in 2007 to provide children with opportunities to read and learn outside of school. A new library was constructed in 2008 and provides twice weekly story hours, geography classes for older children, and some internet access for the community.
With funds from the U.S. the **Scholarship Project** provides for 160+ young people to be able to remain in school to finish their U.S.-equivalent high school studies. Schooling is compulsory only to the U.S.-equivalent of the third grade and then parents must pay for subsequent school fees, uniforms, books and accompanying required materials each year. The parents of those in this program are not financially able to keep their children in school, and considering the agrarian society in rural Honduras, many children are needed to work on the farm or in the home. This project ensures that these scholastically-qualified students remain in school, which ultimately can mean a better job/future for these young people and their families.

**Yo Puedo** is an outreach program for fifth and sixth grade girls that currently functions in 15 schools in the villages surrounding Santa Lucia, Concepcion, Camasca and San Antonio. The program was developed based on the vast body of research which shows that child health is greatly influenced by increased maternal education. The goals of the program are to encourage girls to stay in school, increase self esteem, and develop micro-business skills. Currently, the program is managed by a Honduran director and the many teachers who serve as mentors to these young girls.

**The Water Filter Project** With the lack of clean water filtration in rural Honduras, this project has distributed hundreds of low cost, easy to use water filters to the poorest families in the area. The filters, developed by Potters for Peace, are made in Honduras and were initially provided by a grant from Rotary International.

Cervical cancer is the most common cancer among Honduran women. However, with effective screening and early treatment of precancerous cells, most incidences of cancer can be prevented. Since 2003 Shoulder to Shoulder has engaged in an extensive **Cervical Cancer Screening Campaign**. In addition to promoting pap tests to women in the target age range, we also have an established referral service with specialists in La Esperanza who can provide follow-up care for women with abnormal results. Additionally, when we have visiting gynecologists we are able to use our donated colposcope and cryocautery equipment to provide these procedures within the community.

**Feeding Program** Honduras suffers an immense burden of malnutrition. With U.S. funding support, parents of students built a cooking center at schools in 13 villages. Daily, local foods would be purchased and prepared by parents to ensure that each student received at least one nutritionally-balanced meal per day. Basic data on height, weight, and age for each student was collected at baseline, and sporadically over time since the creation of the program.
Additionally we are also currently executing the Mesoamérica Nutrition Pilot Project, part of Salud Mesoamérica 2015. The pilot and Salud Mesoamérica 2015 are part of the larger, multinational Mesoamerica Project. Our combined aim is to reduce the health equality gaps in the Central American region, focusing on the poorest 20% of the population in the areas of nutrition, maternal and child health, and better integration of levels of care. The nutrition arm of the project is beginning in Honduras with six nutrition research pilots; should at least four demonstrate positive results, the Mesoamerica Project will scale up. Shoulder to Shoulder is responsible for researching and executing the plan in nine Intibucá communities, with a target population of all children under 2.

Past Projects
- Water Project: A geologist working for a private firm in Cincinnati has headed a project including our students and residents for determining new water sources for the community, and investigating sustainable water purification methods.
- Microbiological surveys of local water sources
- Disease prevalence data from over 4,000 physician visits
- Educational programs for village health care workers, teachers and nurse midwives
- MDS (minimum data set) and Rapid Catch surveys
- Diabetes clinics

Honduras Ministry of Health Contract
In 2008, Shoulder to Shoulder, Inc signed a contract with the Honduras Ministry of Health to provide basic health services to the 36,000 patients in Intibucá. Under this contract ("convenio"), Shoulder to Shoulder/Hombro a Hombro operates five Cesamos (primary care health offices staffed with a doctor), 6 Cesares (primary care health offices staffed with a nurse), 2 Centros Maternas y Infantiles ("CMIs" Santa Lucia and Concepción). This contract provides financial resources for the supervision of the employees, provision of supplies and medications, and education of the personnel. In addition, the public health system, including supervision of health promoters, falls under the government contract. The health promoters are active in the communities, making home visits, following up on high risk families, providing community education, and monitoring for disease outbreak.

The government contract gives brigades a unique opportunity to participate in the health system of the area. Brigade activities directly contribute to the public health needs of the communities Shoulder to Shoulder serves and fulfill requirements of the contract. There are opportunities to participate in health fairs, community clean up days, provision of care at STS-managed health centers, participation in census taking activities, and evaluation of programs.

Shoulder to Shoulder has developed a database to follow all patients within its system. All patients have a unique “carnet” card and number which is noted on all paperwork. All patient encounters, including census data, clinic visits, anthropometric data, and participation in activities, are monitored in this database for ongoing surveillance and potential research activities.
**History**  Part of Spain's vast empire in the New World, Honduras became an independent nation in 1821. After two and one-half decades of mostly military rule, a freely elected civilian government came to power in 1982. During the 1980s, Honduras proved a haven for anti-Sandinista contras fighting the Marxist Nicaraguan Government and an ally to Salvadoran Government forces fighting against leftist guerrillas. The area of southern Intibucá, along the El Salvador border, was the site of two UN refugee camps (one in Colomoncagua and another smaller camp in San Antonio.) The country was devastated by Hurricane Mitch in 1998, which killed about 5,600 people and caused approximately $2 billion in damage.

**Demographic Profile**  Honduras is one of the poorest countries in Latin America and has the world's highest murder rate. It is important to note, however, that the majority of murders take place in the major cities and are directly related to drug and gang violence. Tourists are rarely if ever targeted and Shoulder to Shoulder has many measures in place to avoid all high risk situations (see page 16).

Honduras' population growth rate has slowed since the 1990s, but it remains high at nearly 2% annually because the birth rate averages approximately three children per woman and more among rural, indigenous, and poor women. Consequently, Honduras' young adult population - ages 15 to 29 - is projected to continue growing rapidly for the next three decades and then stabilize or slowly shrink. Population growth and limited job prospects outside of agriculture will continue to drive emigration.
Economy  The economy has continued to grow slowly, but the distribution of wealth remains very polarized with average wages remaining low. Economic growth in the last few years has averaged 7% a year, one of the highest rates in Latin America, but 50% of the population, approximately 3.7 million people, still remains below the poverty line and the per capita income is one of the lowest in the region. It is estimated that there are more than 1.2 million people who are unemployed, the rate of unemployment standing at 27.9%. Remittances mainly from the United States represent about a fifth of GDP.

Poverty rates are higher among rural and indigenous people and in the south, west, and along the eastern border than in the north and central areas where most of Honduras' industries and infrastructure are concentrated. The increased productivity needed to break Honduras' persistent high poverty rate depends, in part, on further improvements in educational attainment. Although primary-school enrollment is near 100%, educational quality is poor, the drop-out rate and grade repetition remain high, and teacher and school accountability is low.

According to the Human Development Index, Honduras is the sixth poorest/least developed country in Latin America, after Haiti, Nicaragua, Guatemala, Guyana, and Bolivia (Source: World Bank).

Basic Statistics
(CIA World Factbook; 2013 estimates unless otherwise noted)

<p>| Population | 8,448,465 |
| Age Structure | 0-14 years: 35.5% (male 1,530,385/female 1,466,136) | 15-24 years: 21.2% (male 913,818/female 878,340) | 25-54 years: 34.8% (male 1,482,548/female 1,459,341) | 55-64 years: 4.6% (male 178,514/female 208,243) | 65+ years: 3.9% (male 145,626/female 185,514) |
| Median Ages | Total: 21.6 years | Male: 21.3 years | Female: 22 years |
| Population Growth Rate | 1.79% |
| Birth Rate | 24.16 births/1,000 population |
| Death Rate | 5.09 deaths/1,000 population |
| Net Migration Rate | -1.2 migrant(s)/1,000 population |
| Urbanization | Urban population: 52% of total population (2010) |</p>
<table>
<thead>
<tr>
<th>(2010-2015 est.)</th>
<th><strong>Rate of urbanization</strong>: 3.1% annual rate of change</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Capital</strong></td>
<td>Tegucigalpa (population of 1,126,534 in 2010)</td>
</tr>
<tr>
<td><strong>Sex Ratio</strong></td>
<td>At birth: 1.05 male(s)/female</td>
</tr>
<tr>
<td></td>
<td>0-14 years: 1.04 male(s)/female</td>
</tr>
<tr>
<td></td>
<td>15-24 years: 1.04 male(s)/female</td>
</tr>
<tr>
<td></td>
<td>25-54 years: 1.01 male(s)/female</td>
</tr>
<tr>
<td></td>
<td>55-64 years: 0.85 male(s)/female</td>
</tr>
<tr>
<td></td>
<td>65+ years: 0.79 male(s)/female</td>
</tr>
<tr>
<td></td>
<td><strong>Total population</strong>: 1.01 male(s)/female</td>
</tr>
<tr>
<td><strong>Literacy</strong></td>
<td><strong>Definition</strong>: age 15 and over can read and write</td>
</tr>
<tr>
<td>(2011 est.)</td>
<td><strong>Total population</strong>: 85.1%</td>
</tr>
<tr>
<td><strong>Child Labor</strong></td>
<td><strong>Definition</strong>: children ages 5-14 working</td>
</tr>
<tr>
<td>(2002 est.)</td>
<td><strong>Total number</strong>: 280,809</td>
</tr>
<tr>
<td></td>
<td><strong>Percentage</strong>: 16%</td>
</tr>
</tbody>
</table>

**Health Conditions in Honduras**
Health statistics are not completely reliable for Honduras; nonetheless, the following information illustrates the health and socioeconomic challenges in Honduras. Please note that country-level statistics often hide the poor conditions of regions like Intibucá.

**Basic Health Statistics**
(2011/2012 Demographic and Health Survey; http://dhsprogram.com/)

<table>
<thead>
<tr>
<th><strong>Health Insurance</strong></th>
<th>Male: 84% uninsured</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Health Expenditures</strong>*</td>
<td>Female: 90% uninsured</td>
</tr>
<tr>
<td>(2009)</td>
<td>9.1% of gross domestic product</td>
</tr>
<tr>
<td><strong>Physician Density</strong>*</td>
<td>0.372 physicians/1,000 population</td>
</tr>
<tr>
<td>(2005)</td>
<td><strong>Total population</strong>: 70.81 years</td>
</tr>
<tr>
<td><strong>Hospital Bed Density</strong>*</td>
<td>Male: 69.14 years</td>
</tr>
<tr>
<td>(2011)</td>
<td>Female: 72.56 years</td>
</tr>
<tr>
<td><strong>Life Expectancy at Birth</strong>*</td>
<td><strong>Degree of risk</strong>: high</td>
</tr>
<tr>
<td>(2013 est.)</td>
<td><strong>Food or waterborne diseases</strong>: bacterial diarrhea, hepatitis A, and typhoid fever</td>
</tr>
<tr>
<td></td>
<td><strong>Vector borne diseases</strong>: dengue fever, malaria</td>
</tr>
<tr>
<td><strong>Major Infectious Diseases</strong>*</td>
<td><strong>Urban</strong>: 2.5</td>
</tr>
<tr>
<td>(2013)</td>
<td><strong>Rural</strong>: 3.3</td>
</tr>
<tr>
<td></td>
<td><strong>Intibucá</strong>: 3.6**</td>
</tr>
</tbody>
</table>
Adolescents (age 15-19) with Children or Pregnant

- Total: 24%
- Intibucá: 25%
- With no education: 46%
- With secondary education: 16%

Married Women Using Family Planning

- Total: 64%
- Intibucá: 57%
- Unmet need for family planning: 11%

Births Attended by Professionals

- Total: 83%
- Intibucá: 67%

Neonatal Mortality (<1 month)

- Total: 18 deaths/1000 births
- Intibucá: 21 deaths/1000 births

Infant Mortality (<1 year)

- Total: 24 deaths/1000 births
- Intibucá: 30 deaths/1000 births

Child Mortality (<5yrs)

- Total: 29 deaths/1000 births
- Intibucá: 39 deaths/1000 births

Maternal Mortality (2010)

- Total: 100 deaths/100,000 live births

Chronic Undernutrition (height for age)

- Total: 23%
- Intibucá: 48%

Anemia (children under 5 yrs)

- Total: 29%
- Intibucá: 37%

Overweight & Obesity (women 15-49)

- 51% (of which 22% are obese)

* CIA World Factbook **Rates comparable to or significantly worse than Haiti (DHS 2012)

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**Discussion Questions**

During your time in Honduras many questions will emerge about the country, healthcare system, and culture. Additionally you may ask yourself about how your experience compares to life in the United States. In order to get the most out of this experience, it is important to ask as many questions as possible and to share your thoughts within your brigade group. Ideally each brigade will spend time in the evenings reflecting over these important topics. The following is a collection of commonly discussed themes:

**About Honduras…**

1. What have you noticed that is special about Honduran culture that we may not have in the United States? What are some of the culture’s strengths? Weaknesses? How can we leverage the community’s strengths for positive change?

2. Knowing that with development (i.e. roads, communication technologies, etc.) comes additional crime and violence, is it worth it for these communities to have
increased access to health and education services? What can be done to prevent some of the negative effects of development?

3. Technically healthcare is provided free of charge to all Hondurans, effectively achieving a version of *universal healthcare*. Are there any hidden costs within Honduras’ system? What type of disparities may develop within this system? What other issues exist? Why does the private system exist if everyone is given free access to the public system? How does this compare to the United States?

4. How does the multi-level referral model (health workers → health outposts → larger clinics → emergency clinics → regional & national hospitals) differ from that of the United States? Is it more or less effective to deal with minor issues at the community-level? Is this easier or difficult to understand and navigate?

5. How does the medical training compare to that of the United States? Is there a similar draw to specialize and does the country have enough specialists?

6. The Ministry of Health decision to contract out health services to Shoulder to Shoulder is part of a global initiative to decentralize healthcare. What are some of the pros and cons of this model (think of providers proximity to clients, the effect on control over policies and procedures, limits on local services available)?

**About the Brigade Experience…**

1. What is one important thing you learned today (or during your time in Honduras)?
2. What is one challenge that you encountered today and how did you overcome it?
3. How do language and cultural barriers affect your ability to deliver quality care? Are there other forms of communication you are using? Do you find yourself doing your work differently?
4. Compared to your clinical experiences in the United States, what is different about how patients are cared for in Honduras? Are there things that are better than in the United States? Worse?
5. How do the types of illnesses you have experienced here compare to those you have experienced in the United States? Which do you believe are the most challenging to this country? Which do they manage well?
6. Has there been sufficient supplies and medication during your trip? What about certain equipment or lab tests? How has this affected your ability to deliver quality care?

**About Shoulder to Shoulder…**

1. What are the benefits and disadvantages that accompany the organization’s formal contract and association with the Ministry of Health (financial, political, regulatory, etc.)? Do you think the benefits outweigh the costs? Why is it important to partner with the local government? Are there situations where this is not the preferred option nor even possible?
2. Can you think of additional ways that brigades can incorporate themselves into Shoulder to Shoulder’s health programming?
3. What basic issues is the organization addressing? What are they missing? Are there other programs that you think may be good to implement?
4. In a world where funds are often limited, what are creative ways that organizations like Shoulder to Shoulder can raise funds to support their mission? Are their local opportunities?
Responsibilities as Team Leader

On the associate brigades there is usually a team leader who is identified. It is this person’s leadership that helps coordinate the various aspects of the trip – starting in the U.S. and throughout the time in Honduras.

1. **Set the Tone.** Your attitude, manner, and style will set the tone for the rest of the brigade members. By exhibiting a confident, respectful, and energetic attitude, the brigade members will feel the same.

2. **Make an Effort to Know Brigade Members Individually.** During the brigade introduce yourself to each member of the brigade, and discuss their individual goals for the trip. Think about each individual’s strengths and weaknesses.

3. **Encourage Teamwork.** Consider planning a team building activity early in the brigade to encourage brigade members to get to know each other. Remind brigade members early and often that all brigade activities may not involve direct patient care, but that all activities are important to the organization.

4. **Be available.** Reach out to brigade members before the trip, and make sure they know they may contact you in case of questions or concerns.

5. **Communicate.** You are in a unique position to communicate between the on the ground Honduran staff and the brigade members. Arrange with the Honduran staff to have regular meetings (probably each afternoon or evening) to discuss details for the following days.

6. **Manage the Details**

- **Brigade Activity Planning**
  - Designate one person to communicate with Honduran staff to assess needs on the ground and possible brigade activities.
  - Months prior to the trip, meet with the other team leaders and interested faculty and discuss possible projects and activities.
  - Designate a contact person for each project.
  - Expect frequent communication with the on the ground staff in Honduras in the weeks and months prior to the trip.
  - Consider making a provisional schedule (Consider use of template in Appendix C). Try to make sure that there are a variety of activities for brigade participation: clinical activities, public health projects, and home visits. (Consider use of template seen in Appendix H)
  - Consider a fun activity if staying over a weekend for Sunday (market, church [evangelical and Catholic are found in most areas], waterfall, river).
  - You should strongly consider including medical education for the Honduran staff in your brigade planning.

- **Packing**
  - Remind brigade members about needed supplies before the trip.
  - Designate an area to collect supplies before packing.
  - Inform brigade members that they will be bringing supplies with them and how much space they have for their own packing.
  - Using the methods explained on the website, pack bins for the flight. [http://www.shouldertoshoulder.org/preparations.html](http://www.shouldertoshoulder.org/preparations.html)
  - Distribute bins to brigade members, clearly explaining that each is responsible for the bin assigned to him/her.
  - Keep a list of what is packed in each bin, and who has each bin.
Global Health Course (if one is provided by associate)
✓ You may be asked to give a talk during the Global Health Course.
✓ You are encouraged to attend those lectures that you did not attend during the previous course. However, it is understood that you will have planning and packing that may keep you from attending all of the lectures.

Traveling
✓ Encourage the group to stay together when traveling.
✓ Be sure all brigade members are present before leaving from one place to the next.
✓ Work with Honduran staff to assign brigade members appropriately to hotel rooms.

Education
✓ Work with your faculty to prepare short nightly discussions following a brief case conference.
✓ Designate team leaders or faculty to lead case conference each night. Topics should include: Common medications used in Honduras, Cultural beliefs of Health and Illness in Honduras, How to work with Interpreters, Common illnesses seen in at the sites, and Dengue.

On the Ground Orientation
✓ During the first day in Honduras, arrange for a clinic tour and orientation. Orientation with the brigade should include:
  ✓ Introduction of all Honduran staff
  ✓ Introduction of all brigade members
  ✓ Introduction of translators
  ✓ Ground Rules (see page 33)
  ✓ Orientation to the government system and forms
  ✓ Orientation of translators

Scheduling
✓ Communicate each afternoon with the designated Honduran Staff regarding the following day's activities. Make sure to discuss transportation and lunch!
✓ When scheduling, make sure that each brigade member has a variety of experiences.
✓ Ensure that each team that goes out has a cell phone with phone numbers in case of emergency. (Consider use of template in Appendix I)

Call Schedule
✓ All medical and nursing personnel on the brigade should take call responsibilities. Consider making a call schedule up before arrival. Decide on times for beginning and ending call. Decide who will cover emergencies during lunch.
✓ Schedule one nursing student, one medical student, one resident and one attending to take call. If there are internal medicine or pediatric residents or attendings, consider adding back up.
✓ One Honduran based physician will be on call, but just as back up as needed.
✓ Consider giving the post-call team a lighter schedule the following day, usually in clinic or off.

“Despedida”
✓ Work with the Honduran staff to perhaps organize a dinner and dance or other event with the local committee on the last night of the brigade. This is a good time to thank your cooks and staff. (Small gifts are always appreciated.)
Ground Rules

1. **Water Conservation** is extremely important. There is a finite amount of water for the entire village, and overuse of water from brigades may mean that others in the village go without water. Therefore the following techniques are important:
   - “When its yellow let it mellow, when its brown flush it down”
   - Army showers: stand under the shower, get wet, turn off the water, soap up, then turn the water on again to rinse off.
   - Finally, do not put toilet paper in the toilets!

2. **Water and Food Safety**  The cooks who work for Hombro a Hombro are specially trained to prepare food so that it is safe for North Americans. However, the water that comes out of the tap is not safe. You may drink from the provided bottled or filtered water. Local restaurants in town should be avoided, unless Hombro a Hombro personnel indicate otherwise. Ask the Brigade Coordinator if you have questions.

3. **Internet** is crucial to the functioning of the clinics. Unfortunately, the internet may not work from time to time or may be very slow. Therefore, please do not anticipate access to the internet. If limited access is available, the Honduran staff will inform the brigade. Some towns also have Internet Cafes (Santa Lucia, Camasca). Please limit your use to checking mail (NO downloading/uploading photographs or videos, Facebook, YouTube, or sites that use many pictures or stream videos).

4. **Quiet Time**  The apartments above/near the brigade dormitory/sleeping areas are the residences for the Honduran staff. This is their home, and we as brigade members are guests in their home. To be respectful of this please respect quiet time after 10 pm.

5. **Alcohol & Drugs**  No alcohol or non-prescription, illegal drugs are allowed during the brigades in Intibucá.

6. **Laundry**  There are typically women who will wash your laundry for a small cost. They will pick up your laundry each morning at 7 am, and bring it back in the afternoon or the following day. If you won’t be around 5 pm, leave your money with someone to pay the women to pick up your laundry.

7. **Working with Translators**  It is important to recognize the power and importance of the translators. Make sure to ask them to translate word for word in both directions. Try to speak at least a few words of greeting in Spanish to start the encounter as a way of creating a comfortable atmosphere. Remember to talk to the patient, not the translator; using short sentences and simple words.

8. **Working with Local Staff**  While most staff are more than happy to work with brigades and largely appreciate the work that you do, it is important to remember that our clinics run year-round. For this reason, the medical staff may have prior commitments and therefore may not be available to help as much as they would like. Please be as flexible as possible, plan ahead, and work through the Brigade Coordinator to organize anything that may require the assistance of the local medical staff.

Useful Tools

In the appendices you will find a few useful tools for brigade leaders. First is a template for the brigade schedule which includes general information such as the date, location, and time of the week’s activities (Appendix 1). Additionally we have provided a more detailed daily schedule template that includes information about meals and specific activities (Appendix 2). Feel free to adjust these tables according to your specific needs or use your own. Lastly we have included the brigade report form. See the “After the Brigade” section for more details.
AFTER THE BRIGADE

We sincerely hope that your experience with Shoulder to Shoulder in Honduras has been as fulfilling for you as it undoubtedly was for the people you served in our communities. We appreciate the time and effort you put into this brigade.

In order to keep an accurate record of brigade activities, we ask that you complete a brigade report detailing what you completed while in Honduras. We have provided for you a template that can be used (Appendix 3), but have also provided a brigade report that was submitted in paragraph format that you can model your report after (Appendix 4). Both are acceptable and very much appreciated. We would also love to hear about your suggestions for improvements and encourage you to submit these as well.

Additionally, all brigade participants are encouraged to send us any photographs taken during brigade activities as well as stories of good experiences they had during their time in Honduras (both in clinic or otherwise). With your permission these will be used for communications with our supporters via our monthly newsletter and website.

Send all reports, stories and photos to:

- Sharon Mullen: sharon.m@shouldertosoulder.org
- Ever Bonilla: ever.bonilla@shouldertosoulder.org
- Scott Reinstein: scott@shouldertosoulder.org

Staying Involved

We also encourage you to stay involved with Shoulder to Shoulder:

- Visit our website for regular updates and more information about the organization: www.shouldertosoulder.org
- Subscribe to our newsletter to receive regular updates (on our website under Updates>Newsletter)
- “Like” us on Facebook (Search “Shoulder to Shoulder, Inc.”)
- Submit stories and photos about your experience to the e-mails printed above
- Share your experience with your friends and family and encourage them to learn more about the organization
- Make a small donation to support the organization (on our website)
- Commit to a year-long volunteer opportunity or join us as a full-time employee (opportunities posted on our website)
- For more long-term involvement, inquire about joining the advisory board
1: Template for Brigade Schedule

<table>
<thead>
<tr>
<th>Date</th>
<th>Area</th>
<th>AM (8:00-12:00)</th>
<th>PM (1:00-5:00)</th>
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<tbody>
<tr>
<td>Sun</td>
<td></td>
<td>ARRIVE AT SITE</td>
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<tr>
<td></td>
<td>Call</td>
<td>Dennis, Freeman</td>
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<thead>
<tr>
<th>Mon</th>
<th>Clinic</th>
<th>Doe, Smith, Jones</th>
<th>Bates, Frank, Johnson</th>
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<tr>
<td></td>
<td>RN/Triage</td>
<td>Kroger, Meijer</td>
<td>Jay, Walton</td>
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<tr>
<td></td>
<td>Precept</td>
<td>Long</td>
<td>Holmes</td>
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<td></td>
<td>Pharmacy</td>
<td>Tableta</td>
<td>Pastilla</td>
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<tr>
<td>Away</td>
<td>Williams, Palmer, Frederick, Adams</td>
<td>SAME</td>
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<tr>
<th>Projects</th>
<th>Boron, McHenry, Tige, VonCroft</th>
<th>SAME</th>
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<tr>
<td>Free/Projects</td>
<td>McKenna, Hiott, Fitzgerald, Rinder</td>
<td>Same</td>
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<td>Call</td>
<td>Ortiz, Posner</td>
<td>Heck</td>
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<td>Talk(s)</td>
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2: Template for Team Leader’s Daily Schedule

Daily Brigade Worksheet

Date_______________________

<table>
<thead>
<tr>
<th>Meal</th>
<th>Time</th>
<th>How many people?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Breakfast</td>
<td></td>
<td></td>
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<tr>
<td>Lunch</td>
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<tr>
<td>Dinner</td>
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</table>

<table>
<thead>
<tr>
<th>Activity</th>
<th>Number of People</th>
<th>How many vehicles needed?</th>
<th>Bring Lunch? If so, for how many?</th>
<th>Who are the drivers?</th>
<th>Who is coordinating?</th>
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3: Template for Brigade Report

Name of Group __________________________________________

Dates ________________________________________________

Honduran Home Base _______________________________________

Mission ________________________________________________

Introduction/Overview

The ___________ Brigade consisted of ____ members, including ____ Residents, ____ Nursing students, ____ Medical Students, ____ Faculty, and ____ additional helpers.

Team Leaders:

______________________________________________

______________________________________________

Project Summary (brigade leaders are encouraged to write a quick summary including: objectives, methods, and results, communities involved, and contact person)

Patient Care Summary (be sure to include any specialty services offered)

<table>
<thead>
<tr>
<th>Date</th>
<th># Patients Seen</th>
<th>Location</th>
<th>Services Provided</th>
<th>Notes</th>
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Community Education Offered

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<tr>
<th>Date</th>
<th># of Attendees</th>
<th>Location</th>
<th>Target Group (community members, local staff and physicians, etc.)</th>
<th>Topic, Lecture, Didactic</th>
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Follow Up Required (if possible, please list any patients requiring follow-up)

<table>
<thead>
<tr>
<th>Name (first)</th>
<th>Name (last)</th>
<th>Honduran ID</th>
<th>Diagnosis</th>
<th>Location</th>
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Suggestions for Future Brigades

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February 2004 U.C. Family Medicine Brigade Synopsis:
(Composed by Eric Byman, Suzanne Gaudreault, Julia Reitz)

The February 2004 brigade to Honduras was a tremendously eventful and largely successful trip. Our group included residents, medical students, attending physicians, a dentist, nurses, translators, and numerous other Honduran and American workers. The resident Team Leaders were Drs. Eric Byman, Suzanne Gaudreault, and Julia Reitz. We were based at the clinic in Santa Lucia and sent large teams to the outlying villages of San Jose, El Aguila, and Santa Rita for daily field clinics.

Thanks to our Honduran partners, the trip was filled with moving and fabulous learning experiences. Our teamwork and clinical skills were put to use with numerous patients, including a gunshot victim, a severely dehydrated toddler, a new mother and baby, and several people in need of specialty services for whom we coordinated hospital care. One particularly touching experience was the case of a 7 year old boy with severe malnutrition who presented to one of the field clinics. He and his family were transported to Santa Lucia where they were treated and nurtured over the course of the week by numerous brigade members who each employed their own special gifts in caring for this boy and his family.

In addition to the plentiful clinical activity, members of our group worked on several interesting research projects. These included:

- GPS mapping of the area to demonstrate how geography affected where people went for their medical care.
- A study attempting to correlate dehydration and headaches.
- A preliminary study on sexually transmitted disease screening in women.
- And a survey of community knowledge of women's health issues and utilization of women's health services.

Perhaps the greatest testament to the success of the Shoulder-to-Shoulder program was the relatively slow pace of work at the Santa Lucia clinic. Over the years that the clinic has been in place, the local populace has become accustomed to increasingly high-quality care from the Honduran doctors who man the clinic year-round; American doctors are no longer the only source of modern medicine. Still, as our field clinics and GPS surveys showed, there are still many people at remote sites for whom more can be done; Shoulderto-Shoulder’s mission is just beginning.