

Field Report: HEALTH OUTREACH

A report written by Project Leader Dennis Moren and Timothy Lee

February 29, 2018

“Guatemala 2018 – Rio Dulce”

Health Outreach

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“**Guatemala 2018**”, follows an successful project in this past February when 30 Canadian volunteers cared for nearly a **thousand children** over two weeks . Beginning **February 3rd**, an even larger group traveled to remote areas where other humanitarian groups rarely venture.

New this year is a joint program with the University of Toronto. Health Outreach will be working with the Faculty of Dentistry to place 4th year students in their [International Student Outreach Program](#). Two senior students will work alongside experienced Health Outreach volunteers for a week-long immersion into the world outreach dentistry and global health.

The two communities chosen by Health Outreach are:

San Gabriel . Although San Gabriel was missed in the last project, the children in the village were cared for in the neighboring village of El Salto. This year, a new health clinic located in the heart of San Gabriel will host the large first team.

The **Rio Dulce** region is home to indigenous Mayan children, where there is no shortage of children with dental needs. Living conditions are poor and access to medical and dental care is difficult because of cost and far distances. It can take an entire day of walking through mountainous terrain and paddling in rain to find dental care.

G2018 OBJECTIVES

- 1) Provide Dental Emergency services in general for children 18 years old or younger;
- 2) Service the communities surrounding San Gabriel, Esquintla and the Rio Dulce region, Guatemala, seeing as many children as possible;
- 3) Carry out a Preventative Program including dental sealants and fluoride for children 18 years old or younger;
- 4) Leadership Training for Health Outreach Projects;
- 5) Continue medical Needs Assessment in the. Rio Dulce region

“Guatemala 2018 Rio Dulce”

- **Partner**(Joint Venture Participant) Week #2: **Asociación Ak ‘ Tenamit**
An indigenous community development organization that promotes longterm solutions to poverty through education, health care, income generation, and cultural programs. The Ak' Tenamit community has a boarding school that supports 523 students from 100 villages, including 224 girls; a 24hour medical clinic that serves more than 25,000 people; a floating dentalcare boat; a restaurant for vocational training and several women’s cooperatives.
- Founder Asociación Ak' Tenamit: Steve Dudenhoefer
 - Website: www.aktenamit.org
 - Email: duden@aktenamit.org, duden1@me.com

- Phone: 22541560, 22543346
- Cell: 56056991, 54601535

- Cofounder, Director of Human Resources: Guillermo Pérez De La Cruz
 - Website: <http://www.aktenamit.org/healthcare/dentalclinic.php>
 - Email: gperez@aktenamit.org
 - Cell: 41282205

Asociation Ak' Tenamit staff and executive:

Gabriela Cox, President Ak' Tenamit

Maria Bloom: Nurse

Alexandro: Manager of restaurant Café Tatin

Juan Shol: Operations Manager & boat driver

Miguel Rax: has over 10 years training as a dental technician

Martin Coc: Health Promoter;

Rene Maquin: Captain of boat

Ezequiel Pop Figueroa: Captain of boat

Contacts

Mr. Real Desrosiers

Country Director, Health Outreach

Isela Vega,

Representative Adventure Travel Center

Denis Croft

Nurse, Canadian

Team Rio Dulce

Fourteen Canadian and American team members formed “Guatemala 2018 Rio Dulce”, in the second week of “Guatemala 2018”. They continued the project from San Gabriel, who had a successful week at a new medical clinic in San Gabriel. All Team Rio Dulce volunteers met at Atlanta in a stopover before arriving at Guatemala City airport on February 10th. All volunteers carried on them an official letter with volunteer names, cargo contents, and medicine endorsed by the Guatemalan Consulate in Canada.

Prior to Health Outreach’s arrival, our partner Ak’Tenamit announced our upcoming visit to communities and sent us an itinerary.

Volunteer Roles	Action Req'd at HOME (H) or on SITE (S)	# Req'd per position	WEEK #2 TEAM RIO DULCE
Triage dentist	S	1	(All Dentists)
Dentist	S	4	Mark Baluschak
			Richard Ehrlich
			Gerard Magne
			Tim Lee
			Dennis Moren
			Robert Tracogna
Assistant	S	4	Tracy Shuttleworth
			Nasha Zaheer
			Elsbeth Lamont
			Beth Hockin
Hygienist	S	2	Christy Kemp
Nurse		1	
Technical Advisor		1	
Physician		1-2	
Patient Coordinator	S & H	1	
Xray Tech *	S & H	1	
Sterilization Tech *	S	1	Yvonne Joseph
Stats Admin	S & H	1	Lacy Shuttleworth
Public Health	S	1	
Translator	S	2	Davy Bisaro
Equipment	S & H	1	
SECONDARY DUTIES			
Social Activities **	S	1	Christy Kemp
Inventory	S & H	1	Tracy Shuttleworth
Supporter Gifts	S & H	1	
Cargo	S	1	Robert Tracogna
Evaluation Completion	S & H	1	Yvonne Joseph
Beverages / Meals	S	1	Elsbeth Lamont
First Aid	S & H	1	Mark Baluschak
Relief Supplies	S	1	Beth Hockin
Local Driver	S	1	
Accommodation	S	1	Nasha Zaheer
Travel Coordinator	S & H	1	Dennis Moren
Pharmacy	S	1	Richard Ehrlich
Toys / School supplies	S	1	
Role / Task coach	S & H	1	Dennis Moren

OPERATIONS

Day 1 (Saturday Feb. 10)

In the early afternoon, Team Rio Dulce early at Guatemala airport. There were two lost luggage items which were addressed by Delta Airlines. We requested that the items be delivered to our hotel in Antigua that evening and they were.. Health Outreach volunteers from both teams met in Antigua at Hotel de Posada Don Rodrigo. Some debriefing occurred and a transfer of information between volunteers and Team Leaders, in regards to their primary and secondary duties.

The Project Leaders, Dennis Moren and Dan Lee met and reviewed issues such as illness, money, inventory, and equipment needs.

Dan Lee discussed Equipment issues with Tim, Equipment Manager for Week 2. Dan decided that an ADEC unit be taken back to Toronto.

Day 2 (Sunday Feb. 11th)

At about 7:15 two vehicles from adventure Travel arrived at the hotel , One vehicle was a Van driven by Carlos. The equipment for Team Rio Dulce was already packed in a van. That van had traveled to San Gabriel to pick up the dental equipment after the first team was finished. Equipment was then stored on over the weekend. As a result, this equipment didn't need to be reloaded for Week 2.

All the members had breakfast at the hotel at 7 AM. Breakfast was included in the room rate. Personal luggage was loaded on a passenger van driven by Neri at about 7:30 AM. The vehicle left at 8 AM.

The road to Rio Dulce town was clear with only one traffic jam. Three stops along the way were needed. Refreshments were purchased for the team by Elspeth since Rio Dulce offers very few opportunities to stock up on refreshments. PL Dennis reviewed primary and secondary duties with each PV..

We arrived at Rio Dulce town at about 1:15 PM. The dock for the transfer was at Brunos Marina, where we had lunch at the restaurant. There were two boats waiting for us. One boat was loaded with clinic equipment and the other for personal luggage only. Loading was very efficient with the help of Ak'Tenamit staff and Guillermo and all the volunteers. Lunch was ordered prior to loading the boats so that we could maximize our time.

We headed directly to the boat to set up at Site 2. It became dark but the lights on the boat were run by the HO generator. The Ak'tenamit generator was not present. The following was set up: 3 Boat chairs 2 chairs inside main cabin and 1 restorative chair on the deck . In addition, a chair for oral surgery and another for triage were set up outside the boat. All chairs and units were returned to the boat for the night. A final run through of the equipment was completed including generator and compressor testing. PVs went to the EcoCabins and set up our cabins.

Official Meeting #3 was held by Dennis after dinner at Ak' Tenamit Cafe Tatin. HO team members were introduced to Ak'Tenamit management and staff. The planned itinerary was discussed.

Day 3 (Monday Feb. 12th) Ak' Tenamit Site #2

The clinic was set up at Ak'Tenamit Site 2, Centro Educativo Ak'Tenamit under the restaurant and on the dental boat. The team walked from the cabins to restaurant Café Tatin. Breakfast was served late at 7:25 and we finished late at 7:45. Equipment was set up very quickly after breakfast.

The teams were set up as such:

1. Triage: Dennis
Gerard and Tracy, Robert and Kristy (our hygienist assumed the role of assistant, and did an outstanding job) Richard and Beth on the boat deck,
2. Boat Clinic: and Mark and Nasha just outside the boat, adjacent to Dennis.

250 students were expected to show up in the next 2 days. The sterilization station manned by Yvonne was able to keep up with all the instruments by utilizing both sterilizers. Instrumental to the team was Miguel and Martin.

Davy served as translator from this day on. Guillermo, Lacy and Elspeth took care of patient intake in the space under the dining area and Lacy transferred patients to Dennis once they had filled out there paperwork.

The patients were an older group mostly 13 years and up. They understood Spanish and completed questionnaires easily. We had lunch at 1:00pm at the restaurant and finished work at 4:30.

Day 4 (Tuesday Feb. 13th) Ak' Tenamit Site #2

We had breakfast at Ak Tenamit at 7:00 am and were finishing and setting up equipment for day 4 at the same site. As a result of heavy rain, Dennis and Mark moved to the area between the docks and the restaurant, under the small open shelter there.

The patient base was the same as Day 3. The roles remained the same, and we had a productive day despite the early rain, which did eventually taper off in the afternoon.

We packed the boat following our work on Day 4 so it could be moved to our first remote site, where we would be the following day.

The group ate dinner at Cafe Tatin at the Ak Tenamit and we returned to our cabins.

Day 5 (Wednesday Feb. 14th) (Playa Finza Manzanitas)

150 patients from Aldea Quebrada Seca, Laureles, and NuevoNacimiento San Gil were expected.

We had breakfast at Ak Tenamit at 7:00 am, and were on the boat and on our way to the Manzanitas site by 7:40. The skies were gray and a little threatening looking.

Once we arrived at the site, we removed the equipment from the boat and set up the generator and the compressor at a distance from the clinic site and the patient intake site.

Dennis and Mark again set up a very short distance from the boat. We were fortunate in that there was a small open shelter with a metal roof that we could work under. This proved to be helpful on this day, as again the skies opened up and we had heavy rain for a short time.

This was the busiest day of the project. The team was exceptional and worked very hard this day. We ended up seeing over eighty children on this one day in what turned out to be a muddy mess.

The young men from Ak Tenamit brought us lunch by boat, and we took about a half hour break in the early afternoon.

Davy helped Mark with oral surgery and I believe Miguel helped as well. To be honest, I was doing triage and gaining local anesthesia constantly, and rarely looked up.

Timothy Lee and Nasha helped us in the morning and then departed to hike to a local village, where they performed a medical needs assessment.

They returned later in the afternoon, and Tim helped me for a time with triage so I could stand and stretch my back for a short time. This was much appreciated.

We worked until about 4:30 on day 5. When we finished, we again packed up the boat to prepare it for transport to another remote site where we would be working on day 6.

I have never, in all my time with Health Outreach seen a group work as long and as hard as the group did on this day. It was a sight to see.

We went out as a group for dinner Wednesday evening to Finca Tatin. While we were at dinner, Lacy reported experiencing some GI distress. Shortly thereafter, Mark had the same symptoms. We returned to the cabins to take care of our friends.

Day 6 (Thursday Feb. 15th) (Playa Lampara)

150 children were expected from Aldea Lampara, Creek Maya, and Tameja

By Thursday morning, the list of people with GI issues had extended to Lacy, Mark, Tracy, and Beth. In addition, Elspeth was not feeling well.

We left Mark with the group. A nurse from Quebec, named Denis Croft, who is staying at Ak Tenamit at site 1, stopped by to help our group of friends who were not feeling well.

We had breakfast at the Ak Tenamit dining area, and, down five team members, we headed for Playa Lampara, our second remote site.

Upon arrival, we were pleased to see that tarps had been set up over what would be my triage area as well as over the equipment area, where the generators and compressors were set up.

We saw a large group of children and a few adults this day. The typical age range was 3-17 years of age.

Robert worked with Kristie again, and Gerard, never once complained, worked alone and as near as I could see, was as productive as most of us would have been with an assistant.

The group from Ak Tenamit again brought us lunch by boat, and we took a short lunch break in the boat they had used to bring us lunch. After a short time, we resumed our work.

Tim and Nasha again hiked to a local village to perform another medical needs assessment. They returned in the mid afternoon, and Tim again helped me with triage for a time so I could stretch my back and check on the remaining team members.

While we didn't see the number of children that we had the day before, the team was again tireless, and worked at an incredible pace. What they accomplished missing five of their colleagues was incredible.

We worked until just short of 4:00 pm and again packed the boat up. We returned by boat to the cabins and had dinner at the hot springs, not far from the cabins. Tim and I reviewed documents and discussed the coming final day as well as the return trip, cargo transport and storage, etc.

We returned to the cabins and took care of our team members. They were feeling a little better at this time, and felt like they could return to work the following day.

Day 7 (Friday Feb. 16) (Ak'Tenamit Site 1.)

Ak Tenamit " site 1" is the original site of Ak Tenamit. The plan, as usual, was to see the students, including students from the primary school and neighboring villages, primarily Barra Lampare.

The weather had improved, and we had a clinic day without rain.

The setup returned to that we were using before we lost our five team members to illness a couple of days earlier. The exception was that Mark, performed three endodontic procedures with Nasha as his assistant. I again performed triage, while the restorative (and some surgery) was performed by Gerard and Tracy, Robert and Kristie, and Richard and Beth.

We worked at a rapid pace, as we had until 11:45 to complete our work. We packed all equipment on the boat. Some disposable items were left on the boat, and gifts were left for the children along with toothpaste, toothbrushes, and dental floss. Many disposable items without an expiration date were packed and retained by Health Outreach for use on the next projects.

We returned to our cabins and packed our personal items to return home. We then had lunch at Ak Tenamit (site 2) and took some time to thank those Ak Tenamit colleagues who were instrumental in preparing for our project as well as those who helped us with the project. Health Outreach volunteers were called upon one by one, and thanked for their participation.

Once we had completed the presentations, we boarded a boat and returned to site 1 to transfer cargo from the dental boat to the boat for transport back to Antigua, for storage. To our surprise, Juan and a few of the young men at the school had already loaded the cargo onto the boat for us. We departed for our hotel at Rio Dulce.

Day 8 (Saturday Feb. 13)

We awoke and packed the vans, one with cargo and one with personal effects, and departed for Guatemala City. We stopped 2.5 hours into the trip to break at a restaurant. Tim Lee transferred to the cargo van at the restaurant to oversee return of equipment to storage in Antigua, while the rest of us made the trip to the Holiday Inn in Guatemala City. We would all fly out the next morning to return home.

DESCRIPTION, ANALYSIS & RECOMMENDATIONS

I CLINICS: DESCRIPTION

CLINIC :

The clinic on the Dental Boat was similar to last year , and served our team well.

The boat allowed three operatories. The PL decided that the back deck was not safe enough to have a operatory because of the limited space. This part of the boat is showing evidence of wear, as well.

The boat however still allowed 3 operatories. So, as last year, the triage station and a station for oral surgery, was set up on the shore under a tarp far from the generators and close to where the children arrived..

Electricity:

As last year, a Yamaha Ef7200e generator was borrowed from the Ak'Tenamit Buga Mama restaurant to run our equipment.

All of our power needs were served by this generator. 2000 W and 3000W Honda (EM3000c)generators were brought as back up only. The exception was the first 2 days, when the HO gas powered compressor and generators were used as well.

When starting the generator, , I turned off the economode and switched off the AC Sw . After starting, I turned on both .

Compressors:

The Ak'Tenamit generator and compressor (grey Speedaire) and our small De Walt compressor were adequate for running

4 ADEC units. Our gas powered compressor had 2 pressure outlets.

All in all, the equipment functioned quite well. On tuesday at Site 2, we had some trouble with an electrical cable, which was addressed by Juan, the Mechanic and manager of the boat drivers. He spliced, and repaired the cable. Juan is quite talented mechanically, and proved to be invaluable through the course of the week. He addressed some more issues with one of the generators later in the week.

Compressors:

The Ak'Tenamit generator and compressor and our De Walt compressor were adequate for running four ADEC units. An extra Honda gas powered compressor brought by us was not used.

Hose and Cabling:

The setup varied for all five days. The hoses performed well. The setup was restricted primarily by the length of pressure hose from the boat to the compressor on land. This hose determined how far the boat could be moored from land. The electrical cables functioned well, other than the one which was repaired by Juan early in the week as noted above.

The setup included one main hose over water to the boat splitting off to three other shorter hoses. The third ADEC unit was driven with one black hose attached to the HO Dewalt compressor, connected to the large generator.

Sterilization:

Our workhorse Prestige sterilizer served flawlessly for the week. There was enough demineralized water for the week. A extra Prestige sterilizer was not used.

ADEC units:

All 4 Health Outreach ADEC units performed well. One unit (k751237) had a venturi /evac tube clog . It was unclogged. Extra small hoses were prepared by Tim. These were the narrow hoses which were attached to unit from the larger hoses. Some parts had to be purchased in Livingston.

I(ii) CLINICS: ANALYSIS

CLINICS: The number of patients booked for the teams on each day was nearly perfect. Day three was challenging as well as day four, primarily as a result of illness. On each of the five days we were able to see all the children booked for us. Typically on each day, when there was time, parents were examined in the morning and asked to return at 2 pm. Most clinics finished on time before 4 pm.

There were different challenges at each location at each site:

Monday Feb. 12 : Ak'Tenamit Site 2

This site was convenient because it was situated beneath restaurant Café Tatin and was close to the dental boat. It was covered. Only students were seen, and there were many available. Rain made the set-up very slow. It was decided that the surgery unit manned by Mark be set up on a hill under shelter.

Tuesday Feb. 13: Ak'Tenamit Site 2

As noted above, we returned to site 2 on Tuesday. Again, it functioned well once we relocated the triage and oral surgery stations under the sheltered area to avoid the heavy rainfall.

Wednesday, Feb. 14: Manzanitas

As noted above, this was a challenging day. The site itself functioned adequately. We saw over 80 children and the rain resulted in a muddy site on land. We had adequate shelter, however, and things went quite well. The shelters were prefabricated stakes and a roof assembled by local Guatemalans with our boat drivers. They were quite sturdy. The walkway to the boat from land was made from two planks on top of each other supported by rocks on either side. It was a little treacherous but it was all that was available

Thursday, Feb. 15: Lampara

Again, the site itself was excellent. The challenge this day was being short-staffed as a result of illness. Missing were Mark, Beth, Elspeth, and Tracey. The team functioned incredibly well despite this challenge, and they were very productive. It was a long day and volunteers were visibly tired at the end of the shift.

Friday –Ak'Tenamit Site 1

The boat was moored when we arrived quite close to the shoreline. The electrical and pressure cables and hoses were already connected to the generator and compressor on shore. This made for a fast start, significant because we were there for a half day only.

The fourth chair was set up at close to the building and the start of the pier. There was shelter in this location. There were three endodontic cases performed by Mark. The remainder of the team accomplished an incredible amount of work in the time that we had .

Dental Equipment and Supplies

-curing lights donated by Dr. Richard Erlich
-endo motor was missing the handpiece . Dr. Richard Erlich loaned us his reduction handpiece.

II PATIENT POPULATION:DESCRIPTION

The patient population was appropriate on this project. There was a good mix of children including children under ten years of age. New this year were the two days we set up at Ak'Tenamit Site 2. Here there were a lot of older students from the nearby classrooms, and girls from the dorms..

The dentists were booked up every day. In the past, with poor weather or poor participation, the dentists would have a lot of down-time. This wasn't an issue this year.

II(ii) Patient Population: ANALYSIS

Approximately over 90% of the patients seen were under age 18. This was a great percentage than in the past.

III COMMUNICATION:DESCRIPTION/ANALYSIS

Two local HO phones were used, both using the provider Claro. Reception was poor

IV TRANSLATION: DESCRIPTION

Guillermo, Davy, and Elspeth were all helpful in helping as translators. The students at Site 2 were good at completing the medical questionnaires. Guillermo stayed with us for four days, which was invaluable because unlike Simon, he spoke Quechi.

IV(ii) TRANSLATION: ANALYSIS

Guillermo was critical as the translator since he also knew the community members

V ACCOMMODATION: DESCRIPTION & ANALYSIS

Hotel Posada Don Rodrigo.This hotel was on the weekend when both teams were in Antigua. The general consensus was that the location and comfort were good.

The Ak'Tenamit cabins were once again considered to be too small to be comfortable. However most volunteers did not seem to mind and mosquito nets were provided. The lighting was solar making it available all the time. However, the batteries were poorly charged from the lack of sun. This was a small inconvenience. There was security at the cabins most of the time, provided by three boys who took shifts during the week.Omar was the main guard.

Hotel Nana Juana, Rio Dulce – WiFi was provided in the lobby. Rooms were close to the reception and to the road for easy loading. At check in on the Friday, the hotel staff helped carry most HO equipment from the boats to the truck sent by Adventure Travel. Timing was good and this avoided the storage of most the equipment in the rooms until the truck arrived.

VI FOOD/BEVERAGES: DESCRIPTION/ANALYSIS

Filtered water was available all of the time, but the nurse commented that the water may not be tolerated well by our volunteers because we were not used to it. Lunches were very good as described by volunteers. The Ak Tenamit staff did a good job in preparing our lunches and in getting them to us by boat on both Wednesday and Thursday. Beverages were not consistently available because the person in charge was ill and not present at the clinic some days.

VII BUDGET: DESCRIPTION & ANALYSIS

The expenses were tallied and noted by the PL on the return trip to Guatemala City. The fuel costs exceeded what was anticipated, but otherwise the estimates were pretty accurate. The exchange rates varied greatly. We were getting a rate of 6.2-6.3 Quetzales per USD at all locations, except for site 1. Juan gave me an exchange rate of 7 Quetzales per USD.

VIII CARGO: DESCRIPTION/ANALYSIS

This year an additional vehicle was utilized to transport all of the dental equipment separate from the passenger bus. This arrangement worked out much better and saved considerable time. Team Quesada packed less dental items for us as requested by us.

One less sterilizer and fewer surgery instruments were packed.

At Rio Dulce the dental items were packed in a separate boat which left immediately after being loaded. This allowed the items to be unloaded prior to us arriving at the dental boat. The personal items were packed on the passenger boat. Since the personal was separated from the dental, the passenger boat didn't seem too overloaded.

IX ILLNESS: DESCRIPTION & ANALYSIS

There were five incidents of illness brought to the attention of the Project Leader. All but one were GastroIntestinal problems which arose after dinner at Finca Tatin on Wednesday, as noted above. All five people were too ill to be present for Thursday's clinic. They all returned by Friday. The PL had to insist to the majority of them that they remain at the cabins on Thursday. They wanted to report to the project site despite their illness.

X STAFFING

One of the dental assistants, Alexis Seward, had to cancel with short notice. Kristie Kemp, our hygienist, stepped up and assumed the role of assistant. She was invaluable and by the second day, she looked like she had been assisting for years.

XI TIMING: DESCRIPTION

It generally took some time to set up at each site and get patients into the operatories. The set up speed improved after each day. Patient flow was very good despite inclement weather on several days.

The following is a description of the final day's events:

Restaurant for breakfast at 7 AM

Clinic finished at 11:45 and packed by 12:15

Boat departure at 12:25

Cabin arrival at 1235

Volunteers ready at 1:10

Boat arrives at 1 pm

Volunteers load at 1:15 with personal items

Arrival at Café Tatin at 1:30 AM

Departure at 3 PM: for Rio Dulce/ Nana Juana hotel

Final check of HO equipment at Site 1 dock: 3:15 pm

XII FLIGHTS: DESCRIPTION

The departure flight from Toronto was uneventful . Flights were cancelled due to bad weather before and after we left. PL Dennis Moren changed his flight so he could join us in Atlanta.

Baggage fees were \$25 Can for the first bag and \$40 for the second. This was not the case last year. We were forewarned of this by PL Dan Lee.

There were 2 lost bags in Guatemala, which delayed our transfer to Antigua. Traffic was bad even though it was only 3 pm.

The flight back through Atlanta was very smooth. and quick . It was approx. 3.5 hours to Atlanta nad 1.5 hours to Toronto. . Our checked luggage was directed to Toronto instead of in the past when it was pulled out security check.. I was told that this was a Delta benefit. Other Delta benefits included a free meal and no charge texting with IMessage, FB messaging and e-mail.without photos

RECOMMENDATIONS:

SUMMARY

G2018 Rio Dulce was designed with objectives . All were achieved to some degree. All children appointed were taken care of. This is important because many come from a far distance for care. Because of a staff shortage, the leadership training and preventative programs were deficient in some regards. The weather was less than ideal, but the team members worked through this admirably.

Two years ago, It was questioned whether traveling a long distance to a community was a wise use of time. This year,as last, for greater efficiency, the dental boat was only close to a village site and the

children arrived to the boat. This took place on all five days. We never traveled more than 25 minutes each way to a site.

360 patients, mostly children, were seen over five days in remote communities along the Rio Dulce. The goal was to see 70 patients per day, and that was pretty well achieved.

The Rotary Project to equip and supply the Dental Boat was a success. Asociación Ak' Tenamit has facilities and land surrounding the boat and supports its operation all year long. Therefore, the boat and staff serve the communities on an ongoing basis. The boat will continue offering dental care to indigenous children in surrounding villages for many years to come.

We were unable to locate antibiotics from week one and purchased our own en route to Rio Dulce. This did not prove to be difficult, as the meds are sold OTC. There was a more than adequate amount of emergency cash available for this.

Items brought back to Canada:

Two ADEC dental units
Dental handpieces
Medical /first aid kit.
X-ray unit and laptop

To Be Considered for G2019 :

- 1) Designated medicine kits for patients, with bags
- 2) Post-op envelopes
- 3) Medicine cabinet

- 4) Repair ADEC units that leak

- 5) learning some Kechchi

- 6) sundries, meds and instruments lists

- 7) Consider flights through El Salvador 1 day earlier

- 8) Physicians

Equipment and Sundry Needs:

New Pressure hoses

New handpiece tubing for leaking ADEC units

See updated "**Equipment and Sundry Needs List**" at www.healthoutreach.ca