

REACH INTERNATIONAL HEALTHCARE AND TRAINING, INC.

Reaching the Isolated and Impoverished with Medical Care

Sharing Christ's love through sacrificial service



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August 2011

Update About Dr. Sam



Rest (not flat on his back, but a change of pace with specific directives to help achieve quality SLEEP at night) was what was prescribed by the doctors at Mayo Clinic in early July. So, that's what he's been doing for the past two months, as we traveled leisurely across the Northeastern U.S. visiting a few friends and relatives and basically staying "off the map" and "out of sight" from the whirlwind of business that both precedes and follows us in this life of medical ministry that the Lord has called us to.

Sam's follow-up visit to Mayo Clinic was Monday, Aug. 29. The doctors felt that he had improved; but they also recommended he have a sleep study which was done that night. Their findings were that he has no stage 2 slow wave sleep (the restorative rest stage of sleep) as well as central and obstructive sleep apnea.

This explains why he became so sleep deprived. This is a rare finding which only occurs in people with past severe head injury (or infrequently in the elderly). Sam had a head-on vehicle crash in 1988 with a lengthy loss of consciousness. Later, he was diagnosed with sleep apnea which required the use of a nighttime breathing machine (C-PAP). While in the Philippines, in 2009, he had a bad motorcycle accident with a cracked helmet, unconsciousness, and hospitalization. The Mayo Clinic physicians believe these injuries explain his medical problem and recent worsened condition which caused his return to the U.S. for this evaluation.

They have him on a rigid program including light therapy, exercise, breathing machine (adjusted settings) at night and medications to maximize his rest with monthly email check-ins with Mayo doctors.

The doctors expect us to be able to return to the Philippines, as planned this coming January 2012. Cont...



Reach Philippine Staff Hard at Work

Story By: Dada Tenajeros, R.N.
Team Leader

The Corn k-EAR-nal

Because it was National Nutrition Month, people were busy on the covered basketball court, even in this remote village, the day we were there. Each sector of the community had to setup some sort of a booth where they can showcase their fresh and healthy vegetables, fruits and poultry products. It was like a feast for the community. Nutrition works better with healthcare teachings. So we set up our clinic and teachings nearby.

One of our HCW trainees, Ate' Shirley, approached me with a 10-year old boy named Wendell who used to be in her daughter's class. When he walked in, he did not smile or frown. His facial expression was just so flat. I didn't have a clue what he came for. Then they told me that he had a piece of corn stuck in his right ear (from a food fight with his friends). They had traveled far to see a doctor but were sent home because the clinic didn't have the right tools and didn't even try to improvise.

It would cost them approximately 2,000 pesos (over \$40) to get to an ENT clinic – which is more than 3 weeks income for most poor villagers here and almost impossible for a farmer father and unemployed mother with 5 children.

Upon examination I found that a small brownish thing was preventing me from seeing through the eardrum. I knew it wouldn't come out without manual evacuation. Blind fishing would be harmful as it might cause trauma. I needed to see at least one-third of the whole thing. With the help of Michael, an intern from California I tried to irrigate the ear. After approximately 8-9 rounds of ear irrigation I finally could see the tip better. Ate' Shirley held the light for me while I tried to grasp the thing with a curved hemostat. I thought that was it. But the kernel moved inward and I lost the grip. We took a pause and gave the boy a break from the discomfort. I was so determined to



Cont...

Reach International Healthcare and Training

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Update – Dr. Sam Cont... This evaluation was urgently needed, but it was expensive. Due to major changes in June in our insurance, it does not look like they will cover much. So we need additional help at this time, in order to NOT take away from your regular donations which are needed for our (very competent) Philippine staff to carry on the work there during our absence.

The total bill at Mayo was over \$12,400, we've received \$5,000 so far towards this, leaving the balance at Mayo Clinic = \$7,400.

Sam also has another health issue, stemming from a neck injury from his 2009 motorcycle accident, that he plans to have evaluated elsewhere, which will add some additional costs as well.

Corn k-EAR-nal Story CONT...

take it out that I clenched my teeth. I wanted to help Wendell so much. I whispered a short prayer silently, asking God to guide my hands and make good judgment. I could see the poor boy's face, looking so uncomfortable with the whole procedure. I nearly surrendered trying. Pessimism devoured my mind, "the doctor can't even get it himself, what makes you think a nurse can?". But I have been trained well by Dr. Sam. I did a lot of ear irrigation and it took much longer than the usual irrigation I do for earwax impaction. That boy had gone through a lot of discomfort for the last 30 minutes with me trying to take it out. I knew we could help this boy. I just needed to get on my feet and do it.

We tried one more time. We needed to do 3 or 4 more irrigations to re-expose the part that had slipped back in. In more or less 5 min., the golden yellow uncooked corn kernel (8 mm in diameter) was finally out.



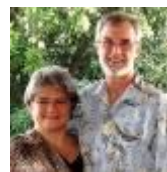
My team felt a sense of victory. Wendell felt relief.

The Lord reminded me of 2 things: First, help whenever given the chance to (that's what 'Reach' is all about). Second, that I can do anything through Him who gives me strength (Philippians 4:13), and can do nothing without Him - even the things I never would have thought I can do. We are better than we thought we could be, because God will enable us. Indeed, when He ordains, He sustains!

Pastor Jojo Gubal, the son of Joshua Gubal who has spent his entire life working for missions in the Philippines, is a past full time Reach International employee, a current member of our Philippine board of directors, and is active in our ministry in the Philippines.



His 3-yr old son, Luis, has severe snoring and sleep apnea with 20 – 25 second pauses in his sleep and the recommendation for this is to have his tonsils removed. If Luis does NOT have this surgery there is a risk of death (due to lack of breathing), and potential life-long behavioral and cognitive problems. The surgery will cost approximately \$2,000. Any donation for this purpose would be greatly appreciated. If you choose to assist them with this please send a check to our Reach address with a note attached stating that it's designated specifically "for Luis Gubal – surgery" and we will forward the money to them.



Thank you all SO MUCH for your prayers, support, and encouragement!

Dr. Sam & Shini Evans



News from the Philippines

By: Earl Vaporoso, R.N.
Reach Int'l Nurse - Manager
Grace Clinic – Kihan Village

Developing Community Trust

At 6 am in the morning of August 17, I was awakened by someone calling out my name. Looking out the window I found a man of young age asking for aid for his wife who had delivered their 1st baby in their grass hut during the night, and was having difficulty delivering the placenta. With urgency, I gathered the medical equipment I needed and hurried to their hut. Within 3 min. I reached their place and found women swarming around the new mother. I pushed myself in to see her and then found the infant bright red and lying at the foot of the mother with the cord still attached. As I got out my scissors and clamp, the village midwife (not medically trained) and some of the other women were surprised that I could actually help. They cut me off and prevented me from doing anything.

I tried to explain the urgency and safety of what I was going to do, but I was overwhelmed by their adamancy that I was not qualified. They would rather wait for an hour more for the local (General Baptist) pastor to arrive and relay their concern to the village council to aid them in making further decisions about whether to take the woman to the (distant) hospital or not. In tribal villages the council has such a place of authority – even in family issues like this. I knew that the village council was in session at the time and it would take 3-4 hours before they could attend to this urgent need.

Knowing that the mother and baby did NOT have that much time to wait, I interrupted the council meeting and told them the situation, along with the family's concern and their indecisiveness. I asked for aid from the council to intervene with the family so I could help this mother and baby. Of course the council members are very familiar with our clinic there and trust that I can help. The council immediately sent the pastor and Mrs. Tagoy (both are council officials) with me to speak to the family. We were only a few steps outside the hut when we heard voices celebrating. We soon found the placenta had come out and the cord care was already done.

Yet I knew it didn't end there. So I cautioned them that the baby was still in danger and the need for hospitalization was still a priority. Once again they didn't want to listen, so I was summoned again the following day when the baby was not breast feeding for 26 hrs, cyanotic (blue) and breathing rapidly. Thankfully, the family finally listened to me and sent the baby to the hospital to get help.