



MEDWISH MEDICAL BRIGADE

June 27-July 2, 2018
NUEVO PARAISO, HONDURAS

Participating in a MedWish Medical Brigade is a wonderful way to give your time, talents, and compassion to those in need. During this Brigade, participants will be serving the local community and surrounding area of Nuevo Paraiso, Honduras.

Both medical personnel and non-medical volunteers are welcome on this trip; however, to ensure that there are enough medical personnel to run a successful clinic, a number of spaces are reserved for medical professionals. Registration is first come first serve and will close once the trip reaches capacity.



Please review the following trip information carefully before registering. If you have any questions, please contact Britta Latz at blatz@medwish.org or call 216.692.1685 x33. We hope you will be joining us for the 2018 Honduras Brigade!

ABOUT HONDURAS

Honduras is a coastal nation in Central America, slightly larger than the state of Tennessee. It is tropical, predominantly mountainous, and borders Nicaragua and El Salvador. It is one of the poorest nations in Latin America and more than half of the population lives below the poverty line. Tegucigalpa is the capital and is home to over 1 million people. The official language is Spanish and Amerindian dialects are also spoken within some populations. The average life expectancy is 71 years. The majority of the population works in the service sector, 59.7%, with 26.4% working in industry, and 13.9% in the agricultural sector.



To learn more about Honduras, please [CLICK HERE](#)

ABOUT NUEVO PARAISO

Nuevo Paraiso is a small village roughly one hour from Tegucigalpa. It is comprised of homes, schools, a medical clinic, and centers that house over 100 children. This village was originally made up of single mothers and their families, but it has since grown and become a safe haven for local orphans to grow and learn with the support of services provided by the Sociedad Amigos de Los Ninos (Society of Friends of Children).



ABOUT SOCIEDAD AMIGOS DE LOS NINOS

Sociedad Amigos de Los Ninos (SAN) was founded in 1966 by Sister Maria Rosa Leggol. Since that time, she has served over 35,000 Honduran orphans through her work. These children are rescued and receive an education and

other skills training, in addition to being raised in a loving environment. Nuevo Paraiso is one of the locations of the organization's operations.

ABOUT SANTA ROSA DE LIMA MEDICAL CLINIC

The Santa Rosa de Lima Medical Clinic serves the local children and population, in addition to those living in the region around Nuevo Paraiso. Roughly 60,000 people rely on this clinic as their primary care facility as it is the only medical center in the area. The clinic was built in 2000 and it provides a wide range of services including emergency services, dental services, OB/GYN, and pharmaceutical distribution.



On this Brigade, participants will be conducting mobile clinics in the local community. These clinics will be set up roughly one hour from Nuevo Paraiso so that populations without consistent access to care can be treated. Some medical professionals may have the opportunity to serve in the Santa Rosa clinic depending on specialties and where the need is most.

TRIP INFORMATION

ELIGIBILITY

Both medical professionals and non-medical volunteers are welcome. We recommend that Brigade participants be at least 12 years old or older at the time of the Brigade. However, if a family would like to bring a child younger than 12, please contact us so we can further discuss. Any participant that is under the age of 18 must be accompanied by a parent or authorized guardian.

ACCOMMODATIONS

We will be staying in the compound run by Sociedad Amigos de Los Ninos. The accommodations are basic with varied room sizes ranging from dormitory style to double occupancy. There are shared bathroom facilities with running water. Clean towels and linens are provided. All meals are served family style at the compound. There is also a small store in the compound to buy snacks, drinks, etc.

AIRLINE RESERVATIONS

MedWish International will arrange group airline transportation through Cleveland Hopkins Airport. Participants that do not wish to have their flights booked by MedWish must contact MedWish at the time of registration to indicate their intentions. Any participant traveling independently must provide MedWish with his/her flight information by June 1, 2018.

COST

This MedWish Medical Brigade is \$2,500 per person. A non-refundable deposit of \$1,500 is due by Tuesday, May 1st to reserve your place. Reservations are taken on a first come first serve basis. A percentage of spots will be held for medical participants, so secure your spot TODAY!

The remaining amount of the total trip cost will be due in increments leading up to trip departure. This schedule will be provided to registrants.

Your Trip Contribution Includes:

- **Airfare:** Flights will be booked to and from Cleveland, Ohio
- **Lodging:** 5 nights at the SAN facility
- **Meals:** Breakfast, lunch, and dinner when in Honduras
- **Trip Logistics:** Supplies for the clinics, translators, ground transportation while in Honduras, and tips

for services provided to the team

- **MedWish Apparel:** Participants will be provided with one MedWish scrub top (medical professionals) or one MedWish t-shirt (non-medical volunteers). Additional apparel will be available for purchase during registration.

It does NOT Include:

- Any meals while traveling to and from Honduras
- Spending money for souvenirs or personal purchases
- Vaccinations or medications needed for travel
- Travelers Health Insurance
- Passport expenses
- Any transportation, lodging, or meals outside of the group MedWish Medical Brigade

TRIP ORIENTATION

There will be a team orientation meeting prior to departure. At this meeting, participants will have the opportunity to meet, learn more about the upcoming Brigade, and talk with the MedWish team about what to expect and how to best prepare. The date and location of this meeting will be announced in May.

SUPPLY PICKUP

MedWish International will be providing the medical supplies needed for the mobile clinics run during the Brigade. Each participant is expected to transport one bag full of supplies with them to Honduras. Participants will need to come to the MedWish warehouse prior to departure to pick up the bag of supplies. The specific pickup times will be announced in June.

PARTICIPANT INFORMATION

Once registered, participants will be provided with a participant information packet that must be completed and returned to MedWish International by June 8, 2018. This packet may be returned via fax, email, or mail to MedWish.

IMMUNIZATIONS AND TRAVELERS HEALTH

You may need country-specific pharmaceuticals and/or immunizations when traveling to Honduras. To learn more, please visit the CDC's website. For health-related concerns, please speak with your primary care physician or a local travel clinic. [Click here for more details](#). MedWish would also recommend that all participants secure travelers health insurance for the duration of the Brigade. This coverage will not be purchased by MedWish, and is the responsibility of each participant.

PASSPORT

A valid passport is required for entrance into Honduras. Make sure your passport is valid for at least six months after our date of return.

SAFETY

There is a travel warning in effect from the US State Department for travel to and from Honduras. Please visit their website for further information, or [click here for more details](#).

Complete the following registration form and mail it, along with your \$1,500.00 non-refundable deposit per person, to MedWish International.

Don't miss out on this amazing experience!

Registration closes Tuesday, May 1st. If you have any questions, please contact Britta Latz at blatz@medwish.org or 216.692.1685 x33

HONDURAS 2018 BRIGADE REGISTRATION FORM

Name (As appears on your passport): _____
Day Tel: () _____ Eve Tel: () _____ Email: _____
Address: _____
City: _____ State: _____ Zip: _____
Date of Birth: _____ Occupation: _____ Other Skills: _____
T-Shirt/Scrub Top Size: _____

Terms and Conditions for MedWish Medical Brigades

By signing below, I affirm that I am 18 years of age or older and that I have read, understand, and agree to abide by the following terms and conditions set forth by MedWish International. I further state that I am legally competent to sign this affirmation and release; that I understand the terms herein are contractual and not a mere recital; and that I have signed this document as my own free act.

MedWish reserves the right to change, edit, and alter the following terms and conditions. In such a circumstance, participants will be notified immediately via email. I also certify that all information provided to MedWish in the above Brigade application is valid and correct to the best of my knowledge.

Terms and Conditions:

- Should a participant's conduct be found to be dangerous or inappropriate during the Brigade, that participant may be asked to leave the trip or denied participation in future MedWish Brigades. Refunds will not be provided to participants that are asked to leave.
- Traveler's health safety is the responsibility of the participant. Participants are encouraged to visit the CDC website for travel recommendations and seek the counsel of a physician or traveler's clinic before this trip.
- Upon the completion of registration, participants will receive various communications via email, phone, and mail from MedWish with information and updates on the trip. Participants are responsible for reading and listening to all materials provided by MedWish pertaining to this Brigade to ensure that they are fully prepared for the trip.
- Participation in this Brigade may present participants with opportunities for various levels of physical exertion. Each participant is responsible for determining what he/she is safely capable of doing. If a participant is uncertain if he/she is fit for international travel or the activities outlined in the Brigade description, it is his/her responsibility to consult with a physician before registering for this trip. By signing below, each participant certifies that he/she is fit for

international travel and agrees to only act in ways that are within the limits of his/her own health and safety while on the Brigade.

- Participants are responsible for providing MedWish with any health information that will be relevant to this trip. This includes, but is not limited to, dietary needs such as food allergies so that MedWish can accommodate. If accommodation is not possible, MedWish will inform the participant immediately.
- By signing below, the participant authorizes and gives full permission to MedWish International for the use of the participant's name and photograph, still or video, in connection with this Brigade and consents to the use of such material or its reproduction in any manner and by any medium which MedWish deems appropriate. The participant equally authorizes and gives full permission to MedWish for the use and reproduction of any personal photos or videos that were taken on the Brigade by the participant and then provided to MedWish.
- Participants agree to follow directions and safety guidelines set forth by the Brigade leaders and local hosts and to act in a manner that is safe, both with regards to each individual participant and the group.
- Participants agree to follow the laws and regulations of the host country.
- Participants will be sensitive and respectful of local culture.
- Participants agree to represent his/herself and MedWish in an appropriate manner both in-person and through online publications during the Brigade.
- Participants are each responsible for transporting one bag of medical supplies with them to the site location of the Brigade. Each participant agrees to travel with those supplies and take them through customs in the host country.
- Participants agree to only act within the bounds of their professional training and experience while on the medical Brigade. Although non-medical participants may assist in medical services, they will not be administering medical counsel or care.
- Should a participant choose to extend the length of his/her stay in the host country, either before or after the dates of the Brigade, the participant understands that MedWish International is not liable or responsible for these supplemental arrangements.
- The participant affirms, understands, and agrees that MedWish International and the Brigade leaders are only responsible for making reservations or arrangements for: lodging, transportation, and meals during the trip. MedWish International and Brigade leaders will be held harmless for any occurrence in connection with or operation thereof, which may result in injury, death, or other damage to the participant. MedWish International and the Brigade leaders will not be held responsible for loss of or damage to any equipment, luggage, or personal property taken on the Brigade.
- The participant personally assumes all risks in connection with this Brigade and further releases MedWish International and the Brigade leaders from all claims, demands, and actions and for any harm, injury, or damage which may befall the participant while on the Brigade, including all risks in connection therewith whether foreseen and unforeseen, and further to save and hold harmless

MedWish International and representatives, arising out of the participant's participation in this Brigade.

- In order to prevent disruption and assure a meaningful Brigade environment, it is MedWish International's policy to prohibit unauthorized solicitation of participants and/or distribution of non-MedWish related materials during the Brigade.
- MedWish Brigade participants are asked NOT to give any money and/or gifts to any of the locals, children or staff of the organizations we visit. This is for the safety of the recipients and members of the MedWish team. If a participant feels compelled to give gifts or leave items such as clothes, shoes, candy, etc., he/she must consult with the MedWish Staff person in advance.

Signature of Applicant (Or legal gaurdian if under 18): _____

Name of Applicant (Printed) : _____ **Date of Affirmation:** _____

Payment Method:

- Check Enclosed (\$1,500) Please charge my credit card \$1,500 for one Brigade participant.

Name on Card: _____

Credit Card Number: _____ **CVV:** _____

Expiration Date: _____ **Billing Zip Code:** _____

Authorizing Signature: _____

***Return to MedWish International
1625 E. 31st St./ Cleveland, OH 44114
Before Tuesday, May 1st to secure your spot!***