

How Do You Eat an Elephant?

The following comments were made at an evening meeting of members of a Shoulder to Shoulder Medical Brigade that occurred in Concepcion, Intibuca, Honduras on February 22, 2010. Many of the members had spent the afternoon visiting local families in their homes. These local residents represented typical families in the Concepcion area who are living below the United Nations established severe poverty level of less than \$1 a day. One reason for the visits was to document these conditions with video and photographs that will be used in the future as educational materials and fund raising for Shoulder to Shoulder. Several of the participants, especially the high school bilingual Honduran interpreters, had questions about this activity, and this prompted the discussion below.

I know that many of you were overwhelmed with all that you experienced this afternoon. Why did many of us visit all of these homes today taking videos and pictures?

I believe that the first important lesson from today is that the world is full of individuals who are living in this type of “limited economic resource” situation. I want us all to start to use terms like “limited resource” instead of the traditional term of “poor”. The reason for this change of terminology is that the people that we visited today were not “poor people”. These individuals are rich in spirituality, intelligence, hope, work ethic, love for their family and their community. They have a strong desire to improve their situation in life for themselves, their children and their community. They do live in a society where they have limited economic resources, lack of adequate housing, limited access to health care, to educational opportunities, to clean water, to adequate nutritious food and to the land for farming to grow that food. But again I want to emphasize to all of you that these are not “poor people” that we should pity, but individuals that need a “hands up” and opportunities to achieve what all human beings want—nutritious food, decent housing, quality education for their children, safe environment, and quality health care.

When we are exposed to an area where thousands of individuals are living with “limited resources” we can be totally overwhelmed and think to ourselves, “I as an individual can not possibly ‘fix’ this situation.” So when faced with such apparently overwhelming odds we have two choices: we can either do nothing, feel badly and go home to our comfortable homes and lives and try to forget what we have seen, or we can do “something”.

I always think of an old adage when faced by seemingly impossible odds of success like the current socioeconomic status of this area of Honduras. It’s the question—How do you eat an elephant, does anyone know how to do that?

You simply eat an elephant “**one bite at a time**”.

For the past 20 years, the thousands of individuals who have participated in healthcare services with Shoulder to Shoulder (STS) have been tackling these obstacles in Honduras “one bite at a time”. We like to think of each one of you as a very important “link in the STS chain”. Individually one link of a chain is not very effective but the more links you add to the chain the stronger it gets and the more you can accomplish with it; you can double and triple wrap it for amazingly increased strength. As it lengthens you can stretch it to places you never thought you could reach.

Each one of you is probably wondering, “What can I do? How is my participation in this trip helping to improve the lives of the people of Honduras?”

You are all an important “link” in the STS chain which has been able to realize some amazing accomplishments over the past 20 years. But these accomplishments have only been possible because of the thousands of individual “links” that have been assembled over the years.

Today many of us visited several houses and families within just a few hundred yards of this beautiful new health clinic.

What STS is trying to do in Honduras is to help by working “shoulder to shoulder” with the local communities to give a “hand up” out of this cycle of poverty and lack of economic, medical, educational and public health resources.

Jeff Heck, President and Founder of STS always says that he wants each participant who travels with STS to accomplish three goals:

1. Somehow in some way, depending on the individual's talent--improve the status of the local population. This can be in the area of health care, public health, education, housing, clean water, nutrition, agriculture, etc.
2. Each participant is a "student", so it is important to "learn" from the experience to gain personal growth and educational growth.
3. Each participant should take time during this experience to do some introspection about their own life and family. It is a great opportunity to take stock of your own life and work and reflect on how working with these communities who are faced with much more limited resources compared to your own might alter your future activities. How will this experience change how you live your life when you return to your family and work?

Each one of you has taken a "bite of the elephant" over the past two weeks.

Shoulder to Shoulder is committed to a long term (as long as it takes--already it has been 20 years) sustainable program that has already seen improvements locally in health status, childhood nutrition, educational opportunities, water quality, dental care and overall public health.

STS also has a great future working truly "shoulder to shoulder" with local, regional and federal partners as has been demonstrated with the dedication of this wonderful new clinic here in Concepcion.

We did not visit those homes today as "medical tourists" or as voyeurs who wanted to just observe how poor people live. There were specific reasons why we visited these families and recorded the visits in photos and videos. We need to make these visits to document the current socioeconomic status of this area of Honduras so that we can tell the story to a larger audience back home, to individuals who are not able to experience this first hand as we all have. We need to educate the larger US public on what STS has accomplished in Honduras and how much more is required to achieve our goals of equal opportunities for the limited resource rural people of Honduras.

The families that we visited today understand this concept. They have witnessed first hand that STS over five years ago arrived in Concepcion and, working with the local community, explored what the needs and concerns were of the people of Concepcion. At that time the community had a dream to have a health center to serve the community with high quality primary care services. Now their dreams have become a reality with the opening this weekend of this beautiful well equipped health center. They also know that STS has been providing health care services in Santa Lucia and the surrounding areas uninterrupted for the past twenty years. STS has developed a trust in this area of Honduras by not only their words but by their actions.

It has taken several hundreds if not thousands of "links in the chain" just like all of you to make this dream a reality. Without each one of those links this would not have happened. It will take thousands of links in the future to achieve what is needed in this part of Honduras to dramatically change what we all witnessed today, but it is not impossible, it is just hard to do and will take a long time. Today we can celebrate that we have taken a big chunk out of the elephant, but it is a big elephant so we have many more bites to eat the whole elephant!

When you return to your comfortable homes, jobs, families and communities, I hope that you will take the time to really reflect on what you have seen and experienced in Concepcion, Honduras. I hope that this experience has changed you in some way. I hope that you now have a better perspective on what it is like to live in an area with limited resources and I hope that you in some way will continue to want to take a bite out of the elephant.

Submitted by,

Ed Zuroweste MD
Assistant Professor of Medicine
Johns Hopkins School of Medicine
Chief Medical Officer
Migrant Clinicians Network