

Thank you to everybody who donated any supplies or money to this cause. We put everything to good use during this trip. We packed fifteen army bags full of supplies and checked them as luggage so we could hand it out directly. Fourteen of the bags had 50 lbs. while the last one had 100 pounds of supplies. Your generosity allowed for that extra 100 lbs. to travel with us.

When we arrived in Lima, we found out quickly how desperate the situation is in the poor district. “Chancharí” or “pig-sty” is what this area is called where we worked. We learned that it used to be a landfill where people would bring their pigs to feed. This area came to be populated by pilgrims that came from the mountains, valleys and the jungles in search for a better life in the city. So imagine a nice down town where tourists and the rich are wined and dined. All it takes is a fifteen minute bus ride to get to outskirts of the inner city where there is another town, that is a city all its own. The “houses” were shacks at best. Very few had electricity, none had running water. There was no grass anywhere, just dirt. Everything was covered in layers upon layers of road dust. There were piles of garbage everywhere and stray scraggly flea- infested dogs that would scavenge them daily for food. This is just a snapshot of the misery suffered in this place.

This “city” outside of the city consisted of ten communities all together. Each community had 105-100 families all together. Each community had a mess hall that served food daily. The catch was that each family took turns cooking the food for the community. Other families that wanted to eat came and paid a few soles for food. The exchange rate for soles is 3.25 s soles for every one dollar. Every community has a social worker that helps the community receive donations from outside sources and helps coordinate health care at the free clinic of PEBAL. Every community has a first aid station in their mess hall that the social worker controls. We were shown a cardboard box that contained a few rolls of dirty gauze, a tube of antifungal cream, an inhaler, and a small bottle of aspirin. That was for 105 families to share. So with the money donations, we bought plastic bins for four communities and filled them with medicines and bandage supplies.

Most of the work consisted of physicals for the children. We set up three different health clinics during our stay. We would get heights and weights, examine for skin disorders, and administer decongestants for kids with stuffy noses. As limited as our

resources were, the people would spread the word that we were coming to their community and be waiting in lines once we arrived. After every child was examined, we would hand out soaps, wash cloths, socks, toothbrushes, toothpaste, vitamins, and stuffed animals in little care packages for each family that passed through. We worked with one community to find the malnourished children. The children in this community that were under height and weight on the growth curve were put into a food program for breakfast every morning.

There was a school that was requesting a roof to be built before the winter came to Lima. The school had walls that were made of bamboo sticks weaved into sheets and was only two rooms. The roof was made of thatch; the two classrooms were divided by cardboard partitions. This school had fifty students in the morning and fifty students in the evening. This school was set up for one community and many children did not have the option to attend because of limited space. With the money donated, we purchased corrugated steel sheeting to roof the school and we bought school supplies for both classrooms.

We also worked closely with the Jesuit priests who ran the place known as PEBAL. This place can best be described as a safe haven for a lot of people living in poverty. Many medical specialists give time to the clinic two or three days a week. There is a school for children here, a secondary school for adults, and a trade school. There is also a day care. I worked side by side with the nurses and doctors that ran an outpatient clinic for a couple of days. Here at this establishment we taught nursing students and lay people about health topics.

We also visited area hospitals and donated supplies to them as well. We visited the only pediatric hospital in the country of Peru. We got to work in the ER, the cardiac intensive care unit, and the neuro-surgery ICU ward. All the rooms have 4-6 beds that have steel frames and are most likely rusty. There are almost no monitors except for the critically ill. Here, in ICU wards, every room has a monitor. The resources are so limited, that the nurses must ask permission to use the latex tourniquets and they reuse them. Here, we get them by the truckloads. We saw several babies that were waiting long periods of time for surgeries because the right equipment was not available. Here, these procedures would have been performed in two days.

These are just snippets of my trip because it would be impossible to tell all about it unless I wrote a novel. However, just keep in mind that we are blessed to live where everything we need to live is at our command. Keep in mind that there are others out there who live with a fraction of the material things that we do, yet they survive just as we do. Next time you feel like you are wanting, remember that you already have so much. God bless, and thank you for all your support.