Curamericas Global Expands Its Influence and Impact on Communities in the U.S.

Addressing health challenges in the Latinx and immigrant communities through collaboration and proven methodology to ignite change.

As part of Curamericas Global’s five-year strategic plan, an important area of focus this year has been strengthening the organization’s relationship with U.S. communities to make measurable and sustainable improvements in their health and well-being.

Grounded in the success of its Community-Based, Impact-Oriented (CBIO) Methodology for sustainable health-care service provision and its long-term work with local partners, Curamericas Global has joined forces with two important organizations to launch the following efforts in the U.S.:

- The Guatemalan Consulate in Raleigh, NC: the Ventanilla de Salud (Window to Health) program
- The Centro de Cultura, Arte, Trabajo y Educación (CCATE) in Norristown, Pennsylvania: Community Health Project

There are more than 100,000 Guatemalans living in the Carolinas and 9,200 Latinx* residents in Norristown, Pennsylvania. Of those, there are hundreds of people who don’t know how to get the health care they need. Examples include a pregnant woman who had never received any type of prenatal or health care, and many mothers and their children living in urban areas who are afraid of the health system.

Low average income and educational attainment among Latinx are some of the obstacles to receiving timely and appropriate health care. Specific barriers that affect access to health care also include degree of acculturation, language, and immigration status.

Despite these cultural, economic, and educational barriers, the above efforts are a testament to the value that Curamericas Global has brought to the table in terms of collaboration and effectiveness in promoting health services and education to individuals, families, and communities for nearly 40 years.

Curamericas Global and its two U.S. partners will continue to work on:

- Helping connect individuals with health-care providers that will reduce fees or accept those without insurance. The ultimate goal is to have each person established with a provider, allowing continuity of care and rapid access. This will reduce the disorganized and costly use of emergency rooms and walk-in clinics for care and will improve ongoing management of chronic problems, such as hypertension and diabetes.

- Establishing a closer connection to the Carolinas’ Guatemalan population and Latinx communities in Pennsylvania, to obtain data on health-care needs. After sufficient information is collected, the projects can then move to the stage of deciding the highest priority areas and designing programs to meet those needs.

- Promoting good health as a factor that directly affects education, income, and family and community well-being.

Sustainable changes to the health-care system and the well-being of individuals takes time, investment, and persistence. But by working hand-in-hand with local partners, like the Guatemalan Consulate and CCATE, and by focusing on prevention, health education, and establishing relationships with existing health facilities, hope through healing, transformation, and change will be indisputably real.

*Curamericas has elected to use the term “Latinx” in order avoid the implication of the existence of only two valid gender identities created by the terms Latino/a or Latin@. By making the final gender-determining syllable an X, the term Latinx, pronounced “Latin-eks,” acknowledges and respects all possible gender/sexual identities.
Dear Friends,

Earlier this year, we held our third annual Curamericas Global Partners Symposium. This annual conference provided a community forum for our partners to come together and learn from each other. Led by our founder, Dr. Henry Perry, our partners shared important points of view about the CBIO Methodology and their experiences using it. They all agreed that it is essential to Curamericas Global’s success.

As our partners continue to grow in their capacity and expertise, our job at Curamericas Global is to facilitate further growth and connections. By bringing partners together, there is significant and critical peer-to-peer learning. A lot like our work in the field. Mothers learn best from other mothers; likewise, partners learn from each other.

Ongoing collaboration and a proven methodology, paired with long-term support and low turnover rates, are a few factors that contribute to the longevity and success of Curamericas Global.

We are not only uniquely positioned to bring transformation to underserved communities by making measurable and sustainable improvements in their health and well-being, but we are also prepared to position ourselves as leaders in the global health-care sector.

Our driver to end preventable child and maternal deaths by 2035 is what moved Dr. Perry into action almost 40 years ago. And this is precisely the vision that fuels our daily efforts today.

Thanks to our local partners, staff, the board of directors, donors, and supporters, we are able to actively move our mission forward in clear, effective, and profound ways. The following are just a few of our milestones in 2018:

• Decreased maternal deaths by 83% in Guatemala and down to zero in Kenya.
• Decreased neonatal mortality rates by 30% in Guatemala.
• Ensured equity of health service delivery to more than 100,000 families in hard-to-reach territories.
• Empowered 551 public health professionals to focus on community health and well-being.

As we enact this ambitious vision, we will continue to stay rooted, motivated, and pursuant of a dream much bigger than ourselves — saving lives. The results are real, the stories of impact are powerful, and the hope and healing are tangible. Your support, involvement, and investment in our work matters; your impact is real.

With gratitude,

Andrew Herrera

A Message from Andrew Herrera
Executive Director at Curamericas Global

Dr. Dardo Chávez and nurse Mitma Clauere Alcocer, husband and wife, representing our Bolivian partners, Consejo de Salud Rural Andino. Photo by The Rosa Vera Fund.
DID YOU KNOW?

- Local physician and founder of Curamericas Global Dr. Henry Perry’s passion for service turned him into a global champion in providing hope through health. His ultimate purpose: ending the world’s suffering of preventable and treatable diseases. What is yours?
- The lifespan of a nonprofit is predicted to be six to 15 years. Curamericas Global celebrates its 36th anniversary this year. This success is due in great part to its proven methodology for sustainable health-care service provision, its long-term support, and low turnover rates among all levels of the organization.
- The founder of Mother’s Day in the U.S. was Anne Jarvis, a West Virginia native who started clubs to teach working mothers how to take care of their children. In 1914, President Woodrow Wilson officially designated the second Sunday of May as Mother’s Day on the national calendar. Curamericas Global has been celebrating and saving mothers since 1983.
- Curamericas Global opened a new Casa Materna in Guatemala. This is the fifth Casa Materna in the region and the eighth in the world.
- There are more than 100,000 Guatemalans living in the Carolinas. The Guatemalan Consulate in Raleigh asked Curamericas Global to partner with them to provide hope through health to the most vulnerable in this region.

Your Investment Brings Hope Through Health

By becoming a supporter of Curamericas Global, you are joining a group of compassionate and forward-thinking individuals who are dedicated to ending unnecessary deaths in the world’s most vulnerable population — mothers and children.

$28 provides access to life-saving medical resources for one mom and her family for a year

$84 supports a block (three families)

$140 helps a neighborhood (five families)
First Quarter of 2019: Highlights and Milestones
The end result: lives saved and communities transformed.

Our culturally adapted, community-based birthing centers have saved countless mothers and infants in Guatemala and Kenya. They provide women with vital health services during pregnancy, delivery, and postpartum processes. During the first quarter of 2019, we continued to see the development from Curamericas Global project sites and reached out to more communities in some of the most forgotten areas in these countries.

Guatemala

So far this year in Guatemala, we have continued to identify and deal with high-risk births, either through on-site intervention in our Casas Maternas or through referrals to higher-level care. We successfully dealt with multiple life-threatening complications for mothers and babies: for example, mothers with preeclampsia, mothers who were hemorrhaging dangerously, and newborns who were struggling to breathe.

We have also seen significant advances in identifying cases of malnutrition among children and the successful training of comadronas, traditional birth attendants. In addition, Curamericas Global finished constructing and opened our new Tocuian Grande Casa Materna, which will provide life-saving care to approximately 10,000 people in the region. We are continuing to train comadronas, educate communities in disease prevention and malnutrition, and form care groups in new coverage areas around our new Casa Materna.

Health outcomes achieved from January through March 2019 in Guatemala:
• Percentage of homes that safely treated and stored drinking water reached an average of 70% in the Tuzlaq Coya territory.
• In the San Miguel Acatán municipality, facility births continued to increase, reaching 69%.
• 77% of pregnant women in Calhuitz received four prenatal visits, 81% took prenatal supplements, and 72% received postpartum services within the first 48 hours of birth.
Kenya

In Kisii, Kenya, the first-quarter highlight was the scale-up of our Community Birthing Center, CBIO, and Care Group concepts in Iranda, an area servicing 31 communities and a population of 16,464. The KIKOP team has also rolled out a new digital census data collection method to better collect accurate baseline data that will guide our interventions going forward. With the help of Curamericas Global volunteer Ellen Libby, we are rapidly advancing our data system, moving from pen and paper to tablets and cell phones with data in the cloud. Furthermore, the KIKOP team educated all communities in the Matongo area of Kisii on preventative health behaviors. This includes malaria prevention, dehydration, nutrition, feces disposal, and WASH.

Health outcomes achieved from January through March 2019 in Kisii County, Kenya:

• 47% increase in Community Birthing Center-based deliveries this quarter compared to last quarter.
• 78% increase in pregnant women receiving health education.
• 36% increase in pregnant women referred for obstetric emergencies.

Curamericas Global hopes to expand upon the success achieved thus far in 2019 as we continue to partner with underserved communities to provide hope through health to millions of mothers and children.

Race to Save Lives

Run, spread the word, advocate, and be a champion for this year’s Curamericas Global annual fundraising campaign — the Mom-a-Thon!

Together with colleagues, friends, and family, you can help save the lives of hundreds of mothers who die every day from preventable causes.

In the third year of this campaign, Curamericas Global hopes to raise $400,000 by December 1. The money will provide health services and education for thousands of families year-round.

At Curamericas Global, each dollar you give is multiplied by seven through matching grants, the local government, and the communities themselves. In addition to being sustainable, this is an incredible return on your investment. The Mom-a-Thon is an incredible opportunity to inspire giving. Will you join us in this race to save lives?

To learn how to help Curamericas Global cross the finish line, visitrun.curamericas.org.
Reidsville doctor and his 12-year-old son recently journeyed to Central America with a group of area volunteers to spend 12 days working with Curamericas Global.

In late April, Zack Hall and his oldest son, Zack III, traveled to Guatemala on a mission to provide medical care and supplies at a maternal clinic in the country. The group was organized and led by Anna Brown, director of finance and marketing for Hall’s medical practice.

Curamericas’ goal is to build a sustainable, effective health-care program that empowers communities to save the lives of mothers and children. The Curamericas-Guatemala project is in one of the most isolated and impoverished areas of Guatemala.

Also attending were two nurses, assisted by 12 others in providing all types of services and care. They documented all the women and children in the area in a format similar to a census, recording the information on maps. They also worked in medicinal gardens, landscaped, and organized the supplies and medicine the team took. In addition, Hall taught classes to the Guatemalan nurses.

“One of the big things I taught was the proper use of medicines,” he said, explaining the local nurses had not always used medicines properly. And they don’t always have what they need.

“I was seeing a gentleman in the clinic, and when I checked his sugar, it was 570 (normal is 126),” Hall said. “We didn’t have any insulin to get that down. He had some pills, but they were ineffective.”

They were based at Curamericas’ main site in Calhuitz, a small community with a population of about 1,200. From there, the volunteers traveled to four other Casa Materna facilities, the farthest, a two-hour drive. Hall said the area is known as the Death Triangle because of the high maternal death rate. The local group has partnered with the clinic for about 15 years, the doctor said.

“Through this organization and Casa Materna, they have been able to ... lower child mortality and maternal death rates,” Hall said.
“Initially, I thought it was going to be like a maternal/fetal health clinic to serve females, but we treated anybody who came in,” Hall said.

The only thing Hall said he regrets is that he didn’t get to deliver any babies. For the workers, days started at 5:30 or 7 a.m. and usually ended at 5 or 6 p.m. with short meal breaks.

“We didn’t have to skip any meals—that was good,” said Hall. “They always sent us out with peanut and jelly sandwiches for snacks.” Unfortunately, Zack III can’t eat peanuts, and his father doesn’t eat bread. Hall came up with his own PB&J corn tortilla (“It wasn’t too bad!”) while Zack III devoured snack bars.

At 4:30 every morning, a bus to pick up the migrant workers came through the small town with a huge loud speaker blaring. The sound “could wake up Reidsville,” Hall said.

Then, at 5 a.m., a village donkey began braying, and just as they were getting back to sleep, the hundreds of roosters in the neighborhood started their morning chants. The final alarm came at 6 a.m. when the bells on the town’s only church began tolling.

Less than 1,000 people (including the migrant workers) live in Calhuitz. The village had no school, but some other towns had little buildings that served as elementary schools. Hall said the most distressing part of the trip was the unsafe water. At their facility, they only had running water for two hours. It wasn’t all fun and games for the youth. Zack III went on some home visits with the medical teams that went out and talked to new mothers about nutrition and newborn health.

On Good Friday, the townspeople laid carpets made from sawdust over the cobblestones in the streets. Bright colored religious paintings portraying Jesus, the Virgin Mary, Pontius Pilate, the disciples, and others covered the carpets. That night the people paraded over the carpets, carrying handmade figures depicting various scenes from the last days of Christ and his crucifixion.

In early May, the group returned to North Carolina already making plans to return next year. Hall is a native of Durham where his father, Dwight, worked with The American Tobacco Co. and mother, the late Dianne Sacrinty, taught at Northern High School.

In addition to Zack III, the Halls have two other children, Bill, 10, and Miriam, 8. The children are homeschooled. The family attends Woodmont United Methodist Church, where Hall sings in the choir. Zack and Rachel Hall are leaders of Cub Pack and Boy Scout Troop 320. Recently, the couple completed the inaugural Neighborhood Seminary, a two-year-certificate Duke Divinity program.
Curamericas Global partners with underserved communities to make measurable and sustainable improvements in their health and well-being.

Your gifts make a lasting impact on the health of communities around the world. Thank you for your support!

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Ways to Actively Save Lives

“It has been my dream to reach communities around the world where health care is practically non-existent. My greatest satisfaction comes out of realizing what has really been accomplished over nearly 40 years, in terms of the number of people reached, the quality of programs that we’ve had, the number of lives saved, as well as the number of lives that have been transformed.” — Dr. Henry Perry

You can save lives. You have the ability to bring hope through health to women and children living in remote communities. You can make a difference. Help create a world free of suffering from treatable and preventable causes through a donation of time, goods, or funds:

- Participate in volunteer trips to high-need communities in Guatemala. Learn more at www.curamericas.org/international-volunteer-trips/upcoming-trips.
- Donate supplies for Casas Maternas in Guatemala, such as baby clothes and medicine. Learn how at www.curamericas.org/ways-to-give.
- Make a charitable gift through the “Hope Through Health Endowment” and ensure the Curamericas Global mission and impact is sustained for generations to come. Learn how you can make your contribution a living memorial by contacting Andrew Herrera at andrew@curamericas.org.
- Consider Curamericas Global as part of your legacy giving. Your estate and philanthropic plans can save the lives of the most vulnerable around the world. See how at www.curamericas.org/leave-a-legacy.