Honduras Trip Report – Fall 2026

Department of Family Medicine, University of Rochester

Participants	
Faculty Sophina Calderon Doug Stockman Interpreters Diego, Esmeralda, Delmy, Gabriela, Dunia Dental None. Roger hurt right before trip Cook Ana	Residents Abigail Norwillo Catherine Ramos U Buffalo Medical Students Katherine Carrier Grace Maley Unitarian Church None

Introduction

The Department of Family Medicine at the University of Rochester operates a Global Health Program. This year-round program travels twice a year for two weeks at a time to rural Honduras. The Department has partnered with a rural community called San Jose, San Marcos de la Sierra in the Southwestern state of Intibucá, Honduras. The needs of the target community are great and go beyond curative medicine. By listening to the concerns of the local community members and performing qualitative community assessment, we have created interventions designed to address the common problems. Below is a report from our Fall 2026 trip.

Travel and General Comments

The travel to Honduras went well. We got through Honduran Immigration and Customs without being stopped. Prior to driving to San Jose we were able to do banking and buy all the needed supplies for the 11 days in San Jose. We had two interpreters we worked with before and three new interpreters. They are lovely people who really appreciate all we do in San Jose, and they treat patients with the respect and compassion all people deserve. We hope they will join future trips.



Team members enjoying time with area children

Ana did the cooking and cleaning for the group. We ate well and enjoyed not having to wash dishes. The government electricity was more stable than on other trips. The first week there were no outages. The second week had many power outages, but no outages lasted longer than about 10 hours.

There is no running water in San Jose so we rely primarily on rain water. Although our 4,000 gallon cement tank is leaking we had enough water this trip for most people to bathe using 2-3 gallons in a bucket most days. There was no rain during our trip so we used up most of the water in the cement tank.

Education & Schools

The Unitarian Church of Rochester, in collaboration with San Jose Partners, has managed and funded a scholarship program so that area school children can attend school beyond the 6th grade. Below is a report by Catherine Ramos about the scholarship program. The scholarship program currently provides financial aid for education to 23 children.

Application Day & Scholarship Day (Kat Ramos)

On this trip, I had the privilege of representing the Unitarian Church to support the scholarship program. When we arrived in San Jose, there were several scholarship students and/or their family members who were standing ready to help us unload our bus. After helping bring all our food, water, and luggage inside as part of their volunteering requirement, we distributed the donor letters.

On the morning of the second Sunday, we had Application Day for local graduating sixth graders and their parents to come apply for a scholarship to continue past sixth grade. While the students diligently completed their short-written questions, each parent sat down with an interpreter and me to complete the family form.

In the afternoon, we held Scholarship Day where 23 students – ranging from 7th grade to two college students – gathered in front of the clinic with their scholarship packets and required documents to renew their scholarship for the next semester.

Professor Roney, one of the local teachers who helps organize the scholarship program, and I each gave a speech to open the afternoon. I thanked the parents and students for all of their effort in continuing their education and shared that it is an investment not only in each student but in the community as a whole. We proceeded to meet with each family to check that they fulfilled the requirements, collected their donor response letters, and distributed the funds.

There was one middle schooler who had not had her attendance form signed because she had been at a robotics competition the day before. Her mother laughed and told us that her daughter is so smart and good at robotics but would forget her own head if it weren't attached. She ultimately had the form signed the next day and received her scholarship.



New scholar applicants taking entrance exam



Scholarship student in college encouraging young scholars



Current scholars and their parents

To close the afternoon, the two college students each spoke to the whole group. They encouraged the younger students to keep going in school and to dream big. Several parents and grandparents spoke up as well, thanking the Unitarian Church and Rochester while also giving their own pep talk to the kids.

As everyone began heading home, one of the college students nervously came up to me and asked if I would record a video for her donor – of course I would! It took several attempts due to nerves but she was so excited to show her appreciation.

Sin Padre (Without A Father)

The day following Application Day, a seventh grader and her mother who heard about the scholarships came to the clinic asking if they could apply. I explained that graduating sixth graders are prioritized but there was no harm in applying.

Between the family form interview and an additional clinic visit, we came to understand their story. The mother told us her husband had died four months prior. He had been working in Mexico, hoping one day to reach the United States, and the money he sent home was what kept their daughter in school. He was injured in an accident that broke his leg and required surgery, leaving him unable to work for several months. Just as he was getting around on crutches, a passing truck hit him as he crossed the street. He did not survive. Before this, the mother had primarily been a homemaker. Now, she was trying to support herself and three children on her own. She had a 3rd grade education and told me she wants better for her daughters. Without a scholarship she had no way to pay for tuition and worried that her daughter would have to leave school to help her pick coffee.

When her daughter finished the written questions, I saw that she wanted to be a doctor so that she could help her community. She had a brightness in her eyes and eagerness that stayed with me. Ultimately, I wrote down their whole story for the Unitarian Church to review and told the family they would hear about the decision in January.

Education Reflection

When reflecting on all of the stories from the applicants and scholars, I kept coming back to a number. It costs roughly $100, twice a year, to keep one of these students in school, even for just a couple more years if not all the way to graduation. I don't want to downplay that as an insignificant amount but here it is completely revolutionary. It can decide whether a kid stays in school or goes to pick coffee. It changes the trajectory of a student's life. Every additional year of schooling, especially for a young girl, pays off many times over – in her own future, in the health of the family she raises one day, and so much more.



Children at computers working with Honduran interpreters Esmeralda and Gabriela

It made me uncomfortably aware of how easily I may have spent that on a weekend without ever thinking about it. My fiancé and I plan to donate to the scholarship program. Scholarships were a big part of how I became a doctor and I view this as a way to pay it forward.

Computer Education

We continued to work with interested children on using computers. They continue to improve their skills. Some of the 6th graders have started using the computer as a tool to answer questions they have.

This fact is very important. It means they can solve problems independently. Having access to computers and the internet opens up the knowledge of the world to them. As many of us know, social media and on-line games are a terrible draw for them as well. Ideally we can help them find a healthy balance between learning and playing.

One of the Honduran interpreters works as a tutor for children in Tegucigalpa, the capital. She focused more on reading skills. One of the 4th grade boys really enjoyed reading "The Little Prince" and kept asking to read more. The first day he completed 35 pages of the book. The children also enjoyed coloring, dancing, and playing outdoor games such as tag and duck-duck-goose. Every time the children gave heartfelt hugs as a thanks to group members our people melted. Before we left San Jose the children created thank you notes. Two of the girls who are graduating 6th grade applied for scholarships so they can attend 7th grade. Both girls are very smart. We will do what we can to help them achieve their dreams. As a reality check, one of the girls almost missed the scholarship application process because her mother demanded the girl help wash clothes in the area stream that morning. Washing clothes for other people is how the mom supports the family. How sad it would have been if this highly intelligent young lady couldn't continue her education because she had to wash clothes.

Medical Care

The medical clinic saw the usual cases and a typical amount of patients. The visit volume did not overwhelm the two residents and two medical students but kept them busy and they learned much. The clinic is organized so that two clinicians see patients and the third clinician runs the pharmacy dispensing medications and collecting nominal payments for service. The 4th clinician floats and helps out where needed. The attending physician precepts every case, helps with procedures, and puts out fires as needed. Sophina enjoys teaching and makes as much time as needed so each learner gains new knowledge from every case. Of note, Sophina is a graduate of our residency and participated in the Global Health Program while in training.



Kat working on an abscess on a patient's arm



Grace injecting a lady's knee



Abby injecting a patient's shoulder with Katie looking on

This trip, as on others, clinicians found they do more procedures in San Jose than they get to do in Rochester. Multiple knee and shoulder joints were injected with steroids. A few trigger point injections were done. Clinicians performed ear lavages, blood sugar testing, pregnancy tests and urine dip tests. Doing these procedures helps us realize just how valuable staff in the US are as part of our medical team.

Clinical Care – Interesting Cases

From Abby

Every clinical encounter, made possible by our wonderful interpreters, proved immensely valuable. Simple medical education, procedures, and prescriptions transformed people's lives before my eyes. I arrived in Honduras drained from chasing potassium levels, and departed rejuvenated by my love for the art of medicine and the appreciation of the patient. Here are a few cases that will stick with me.

The Gift of Two Senses: A 50 year old man presented to the clinic with three concerns; he could not hear, he could not see, and his leg hurt. How does a man survive in the mountainous San Jose area without two of his senses? After a history and physical exam, I noted that his left ear was severely impacted with cerumen. I walked him to the porch and flushed his ears for what felt like 15 minutes. Eventually, the largest collection of cerumen I've ever seen plopped into the pail. Immediately he smiled and exclaimed that he could hear again! He said it was magic. His "double vision" was a more challenging fix. With some assistance and innumerable trials of different glasses, we finally found a pair that made his vision go from "seeing two trees" to "now I only see one!" No vision chart was used (because he could not read), but we made do with the trees. No phoropter (refractor) was used (because we did not have one), but we made do with "better or worse" and an overflowing bin of different used prescription glasses. Within an hour, a man regained his sense of hearing and sight - miracles I could have never performed in the United States. His leg pain was a tightened IT band from decades of hard labor building homes between mountains and hiking steep inclines with heavy loads. I joined him on the clinic floor to teach him stretches. No physical therapy printouts. No formal course. No soft mats and mirrors. Just targeted movements that made him feel better. That encounter reminded me that the value of a clinical intervention is not measured by its complexity, but by the difference it makes in someone's quality of life.



Abby demonstrating a floor exercise to a patient with leg pain

"Scabby Abby": In some statistical anomaly, I was the provider that saw and identified all six patients who presented to the clinic with scabies during our trip. Communicable diseases are quite common in San Jose, as most live in close quarters without running water. Most of our patients who presented with scabies believed they had "allergy" or a dengue-related rash. I heard countless stories of an itch keeping adults awake all night and infants/toddlers who acted fussy all day. By the sixth case of scabies, I had long stopped stressing over any self-exposures. I have the privilege of not having to wait with my symptoms for 6 months until a brigade clinic opened, not having to walk over an hour at steep inclines to arrive at the clinic, and of not having to pay out of pocket for all medical expenses. I'll gladly accept

all potential scabies cases because I am confident I can provide affordable, accessible medications and education that relieves patients from suffering.

The Prison: The government clinic we operate out of is far from modern, but it is arguably the nicest building in the area. Two clinic rooms, a pharmacy area, a closet, and a waiting room is all we need anyways. We avoided using the last room on the left (the closet) for the first few days, as it lacked good lighting and needed a deep cleaning (bat droppings everywhere). We eventually cleaned it up as the clinic got busier and used it for patient care. I had just seen a patient with a skin concern on his lower legs in that third room. As he took his worn work boots off to show me his un-socked feet, I identified his condition (plaque psoriasis) quite quickly. When heading back to the room with Sophina after precepting, we both stood still with shock and confusion as the door refused to creak open. After the initial panic settled and our problem-solving hats came on, it was confirmed that the door was broken and neither our team nor the patient could open it. The patient was locked inside. Could the door frame be removed with dental tools? That would likely not be helpful. Could we slip tools to the patient to assist from the other side? The window was too high and the door laid flush to the floor. Could we kick it down? A teenage patient waiting for his prescription to be filled tried and failed. Diego, one of our interpreters, finally knocked the doorknob off with a hammer from the volunteer house after 20 minutes of other door-preserving efforts. Kat's "hola" to the patient through the hole where the door knob used to be will always make me laugh. After successfully kicking open the door, the patient exited the room, wiping sweat from his brow stating "I felt like I was in prison". Prison… all for a tube of clobestol ointment. This story not only provides a chuckle, but it also shows how our patients are willing to come together and assist us with any effort, and how grateful they are despite our struggles. The clinic, with its barred windows and plain walls, may appear like a prison to some. To me and the people of San Jose, it looks more like a place of hope and healing.

From Katie Carrier
A 34-year-old male with no significant past medical history presented to the clinic with acute, progressively worsening abdominal pain, fever, nausea, and decreased appetite. He reported that the pain started the previous evening after working a full day in construction. The pain was so severe that he was unable to eat or sleep that night. He denied any coworkers or household members experiencing similar symptoms, previous episodes of similar abdominal pain, significant alcohol or tobacco use, recent trauma, or diarrhea.

While in the clinic, his symptoms continued to worsen, and his temperature increased from 98.7°F to 101.7°F. On exam, he appeared to be in significant distress. His abdomen was rigid, with significant tenderness in the epigastric and left mid-abdominal regions, along with rebound tenderness, guarding, and referred pain. The remainder of his exam was normal.

After discussing the case with Sophina and Doug, our biggest concern was a possible perforated bowel or perforated peptic ulcer, given his severe pain and signs of peritonitis on exam. A perforation would allow contents from the gastrointestinal tract to leak into the abdominal cavity, potentially causing severe infection, sepsis, and even death if not treated quickly. Perforated peptic ulcers are often associated with risk factors such as NSAID use or H. pylori infection, although we did not have a clear history of these risk factors. We also considered pancreatitis, although he did not report significant alcohol use, as well as possible splenic pathology given the location of his pain.

Given how concerning his presentation was, we strongly recommended that he go to the hospital in La Esperanza for further evaluation, imaging, and possible surgery. We spent a significant amount of time explaining why we were concerned and what could happen if he did not seek further care.

A few days later, one of his coworkers from the construction site told us that he had taken a couple of days off work but had since returned. Unfortunately, he never went to the hospital, and his coworker mentioned that he still wasn't looking well.

We never found out what was causing his pain or what ultimately happened to him. It was difficult knowing how serious his condition could have been, especially given the limited resources available in the community and the challenges of accessing hospital care.

From Grace

Abdominal mass: One case that stands out in particular to me was a woman that came in for a “painful abdominal mass.” This woman had started having abdominal pain and dizziness 2 days prior to coming into the clinic. However, during her history she insisted that she had something that felt like a “tumor” in her abdomen. She stated that the mass had been there for years prior, but she had not had pain until recently. In discussing further, she had been evaluated in La Esperanza, however she did not have enough money to afford further imaging of her abdomen. On physical exam she had about a 5x5cm mass just lateral to her umbilicus that was connected to her uterus which was also palpable in the suprapubic region. Palpating this mass was shocking to me, it was much larger than I had expected and concerning that it had recently become painful. It was also scary because she had never been evaluated before with imaging and it could truly be anything. The mass was tender to palpation, but she was not having many other symptoms. Her only other medical history was that she had one vaginal delivery at home 18 years prior which resulted in a still birth. She had never followed up after this event.

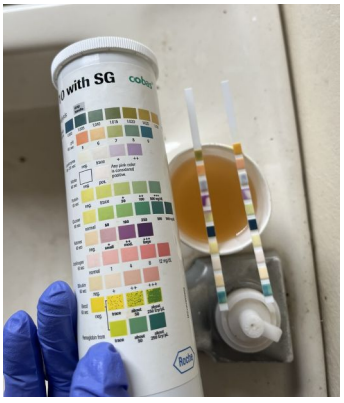


Examining a lady with an abdominal mass using point of care ultrasound

Luckily for us, we had recently practiced our ultrasound skills on Abby during a slow afternoon clinic day. We learned about locating the uterus and ovaries in relation to the bladder. We had the patient return to clinic the following day for imaging. When she arrived, it was all hands-on deck to preform and interpret the ultrasound. With all of us being amateur POCUS users, we had some difficulties interpreting what we saw on imaging, but right away we were able to identify a well-circumscribed mass in the abdomen that appeared to connect to the uterus. We were also able to follow a mass/extension of the uterus up and past the bladder which was also contributing to the patient’s pain. We took some small videos of the ultrasound imaging that we later sent to the POCUS instructor at the University of Rochester. Although we were unable to clearly identify the mass, we could tell that there were no extensive vascular network or other malignant features to be concerned about. This was a difficult concept to convey to the patient. Although we had seen the mass on imaging, telling her that this large mass in her abdomen did not need much further treatment than pain control was hard for her to understand. She had been scared that her fears of having a tumor were

confirmed and worried that she may need to have the mass removed but she was unable to afford such a procedure. Ideally, she would have further imaging to confirm our suspicions of a benign uterine mass however that was not an option in this case making the discussion all the more difficult and less reassuring than she had hoped for. She ultimately was grateful that we had been able to perform the ultrasound and that the mass did not appear to be malignant. We can only hope that her pain is well controlled and the mass remains stable.

Masked as a migraine: A 38-year-old women came into clinic for headaches and dizziness that had been worsening over the past week. She states that she has had headaches in the past which affect her whole head and sometimes affect her visions. She states that these headaches could at times last up to three days. She also stated that the headaches worsen with light and sound. Throughout the history it was becoming clear to me that the patient had been experiencing migraine-type headaches for quite some time but that they were worsening now. I asked more about her home life, which revealed that she was living at home only with her two children and that her husband had passed away about 4 months ago. She was not working and was having difficulties supporting the family since his passing. Discussing with her further she was having significant difficulty sleeping, she was not eating, she had trouble focusing, and felt generalized fatigue all since her husband had passed. This is also when her migraines started to worsen. The woman was grieving and depressed. Sophina came into the room to discuss her symptoms with her further, making sure that she had a support system and people to talk to in this difficult time.



Urine testing helps make the diagnosis of new-onset diabetes

Diagnosing Diabetes: A 43-year-old woman presented to clinic in the late-morning with the chief complaint of pain/burning with urination and vaginal itching for about 2 weeks. She presented as relatively reserved and appeared mildly fatigued but was not concerned with these symptoms on further questioning. Throughout her history she mentioned a few other details including some intermittent diarrhea with food and burning pain that went into her toes but focused mainly on the urinary and vaginal symptoms. It seemed to be an uncomplicated urinary tract infection with a vaginal yeast infection, but we wanted to make sure by testing her urine. On urine testing we found a significant amount of glucose in her urine as well as blood and few leukocytes. That is when the light bulb went off, almost simultaneously for all that had been working the case. This made it clear that something else was going on with this patient. We then tested her blood glucose and found it to be 317. After this finding we discussed more with her and found out that although these urinary and vaginal symptoms had only begun two weeks ago, she has had many other symptoms accumulating over the past year. These additional symptoms included increased urinary frequency, increased thirst, intermittent abdominal pain with diarrhea, burning/numbness in her legs and feet, vision changes, weight loss, and fatigue. With this constellation of symptoms and elevated BG it became clear that she throughout the past year the patient had developed diabetes mellitus. In speaking with the patient, she had never even heard of diabetes before. We provided extensive education on diabetes including the pathogenesis, treatment and chronicity with potential to progress if not addressed with medical management. We also educated the patient on adequate dietary changes and movement recommendations. This was a very challenging conversation to have, particularly without her having any basis of knowledge about diabetes and through an interpreter. However, Sophina helped to provide proper education and facilitate the

conversation. She fortunately had an appointment in San Marcos in two weeks, and we were able to get her started on medications in the meantime. This experience was especially impactful for me as the first time I have diagnosed a patient with diabetes. In my career, I am sure I will diagnose many other patients with diabetes however I will never forget this one as my first and always remind myself to educate patients as if they have never heard of the disease.

Accidental Optometrist (Kat Ramos)

Throughout the trip, there was a consistent pattern of people coming to the clinic solely asking for prescription glasses. I am by no means an eye doctor, but somewhere along the way the clinic designated me as one, as I kept finding myself helping people choose a pair that worked. I read up overnight on how optometrists determine a prescription, which is even more challenging when a person does not know their letters. To get around this, I attempted to make my own visual acuity chart (the "tumbling E," where the patient says which direction the E is facing), but it was not very successful.



Helping a man see again

For Abby's patient who could not see or hear well (see her section), I helped her work through the options as we handed him pair after pair after pair, ranging from +3.0 (which made things much worse!) to −4.0, and asked him to look outside at the interpreters and the details on the trees. Watching his excitement grow as we got closer to the "right" prescription was awesome. I cannot say that the prescription is perfect, but it is significantly better, and it gives him more function and independence. He left with an entirely new pep in his step.

Not everyone was helped by glasses. Another older gentleman came in worried about chronic blurry vision in both eyes, especially his right, and he was so hard of hearing that we were effectively yelling at him. On exam, we noticed he had cataracts and that none of our glasses would make a meaningful difference. In the US, he would likely have had cataract surgery (and hopefully hearing aids). He could not see either of those in his future.

These encounters left me wondering how understated vision is in global health and how difficult it can be to get basic eye care. Eye health is so important to overall health and fundamentally alters the way people live their lives. I hope in the future we can improve access to eye care for the people of San Jose.



Every clinic needs their own chicken

Ultrasound Technique Education

One afternoon when the clinic wasn't very busy, we spent a few hours practicing with the Butterfly ultrasound. Abby and Grace were nice enough to volunteer as our patients so we could practice scanning. We worked through the instructional videos on the Butterfly app, and everyone had the opportunity to practice identifying and visualizing different organs. Since both Grace and Abby had very full bladders, we also practiced measuring bladder volumes before and after voiding. It was a great hands-on learning experience, and I'm sure these skills will come in handy in the future. I

was glad we were able to take advantage of a rare quiet afternoon to learn something new. Even better, Grace was able to put her new ultrasound skills to use with one of her patients just a few days later!

Dental Care
Roger Carroll, DDS, our usual dentist was scheduled to join our group but he sustained an injury that forced him to cancel a few days before the trip. Therefore, no dental care was offered in San Jose.



Practicing ultrasound on Abby

The Children
As part of the Computer Education process, we have become close to a group of children who regularly visit the volunteer house. Our interactions are now much more than educating them on the use of computers. Below are some observations from group members.

From Abby
The children were a highlight of the trip. They each demonstrated a juvenile spirit balanced with the immense responsibilities of growing up in such a resource poor environment. Walk on unpaved winding roads to school in open-toed shoes two sizes too big for your feet, always make it home "in time" despite having no method to tell time, help carry water/food/laundry up and down the mountainside, all while never missing a homework assignment. You too would forget the hardships they battle if you watched their eyes light up while writing short stories on the computer or playing catch with old prescription bottle lids. Although every child I met amazed me, and there are too many to count, two specifically left marks on me:



Coloring on the clinic porch



Sophina with Dixie, Carmen, and Cindy Lou



Playing duck-duck-goose

3 Year Old Boy: He was effectively a child of the town. He spent a lot of time around us volunteers, as there was not another local child near his age. At first he just watched, barely making eye contact. With every warm greeting he let more of his personality shine. The little boy with doe eyes, worn clothes, and long dirty nails was really a lively fun-filled toddler. His imagination ranged from sword fights with sticks to playing car with a piece of plastic and a wooden plank. He eagerly greeted us at the clinic

in the morning asking to “paint” (color with crayons). Despite many efforts to teach him colors in Spanish, he failed to identify blue vs yellow vs red and so on. His trees were pink and his mountains purple. In a rudimentary child-friendly color blindness test, he failed. His apparent color blindness may simply be a lack of education and a poorly administered test, but either way I hope his creative mind continues to redefine boundaries on what is possible, including what colors the trees grow.

11 year old girl: She was the brightest, most poised 6th grader I have ever met. Taller than her peers and smarter than those years her senior, she has so much potential in life. She lives with her younger brother, sister, and grandmother and aspires to continue school and become a dentist. She slows her words for the English speaking volunteers, repeats others so we can understand the conversation, and actively seeks opportunities to learn in school and play. I know she will make an incredible dentist one day if a scholarship allows. High school and college is not impossible for the people of San Jose with scholarships, but barriers continue to exist even for the driven. Some children wrote me letters for the day of our departure from San Jose. In one of the letters, a girl wrote “Do not settle for anything less than you give.” I hope she holds herself to that same standard as she pursues her dreams. I will carry her words with me, both in my personal and professional life.



Abby and Grace performing ear lavage

From Katie Carrier
Almost every afternoon, a group of kids would come hang out at the clinic or volunteer house until it got dark. These afternoons ended up being one of my favorite parts of the trip. We spent time doing all sorts of activities with the kids, including drawing, dancing, playing games outside, computer lessons, English lessons, and some much-needed Spanish lessons for me! It was amazing to see how smart they all were and how quickly they picked up on the games, dances, and new words we taught them. Since mi español es muy malo (my Spanish is very bad), it was especially fun finding creative ways to communicate with the kids. I also loved how they would recognize when we were struggling to understand and start speaking much more slowly in Spanish, without us even having to ask. These afternoons were such a fun way to connect with the kids despite the language barrier, and they quickly became something I looked forward to every day.

Observations
Doug believes that spending time in San Jose as part of our Global Health program educates trip participants well beyond medical knowledge. Ideally, participants learn more about themselves, the world around them, and their place in this complicated world. Below are some observations from trip members.

Abby
I arrived in San Jose thinking I was going to contribute to a community through medicine, but I left recognizing just how much that community had contributed to me. This experience reminded me that the practice of medicine is not defined by the resources we have, the technology we use, or the diagnoses we make, but by our willingness to meet people where they are and do the best we can with what we have. I was reminded that our patients are not defined by their socioeconomic circumstances, educational opportunities, access to healthcare, or the hardships they endure. They are people with

families, aspirations, humor, creativity, and an incredible capacity for resilience. Whether cleaning ears, washing underwear in a stream, singing children's rhymes, or simply sitting down to share a meal, I was reminded that meaningful care exists in simple interactions. I also came to appreciate that the impact of our work extends far beyond the clinical encounter. The solar energy systems Doug installs, the scholarships we support, and the relationships we build contribute to something much larger than any individual brigade.

My greatest takeaway was a renewed appreciation for the responsibility and privilege of being a physician. We are accustomed to practicing within a healthcare system shaped by insurance, prior authorizations, institutional policies, and countless barriers to care. Our work in San Jose offered a step outside those constraints and reminded me that our responsibility is ultimately to people, not systems. People are everywhere, and our commitment to caring for them should not be limited by geography, resources, or circumstance. I hope to carry the lessons of San Jose into every patient encounter throughout my career: to remain resourceful, humble, creative, and intentional beyond the walls of a clinic. Most importantly, I hope to never lose the sense of purpose, gratitude, and joy that I rediscovered during these 12 days. The people of San Jose welcomed us, trusted us, and ultimately treated us as family. I can only hope that my service left even a fraction of the lasting impression this community left on me.

Intimate Partner Violence Focused Project

Our group has been interested in learning more about Intimate Partner Violence (IPV, or Domestic Violence). The medical students from U. Of Buffalo needed a project for their course work so they agreed to study IPV. Below is a report from Katie Carrier and Grace Maley.

Grace and I worked on a focused project exploring community perceptions of intimate partner violence (IPV) in rural Honduras. With the help of Delmi, one of our amazing interpreters, we interviewed 13 Honduran mothers about their understanding of abuse, factors contributing to it, and the resources available to women experiencing it.



Grace and Katie, with Delmy interpreting, performing an interview about IPV

We conducted two interviews with pairs of mothers, but noticed that in both conversations, one participant tended to dominate the discussion, making it difficult for the other to share her own opinions. Because of this, we decided to conduct the remaining interviews individually. We used eight guiding questions to structure our conversations, with additional follow-up questions based on each participant's responses. This allowed each interview to take a slightly different direction and gave us the opportunity to explore individual perspectives in more detail.

Although we are still reviewing and analyzing the interviews, several interesting themes have already started to emerge. One of the most noticeable findings was how differently participants understood and defined abuse. Some recognized physical, emotional, sexual, and financial abuse, while others primarily associated abuse with physical violence or arguments between partners. Alcohol use,

machismo, jealousy, and infidelity were commonly mentioned as factors contributing to IPV. Religion also came up frequently, with several women describing faith, prayer, and church attendance as ways to help prevent abuse or strengthen relationships.

Another important theme involved the challenges faced by women and adolescent girls, particularly surrounding early pregnancy, abandonment, and limited decision-making power in sexual relationships and contraception. Participants also discussed barriers to seeking help, including fear of retaliation, limited knowledge of legal protections, difficulty accessing resources, and reluctance among family members or neighbors to get involved.

One of the more encouraging findings was the interest in community education as a way to prevent IPV. Several participants suggested educational meetings, school-based programs, and teaching children about healthy, respectful relationships from a young age.

Overall, these conversations gave us a better understanding of how cultural beliefs, gender roles, religion, and access to resources may influence perceptions of IPV in this community. While our findings are still preliminary, they have highlighted the importance of education and community-specific support systems. We also recognize that some responses may have been influenced by how questions were asked or interpreted, which is something we will need to consider as we continue analyzing the interviews.

This project was a really interesting opportunity to hear directly from women in the community about an issue that can be difficult to discuss openly. I'm looking forward to reviewing the interviews more closely and seeing what additional themes emerge.

Politics and Land Issues

During Doug's September trip to San Jose he met with the mayor of San Marcos (the county where San Jose is located). The mayor promised to create a document to resolve the land issue. After repeated messages to the mayor during this trip he has still not replied. As feared, it appears his assurances were not serious. Another method to resolve this issue would require having a new and supportive San Jose village president. Unfortunately, the political party of the mayor and the vast majority of the people of San Jose are different. San Jose is now left without a president. This means the land issue remains unresolved.

Rural Development Projects

Our usual projects of cook stoves, latrines, water filters, pilas, fish farms, etc. are presently on hold due to the land dispute issue. We are considering restarting projects even though the land issue remains unresolved. The poor in San Jose continue to struggle while the political leaders remain dysfunctional.

While visiting homes during solar installs we get to see just how much these projects improve the quality of life for the people. In one home the lady kept thanking us for our projects and proudly showed us her fogon, water filter, and pila that we helped her obtain. She said it really made her life better and her family was healthier because of these interventions. We know the numbers of how many of these projects get built, but we often don't get to see just how important they are to the people.

Being in these homes, many being very poor, we realize how life changing our efforts are for the recipients. Our hard work over the years is paying off. Thanks to everyone who makes these interventions possible. I am repeatedly humbled by the hard work, intelligence, kindness, and support so many of you provide to make the world a better place.

Solar Electricity
We installed 5 solar systems this trip and Doug extended his stay for 10 days after the group left. Unfortunately he became ill and only installed 3 additional system for a total of 8 installs this trip. The first 5 installs were completed in poor homes in Rancho. This town is very close to San Jose and the hikes were minimal so the work required to reach the homes was small. Additionally, the homes were small which makes wiring less involved. As always, the recipients of a solar system were so grateful. One girl said “It is like daylight inside”.


Solar panel on a rusted metal roof


Grace and Delmy helping with solar install


Katie and Delmy helping with solar install

From Katie Carrier
Doug spent two days of the trip installing solar systems, and I had the opportunity to join him for one of those days to help with three installations. All three homes belonged to members of the same family. It was interesting to learn how the systems were set up, but my favorite part was seeing the family's reactions when the lights turned on for the first time. Each household was incredibly grateful, not only for the solar systems but also for the other ways this Program has helped their family over the years.

I really enjoyed getting to meet this large, close-knit family. The last home we visited belonged to a mother of ten children! There was so much going on, with everyone helping care for the younger kids, preparing food, laughing, and spending time together. What stood out to me was that all of this was happening before we even turned on the lights. The family already had such a strong sense of community and connection, and we were simply able to provide something that would make their daily lives a little easier.

Agriculture
Coffee harvest starts in November. Reports are that the delays of the rains due to the El Nino weather pattern may hurt this year’s coffee crop. We hope to bring more farm-to-table coffee in May.

Update on Project Status (updated 11/11/2026)

Project	Completed	Project	Completed
Cook stoves	456	Scholarships	175+ students, 25 current scholars
Filters	608	Solar systems	76
Latrines	204	Fish farms	6
Pilas	247	Piped water systems	5 communities
Heirloom seeds	>18,000 given	Barrels and gutters	>80

Your Help is Needed

We believe in low cost, simple technology solutions that the Hondurans can learn and maintain on their own. We are doing a great job in this respect. However, even simple interventions cost money. To continue the exceptional work we are doing in Honduras, we need more funds. If you have the financial ability and appreciate the great improvements our activities are bringing to rural Hondurans, please take a minute and donate to our project. Donations are tax deductible if you itemize your taxes. We are very fortunate to have the assistance of the Department of Family Medicine and dedicated volunteers to almost eliminate overhead expenses. Therefore, your donation will reach the Hondurans and not be spent on less helpful expenses such as rent for a dedicated US office or US-based secretarial support. If you would like to donate to the San Jose project, please make a check payable to "San Jose Partners". Mail the check to "San Jose Partners. 1170 Frawley Drive, Webster, NY 14580". Donations can also be made using PayPal or Venmo by visiting the Donations page on www.sanjosepartners.org.

Summary

The greater Rochester Family Medicine community has touched so many lives in Honduras and the Hondurans have enriched so many of our lives. As is true for all development projects, there will be set backs. These are learning opportunities and allow us to improve future interventions. This cross-cultural project is realizing huge benefits for everyone involved, even with setbacks. The scholarship students gain confidence as well as a chance for a path out of poverty. 62 families now have lights at night and a way to charge their cell phones because of our involvement in San Jose. Seeing the smiles and appreciation as people display their running water, new cook-stove, or water filter is so rewarding. Through these very intimate person-to-person exchanges we maintain hope that a better world will become a reality one community at a time. Thanks to everyone for their continued support to make this project such a great success.

Douglas Stockman, MD
Director, Global and Refugee Health



Sophina, Delmy, Grace, Katie, Abby, Esmay, Doug, Kat, Diego with Fabian, Gabriela, Ana