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“For the health of our People”

Educating the Global Physician

Objectives

- Understand the need for more personnel able to address global health problems
- Understand that global health education can enhance the ability to work in cross-cultural settings
- Understand that global health education can better prepare residents to serve the communities in which they live

Objectives continued...

- Recognize the differences in health care practices, beliefs and expectations in developing countries
- Understand the challenge of practicing medicine with limited resources
- Understand the importance of interacting with individuals from different cultural backgrounds

A Rich History of the GARIFUNA People

GARIFUNA People Arrived to Honduras
12 Of April 1797 and in 2003 was declared
by the UN Heritage of Humanity





Caribbean Sea

BELIZE

Gulf of Honduras

Islas de la Bahía

Ciriboya

Puerto Cortés

GUATEMALA

San Pedro Sula

La Ceiba

Aguán

El Progreso

Patuca

MOSQUITIA

HONDURAS

Coco

COMAYAGUA MTS

Uluá

TEGUCIGALPA



San Lorenzo

Amapala

EL SALVADOR

Gulf of Fonseca

NICARAGUA

Pacific

Microsoft Map

Spirit Of our Ancestors



GENERAL CHARACTERISTICS OF HONDURAS

- **Capital Tegucigalpa.**
- **Official Language: Spanish, Indígena groups speak Miskito, Garifuna, Tawhuaka, Pech, Tolupan, Shorti, Lenca y Créole del Ingles.**
- **Area: 112 492 Square Km.**
- **Population: 7,197,303 people.**
- **Density of Population: 58.6 People per square Km.**
- **Principal Cities: Tegucigalpa, San Pedro Sula, La Ceiba**

GENERAL DATA OF HONDURAS

- Population living in poverty conditions : 70%.
- Population living below poverty level: 50%.
- Life Expectancy : 71.8 years
 - Men: 67 years
 - Women: 74 years.
- General Mortality Rate: 5.0 x 1000 people.
- Birth Rate: 33.7 x 1000 people.
- 30% of the adults are illiterate.
- 3.8% of children per women.
- 53% Urban population.
- 41.2% of population under 15 years old.
- 3.7% of population over 65 years old.

Health Challenges

PRINCIPAL MORBIDITY 2006

- * **Dengue: 12,870 Cases.**
- * **Diarrhea: 275,535 Cases.**
- * **Pneumonia: 107,319 Cases.**
- * **AIDS: 21, 196 HIV Positive.**
 - **15, 700 AIDS Cases.**
 - **600 people Died in 2006.**
- * **Malaria: 13, 913 Cases.**
- * **Leishmaniasis: 1,433 Cases.**
- * **Hypertension : 97,827 Cases.**
- * **Cardiovascular Disease : 7,755 Cases.**
- * **Diabetes : 5,160 Cases.**

GENERAL MORTALITY (10 Primary causes)

1. Cardiovascular Disease	1,075 Cases	15.2%
2. Accidents	937 Cases	13.3%
3. Malignant Tumor	452 Cases	7.8%
4. Diabetes Mellitus	332 Cases	4.7%
5. HIV	304 Cases	4.3%
6. Asphyxia during birth	157 Cases	2.3%
7. Congenital Defects	150 Cases	2.2%
8. Diarrhea	113 Cases	1.7%
9. Tuberculosis	104 Cases	1.5%
10. Cerebrovascular Disease	98 Cases	1.4%

HOSPITAL BEDS

- **Government Healthcare: 4, 224 beds (1.1 beds per 1,000 people)**
- **Private Insurance: 593 beds.**
- **Private Hospitals: 1, 400 Beds.**

Human Resources in Public Health in Honduras

- **Doctors: 5, 269**
 - one for every 1,231 inhabitants
- **Professional Nurses: 1,998**
 - one for every 3,246 inhabitants
- **Nurses' Assistants: 7,256**
 - one for every 894 inhabitants
- **Dentists: 1,306**
 - one for every 4,965 inhabitants
- **Medical Technicians: 700**
 - one for every 9,264 inhabitants



A woman with serious birth complications is transported for 14 hours by hammock and canoe to get to the nearest hospital





Latin American School Of Medicine.

**A paradise in the Heart of the Caribbean,
were Dreams become True**

20 9:08AM



Bringing Health Care to the Most Needed People



Alternative model for health care delivery in developing countries that is free to patients

- Develop and allocate human resources
- Develop creative mechanisms for building health care infrastructure
- Build continuity and sustainability into the health care delivery system

Alternative model for health care delivery in developing countries that is free to patients

- Human Resources:
- Since the Latin American Medical School (based in Cuba) was founded in 1998—after Hurricane Mitch-- over 3,000 medical students from 30 countries (from throughout Latin America, Africa and the Caribbean) have become doctors, and have returned to their home countries to serve their communities.
- Cuba sees it as part of its international mission to dispatch doctors around the globe to the countries most in need. Approximately 30,000 are working throughout Latin America, Asia, Africa and the Middle East.

Alternative model for health care delivery in developing countries that is free to patients

- Trainees return to their native communities to finish their medical education with the assistance of Cuban faculty.
- Trainees are expected to train local midwives, ancillary nurses and volunteers
- International collaborations with specialty training programs promise to enhance physician education and enhance global patient care

Developing Infrastructure

- In spite of lack of government health care infrastructure, raise funds to build comprehensive health care clinics.
- Develop sophisticated community volunteer structures to assist with all aspects of facility construction.

Build continuity and sustainability into the health care delivery system

- Build alliances between key sectors of the community (e.g. faith groups, womens' groups, students, workers, etc)
- Expand social networks among those with similar health care delivery models (international research institutions, international medical volunteer structures, health care NGO's, social movements, etc)
- Develop a system of preventive health care and patient education focusing on the culture of patient base

Getting the community involved...



Setting up a camp at the future site of the hospital,
and treating our first patients
to give the community a glimpse of the future



Building hope...



The participation of Garifuna women is essential to the success of the project...



No one person can do more than what we can do together





Health care is being delivered even though the building is not yet complete



Our Doctors doing Voluntary works





Observation Room



Delivery Room



Birth in the first Garifuna Hospital of Honduras



Post partum room



External Consult



GYN Consult



Ultrasound department



Laboratory



Dentist Rom





1. Punta Piedra.
2. Cusuna.
3. Ciriboya.
4. Sico
5. Sambita
6. Las Champas
7. Irión Viejo.
8. San José de la Punta.
9. Irión Puerto.
10. Sangrelaya.
11. Cocalito.

COLON

HONDURAS



Our Heroes



School Of Auxiliary Nurses



Ampliación futura



Ampliación Frontal



Ampliación



Educating the community is fundamental



Midwives



Introducing new alternatives with sustainable technology



Program to improve water quality



Control and prevention of hypertension



BRIGADA ESTUDIANTIL
DE TRABAJO
BET

www.primerhospitalgarifuna.blogspot.com

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Using traditions and culture for better health education



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Inauguration with President Manuel Zelaya Rosales



Achievements

- 11 health positions filled by permanent, Bilingual Garifuna Doctors
- Over 240,000 medical free treatment (if we multiply this by 600, which is the average cost of a hospital visit in Honduras, it would give us about 144 million Honduran lempiras)
- Reduction of the infant and maternal mortality rate.
- Voluntary service networks at the national and international level.
- Interventions in Primary and Secondary Education Centers: Oral hygiene, Intestinal Parasites, Teen Pregnancy, Alcoholism, Drug Addiction, STDs, AIDS, HIV, Self-Esteem.
- Trips to remove intestinal parasites in school aged children.
- The management of an average of 30 international medical brigades annually.
- Scientific studies of chronic illnesses such as: Diabetes Mellitus (Type I/Type II), Arterial Hypertension (High blood pressure), kidney failure, and sickness from venomous snakes in Honduras.
- Relevant Works in National Scientific Expeditions.
- The 2009 award for National Scientific Technical Development awarded by the Honduran President.
- The 2008 Medical Prize by the Rotary Club of San Pedro Sula.

Our story

- The National Autonomous University of Honduras (*Universidad Nacional Autónoma de - UNAH*) was founded in 1847, yet it was not until 115 years later when the first Garifuna doctor graduated from the UNAH School of Medicine – Dr. Alfonso Lacayo Sánchez. Now days, after ten years of the foundation of the Latin American School of Medicine in Cuba (*Escuela Latinoamericana de Medicina-ELAM*), there are more Garifuna peoples that are currently studying medicine and that have graduated from the ELAM than UNAH (a century and a half old institution).

Integral Center of Support of our Foundation for the health of our people



Why the coup?



The free tuition, school meals, the solidarity bonus, price reduction and fuel allowance, the application of the rule of 60° for the commercialization of fuel, the rescue of public enterprises: ENEE and HONDUTEL, the drop in bank interest rate, the bond agricultural technology, free replacement of energy-saving bulbs, mass literacy programs, funding for micro businesses, the ban on forest cutting, banning open pit mining, the electric energy project for the 700 thousand poorest families in the country, rescuing Palmerola military base to a civilian airport, increasing international reserves, the opposition to the devaluation of the currency (Lempira) against the dollar, PETROCARIBE and incorporation into the ALBA and the 60% increase in the minimum wage to the entire working class, reaching \$ 150 to \$ 230 dollars a month, are just a sample of government actions in the national interest and particularly the poorest.

27 of June one day before coup



HONDURAS/STATSKUPP: Avsatte President Manuel Zelaya, Andrés Pavón, ordförande i Honduras CODEH, Honduras Människorättskommission och Cesar Ham, den 27 juni, i presidentpalatset bara några timmar innan stats- och militärkuppen mot president Zelaya utlöstes. Ham lyckades fly till Nicaragua där han på en presskonferens uppgav att han fortsätter kampen till den nya regimen har störtats av folket. FOTO: MIRIAN HUEZO EMANUELSSON.

Resistance against the coup



GARINAGU Against The Coup



DIBIGÜDA WAMAI TIA WAFANIDIRAN



Assassinated by the military

Isis Obed Murrillo 18



Roger Lagos 27



Rene bados- garcia



Nothing happens here



NOTI-NADA EL PAIS DONDE NO PASA NADA



NOTI-NADA EL PAIS DONDE NO PASA NADA



Represión



EL GAS PIMIENTA ES UN GAS INFLAMATORIO UTILIZADO PARA DISPERSAR ATAQUES DE ANIMALES FERROSES OSOS, LOBOS, PERROS. ES PROHIBIDO INCLUSO EN CONFLICTOS BELICOS Y SUS EFECTOS SON: CEGUERA TEMPORAL, SENSACION ARDIENTE EN LA PIEL, ESPASMOS CORPORAL, TOS, DIFICULTAD RESPIRATORIAN, DIFICULTAD EN EL HABLA. ES EL UTILIZADOS CONTRA EL PUEBLO QUE SE MANIFIESTA PACIFICAMENTE.



- In November 2008, a commission for the improvement of the health sector (*Proyecto de Reforma del Sector Salud-PRSS*) was created to examine how the First Garifuna Public Hospital worked and the relationship of its Foundation with the State. Since that day, negotiations to create an agreement to manage and supply first-class and decentralized health care in Iriona (Colón) began. This agreement was signed by the Department of Health and the Association of Honduran Garifuna Municipalities (*Mancomunidad de Municipios Garifunas de Honduras-MAMUGAH*). The contract was signed on April 1st and valid until July 31st 2009, since the project of the commission for the improvement of the health sector ended on July 31st 2009. Its renovation would be valid between August 1st 2009 and December 31st 2009 and it would be part of the Department of Health and signed under the same terms of the last agreement.
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- In July 2009, authorities from the Department of Health proposed a completely modified agreement. They specifically changed the eighth clause (Part B, Number 8, Page 15) of the agreement regarding the management and supply of first class health care services in Iriona made between the Department of Health and MAMUGAH. This clause states that the Department should coordinate with the provider of human resources in Iriona's health network and establish and implement a political framework with regards to Human Resources. It includes a regulatory framework and the operations necessary fulfill indicators of productivity, development and effectiveness. An agreement will be drafted that will include the staff negotiations, a set of unique, disciplinary rules for all personnel, and guidelines for an incentive program. The process of hiring and of human resources negotiations, which involve ethnic groups, should also incorporate guidelines and procedures established in the 169th agreement of the ILO.

- Their modification is an attempt against the needs of the people that receive medical services per Convention 169 of the International Labour Organization (ILO) and its articles 24 and 25. These articles establish the following: **ART 24** *Social security schemes shall be extended progressively to cover the peoples concerned, and applied without discrimination against them.* **ART 25** *1. Governments shall ensure that adequate health services are made available to the peoples concerned, or shall provide them with resources to allow them to design and deliver such services under their own responsibility and control, so that they may enjoy the highest attainable standard of physical and mental health. 2. Health services shall, to the extent possible, be community-based. These services shall be planned and administered in co-operation with the peoples concerned and take into account their economic, geographic, social and cultural conditions as well as their traditional preventive care, healing practices and medicines. 3. The health care system shall give preference to the training and employment of local community health workers, and focus on primary health care while maintaining strong links with other levels of health care services. 4. The provision of such health services shall be coordinated with other social, economic and cultural measures in the country.*

- The change in the clause also is intended to destroy the health system of the Afro-Honduran people, which is protected under the ILO Convention 169. People have the distinct ability, through the Convention, to direct their own policies according to their own interests and cosmological perspectives and develop the positive aspects, strengths and significant contributions of the Afro-Honduran Community to human development. Currently, the Black person is being treated as folkloric object, exposed to ridicule and denigration through pejorative images and the use of journalistic language with racist and xenophobic connotations. The de facto government of Honduras in particular has undertaken a political and racial prosecution of Afro-Honduran, organized civil society.
- Currently, the ELAM doctors are being threatened by the military regime. This attempt has been considered by the Afro-Honduran community as a crime against the health and education of the Garifuna People, which has already suffered deeply and been abandoned by the health system of the Honduras for several centuries.
- It is the same ghost of cultural genocide that one more time is coming for our people and is disguised by attempts against our people's inalienable right to life and health. The same drivers and promoters of this vernacular policy are trying by any means to choke the screams of freedom out of us – out of those of us who believe a fairer and less forgotten Honduras is possible.
- ELAM. Escuela Latinoamericana de Medicina (Latin American School of Medicine, LASM, Cuba)

- Today those same oppressors for two thousand years that we had tried to erase have found the way to comeback. Today, these proponents of false democracy have the perfect alibi to fill the hope, defense and dream of a dignified health system with doubts and darkness.
- Today this dream of health in the Garifuna communities of the Colon department is manifested in the First Public Garifuna Hospital. However, the outlaws, the hope merchants, the traffickers of misery and ignorance of our people are using a few coins to try to make invisible all the efforts that allowed us to monumentally double our services in two years – something that 30 years of failed democracy could not do.

- On behalf of our people, we condemn this cultural attempt and join our voices to reclaim our right to continue accomplishing what for us is an ancestral duty – to provide health and to tighten the historical gaps that, until now, the politics of exclusion have condemned us to.
- TOGETHER WE CAN
- TOGETHER WE WILL