

## The Ahuas Spotlight: Summer 2023 The Ahuas Committee

### Clinic Spotlight: Debt Jubilee Project

The Debt Jubilee Project: For the Healing of the World is a collaborative effort of the Board of World Missions, the Commission on Congregational Development, the Moravian Ministries Foundation in America, and the Interprovincial Board of Communication. Based on our biblical call to care for the sick and our belief that healthcare is a fundamental human right, this project will work to offer grace and hope through the forgiveness of medical debt. Because our call is to our siblings in Christ here in North America and throughout the world, this project will forgive medical debt in the United States as well as at the Moravian medical ministry of the Clínica Evangélica Morava in Ahuas, Honduras.

Through this effort, we hope to build on the energy and witness of the recent work of Moravian congregations such as Trinity in Winston-Salem, which raised about \$15,000 earlier this year to forgive over \$3,000,000 in medical debt. The Debt Jubilee Project; For the Healing of the World aims to provide an opportunity for more Moravians to join in this freeing and life-changing initiative. Our goal is to raise \$50,000 in 50 days with the project concluding on August 13th.

75% of your gift will support the elimination of medical debt in the U.S. through a partnership with RIP Medical Debt, an organization that purchases medical debt for pennies on the dollar and erases that debt, which would otherwise have been sold to for-profit debt collectors. RIP Medical Debt only abolishes debt for those earning less than 4x the federal poverty level and/or hold debts of 5% or more of their annual income. The Debt Jubilee Project: For the Healing of the World will specifically forgive debts for those living in U.S. counties with a Moravian presence (through a congregation or ministry). The individuals and families who owe the medical debt purchased will receive a letter informing them that their debt is forgiven. Jubilee!

25% of your gift will buy debt owed by patients of the Clínica Evangélica Morava, a Moravian medical ministry in Ahuas, Honduras, that has been serving the remote area of La Mosquitia for over 75 years. Medical debt held in this area is a burden on the indebted patients, the clinic, and the community as a whole. The individuals and families who owe the medical debt purchased will receive notice informing them that their debt is forgiven. Jubilee!

To learn more about this project, go to [www.moravian.org/debtjubilee/](http://www.moravian.org/debtjubilee/). You can also mail a check to Moravian Ministries Foundation, 119 Brookstown Avenue, Suite 305, Winston-Salem, NC 27101. Checks may be made out to “Moravian Ministries Foundation.” Please include “Debt Jubilee Project” in the memo line.

## Staff Spotlight: Dr. Victor Iglesia Echeverria

Victor Iglesia Echeverría is a 33-year-old doctor who is completing his government required year of social service at the Clínica Evangélica Morava in Ahuas. To anyone familiar with La Mosquitia, the Echeverría name is immediately recognizable as belonging to a large and influential family from the community of Cauquira. However, although Dr., Victor attended primary school in the community where the Echeverrias have lived for years, his family thought it best to provide better educational opportunities in the cities. He completed secondary school in Lima, Cortés and earned his bachillerato (high school diploma) in Siguatepeque. Returning to Cauquira, he worked for about six months with a foreign company that harvests and exports jellyfish for the Asian market.



Dr. Victor was fortunate to land a scholarship to study medicine in Venezuela starting in 2009. Following completion of that schooling, the young doctor found work in his adopted country. However, conditions in Venezuela deteriorated to the point that three years later, he decided to emigrate. He moved his Venezuelan born and pregnant wife, Enyiner Mora, and two daughters, Victoria and Andrea, to Colombia. Covid, immigration issues, a nearly 22 hour bus ride and a very pregnant Enyiner made the departure difficult. Thankfully, however, the young family was able to make it back to Honduras where in San Pedro Sula, the young mother gave birth via emergency C Section to a third daughter, Nairobi, on Father's Day in 2020.

Dr. Victor, who had already proved himself a capable physician with almost three full years of practice in Venezuela, was required by Honduras to work for one practice year in Honduras and then complete six months of additional social service before he could obtain the necessary license to practice medicine in his native country. Hoping to perform the required practice in Ahuas he was hired by the Clínica Evangélica Morava. Nevertheless, it was quickly determined that he had not yet fulfilled the Honduran Government's educational requirements. As a result, Dr. Victor was forced to find an alternative place of employment outside of La Mosquitia.

The desire to serve his people in La Mosquitia combined with his desire to shadow the widely respected surgeon, Dr. Kenneth Serapio, pushed him to request the required social service assignment to Ahuas. The Honduran Medical College agreed to accept a change in rules to allow medical students to perform their social service assignments in private hospitals. In December of last year, he moved with his young family to Ahuas where he is scheduled to complete his social service on June 6th.



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When asked about the future, Dr. Victor said that he had agreed to extend his work agreement with the Clínica Evangélica Morava to the end of the year. However, he is concerned about two things related to any possible long term employment relationship with the Honduran Moravian Medical Work.

First, the salary, work hours, retirement benefits and long term stability of the nearly 77 year old hospital make a comparable position with the Honduran health care system more attractive. The Clínica Evangélica Morava is only able to offer a considerably lower wage while at the same time requiring all physicians to be on call 24 hours a day and seven days a week. There is no retirement benefit associated with the Moravian hospital in Ahuas, while a government position in the Departmental Capital of Puerto Lempira provides a pension. Medical personnel employed by the Government health care system are assigned plazas (or permanent positions) that guarantee them employment until they reach retirement age. By contrast, the Honduran Moravian Medical Work is facing financial challenges.

A second concern for Dr. Victor and Enyiner is the quality of education available to their three young daughters in Ahuas. Puerto Lempira, where the physician has been offered a plaza, has a much broader range of educational options than does Ahuas. Furthermore, the quality of education in Ahuas is often in doubt.

Initially, Victor and Enyiner had hoped to be in Ahuas for up to five years. However, due to these professional and family concerns, they have decided to accept the offer of employment at the Government hospital in Puerto Lempira. In gratitude to the Clínica Evangélica Morava, Dr. Victor will stay on until the end of the year. However, he has decided with his family to move back to Puerto Lempira early in 2024.

Dr. Victor continues to value the high quality of medical care available in Ahuas and is talking with colleagues (pediatrician, dentist, internist) in Puerto Lempira about the possibility of cooperating in Ahuas both before and after he leaves Ahuas. The Puerto Lempira hospital even seems open to training Ahuas personnel.

He is concerned that 77-year-old Dr. Kenneth (who has been “going to retire” for several years) recently reached an agreement with the Honduran Medical Board to end his employment at the end of this year. Similarly, the Clínica Evangélica Morava’s Medical Director, Saraí Suazo, has said that she too would probably be leaving at the end of 2023.

Dr. Victor is grateful for the important work that the Clínica Evangélica Morava has been doing for 77 years, but given his professional and family concerns, does not see how he can commit to long term employment at the facility. Nevertheless, for the time being, patients, medical staff and the community are grateful for his presence, his positive bedside manner and the quality medical care that he provides to his patients.

## Infant Feeding Program Spotlight

Please go to this link to watch a video about the program:  
<https://www.youtube.com/watch?v=gO7U0-vjSpE>

Approximately 150 children are served a hot meal 6 days a week between the 3 infant feeding sites. It cost \$1.00/day to feed a child. If you would like help with this wonderful ministry, please send your donations to:



- U.S. Donation Information: Mail donations to: Board of World Mission, 1021 Center Street, Bethlehem, PA 18018. You may also make your donation online at <http://moravianmission.org/give/> and click on the green "Give" button at the top of the page. Please indicate that your gift is for "Infant Feeding Program".
- Canada Donation Information: Mail donations to: Moravian Church in Canada, 600 Acadia Drive SE, Calgary, AB T2J 0B8. Interac e- Transfer donations may be sent to [treasurer@moravian.ca](mailto:treasurer@moravian.ca). In the comments section, mark the donations as "Infant Feeding Program" and include your name and address to receive a tax receipt.



## Clinic Spotlight: Patient Stories

The doctors at the Clínica Evangélica Morava have been visiting all inpatients early each morning for many years. Presently rounds are done following daily staff devotions which normally finish at about 7:30 a.m. Currently the physicians (Medical Director, Dr. Saraf Suazo; Surgeon, Dr. Kenneth Serapio; and, Social Service Doctor, Dr. Victor Iglesias) are joined by the Head Nurse (R.N. Brígida Balderramos) the on-duty nurse and the anesthetist. Other staff (such as the lab tech or the nurse in charge of preventive health) might participate if they have patients that they are helping with...

Starting at the nurses' station, the medical team gathers patient charts and visits all inpatients. While each physician is responsible for any patient that she/he has admitted, the doctors talk with patients to gauge progress and consult with their colleagues on the proper course of treatment. Nurses and other support personnel record physician orders, though at the end of the rounds, doctors return to the nurses' station where they write orders in their patients' charts.

Family members routinely accompany patients, sleeping in their rooms to provide non-medical assistance with feeding, bathing, dressing, etc. During rounds, family members offer important supplemental information to the attending physicians, especially for elderly, very young or other patients who might have difficulty responding to their doctor's questions.

As has been the case since Dr. Sam Marx expanded medical care to more than the one bed clinic that had been founded in 1946, patients continue to come from throughout the region. The Clínica Evangélica Morava is no longer the largest hospital in the region – that distinction belongs to the Government hospital in Puerto Lempira. However, the Moravian facility is known for its compassionate treatment of patients, its wide range of medical/surgical capabilities and medical care provided for the most part by Mískito personnel that speak the local language and understand the local culture. Patients often prefer the care they receive at the Moravian hospital to that which they may find at other facilities.

April 26th saw nine of twenty patient beds occupied.

- An 80-year-old patient from Ahuas had a wide range of complaints, principal among which was pain in her right shoulder due to trauma from a fall. Other issues included tachycardia, respiratory distress, suspected kidney problems and vomiting. Distressing hematocrit and white blood cell counts along with the difficulty of starting IVs in old veins were complicated by the inability to do complete lab exams because the lab machine had been sent to Tegucigalpa for repairs. Staff wanted to refer the woman to Puerto Lempira for more exams, but neither she nor the family felt they could afford the cost of a boat trip (L 700 or \$30 per person) to that community. Antibiotics had been prescribed to treat a suspected infection, but the elderly patient was reluctant to take additional medicines.
- A 7-month-old baby from Ahuas had been admitted late the night before when the parents, distressed with his worsening condition, had brought him with cough, runny nose, vomiting, diarrhea, fever and dehydration. Medications were prescribed to lower the fever. Scarcity in the hospital pharmacy meant that all of the physician-prescribed medicines were not available. Oral meds were quickly vomited by the little boy.
- Another of the patients was a woman from Wawina in her 38th week of pregnancy. She had traveled about two hours from her upriver home two days earlier complaining of abdominal pain. Due to concern over her pain, she preferred to stay in Ahuas trusting both the medical staff and grateful for caring treatment. Her blood pressure was normal. She had dilated another centimeter since she first arrived. She will continue under observation, but staff thought they would induce labor if there was no change.

- A woman who came the night before, was unable to move half of her face or one of her arms after fainting at home. She was dehydrated and suffering from both a fever and hyperglycemia. She had not eaten for about a week during which time the family had unsuccessfully treated her with herbal medicines. The lack of reagents for the lab prevented staff from doing the medical exams that would help to diagnose her case.
- A man from Wawina had been admitted earlier in the week complaining of lumbar pain and difficulty in walking. His white blood count was high. Doctors suspected a renal infection. Limited lab capabilities prevented a definitive diagnosis. An x-ray the day before was of poor quality and was to be repeated later in the day, but staff was concerned over the cost of multiple x-rays for a patient with limited resources.
- Another patient from Wawina – this one a woman 46 years of age – was admitted as an emergency complaining of pain in her left leg. Lab tests in January had shown no problems, but a subsequent visit to a La Ceiba physician pointed to an infected abscess which was surgically removed. Now, on her return to Ahuas, lab tests showed severe anemia. She had been given two units of blood and may require additional transfusions. (In the absence of a blood bank, the hospital in Ahuas relies on people willing to sell their blood to the patient.) A government medical team visiting Wawina found a low blood pressure and suspected sepsis. They referred her to Ahuas for possible surgery. The family has no money to send her to the hospital in Puerto Lempira and cannot afford to pay the mounting debt in Ahuas. Neither can she be sent home suffering from severe anemia and a suspected abscess. Dr. Kenneth scheduled surgery to remove the abscess.
- A former smoker from an upriver village about two days from Ahuas presented with epigastric pain, high blood pressure and a persistent cough which has lasted for at least two years. An x-ray was ordered as pulmonary problems including possible tuberculosis were suspected (though no blood was detected in her sputum – a telltale sign of TB).
- A laparotomy was scheduled for later in the day in the case of a woman aged 32 years who complained of lumbar and abdominal pain. She was referred to Ahuas by the Brus Laguna medical center. Doctors detected an abdominal mass that is not confined to a particular organ, but rather which moves around when manipulated by the physicians.
- A 48-year-old man with fever, diarrhea and abdominal pain was suspected of having a urinary tract or renal infection. He had been treated with liquids, but an ultra sound was scheduled for later in the day to help with diagnosis.



## Ways You Can Help

### Financially

- U.S. Donation Information: Mail donations to: Board of World Mission, 1021 Center Street, Bethlehem, PA 18018. You may also make your donation online at <http://moravianmission.org/give/> and click on the green "Give" button at the top of the page. Please indicate that your gift is for "Ahuas Clinic."
- Canada Donation Information: Mail donations to: Moravian Church in Canada, 600 Acadia Drive SE, Calgary, AB T2J 0B8. Interac e-Transfer donations may be sent to [treasurer@moravian.ca](mailto:treasurer@moravian.ca). In the comments section, mark the donations as "Ahuas Clinic" and include your name and address to receive a tax receipt.
- Be sure to specify that your donation go to the Ahuas clinic, infant feeding program, or a "second mile project" at the clinic. You can now set up online giving to be recurring.
  - a. General fund for the Ahuas Clinic - Here are some specific monthly breakdowns.
    - i. \$1050/day to run the clinic.
    - ii. \$2,000/month for a Doctor's salary
    - iii. \$400/month for a Nurse's salary
    - iv. \$4000 - \$6000/month for inpatient and outpatient medicine
  - b. Infant Feeding Program - \$30/month will feed 1 child (less than the cost of a cup of coffee per day or other drink)
  - c. Second Mile Project - Check out the list of other projects that need attention at the clinic.
  - d. Support mission teams - Mission teams from your area and/or Rick Nelson, as he continues to lead teams on a volunteer basis, need monetary funds and supplies to take to the clinic.

Grant writer - We are seeking individuals with this gift that God can use to search for and/or write grants to financially help the clinic.

Adopt A Clinic - Would your place of employment (especially if you work at a hospital or clinic) adopt the Ahuas clinic? For example, for only \$2.00/paycheck, all participating employees could make a huge impact. A small amount from many people will multiply the blessing. Are you willing to be an advocate at your place of work to help those with much less?

Mission team - Join a team that is now forming or be a team leader and start forming your crew.

Pray - Pray for the clinic, its staff, patients, and the people of La Mosquitia.

## Contact Information

The Ahuas Committee consists of the following individuals. Please feel free to contact any member of the committee if you would like more information on ways to serve or support this mission.

1. Andrew Starr, Committee Chair - [andrew.starr@dcmedical.org](mailto:andrew.starr@dcmedical.org)
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