

The Way They Held *All* the Babies

by

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The Story of Family to Family

Excerpts from the Quarterly Newsletters

1975 to 2007

Xavier University

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Dear Friends,

We have been out of touch with many of you for some time. We've kept pretty busy over the last few years and letter writing seems to fall at the bottom of our list of things to do. So we decided a letter to all was the best answer. For some of you, parts of this may be repetitious.

After working for nearly three years as house parents in a group home for six teenagers, in September of 1973, we went to Saigon with our son, Paul, who was then twenty-two months. There we started and ran a nutrition center for malnourished infants and preschoolers for a private charitable foundation. When fully expanded, we cared for one hundred children in two centers. Many of them really belonged in a hospital, but most of the kids were orphans and there were few hospital beds available for orphans. It was challenging, heartbreaking and rewarding work. Diane was responsible for all the medical and routine care, which meant being on call twenty-four hours a day, while Tom took care of the administrative end. We hired inexperienced village women and trained them to a level somewhere between a nurse-aid and a practical nurse.

During our nineteen months in Saigon, we adopted two abandoned children, Christopher and Marie. We got both of them within a few days of birth and it was touch and go for both of them in the first couple of months. Marie was born premature and with no left arm and a partial right upper arm ending in one finger.

In April of this year, we left that work, with another American nurse to run things. Unfortunately, she had to depart three weeks later because of the imminent take-over by the Communists.

We are now living in the Philippines. Tom is teaching at a Jesuit University and Diane is doing volunteer public health nursing. Much to our surprise, the Philippines is in worse shape than South Vietnam in terms of malnutrition and medical care. A large majority of the people are extremely poor and living on barely the subsistence level. Malnutrition, anemia and tuberculosis affect over half the population. Of course the children are the ones most seriously affected.

We have begun in a small way to try to help. We are supplying high protein food, primarily milk, to children whose weights are below sixty percent of the Philippine normal. At present, we are only helping a handful, but many more need help right in our neighborhood. In January, we plan to set up a feeding center to provide help to more children and be sure the food gets to the child intended. This will also provide a means of giving comprehensive medical care and follow-up for the child and his whole family, as well as nutrition education for the mothers. Our niece, Cindy, recently arrived from the States, and

she will be helping us with the day to day running of the feeding center. We will start with twenty-five children (and initially it will be on our front porch) but hope we will be able to enlarge gradually. We are aided in our present work by donations from friends and relatives, many of whom had been supporting our work in Saigon. Eventually, we intend to form an organization to support our work and, unless you know of one that already has the same name, we will call it "Family to Family"

We rent a house right on the beach, where Paul, now four years, and Chris, now two years, spend many happy hours in the sea and sand. Marie is finally walking at twenty months. And we were very fortunate to be able to get a prosthesis made for her right stump. So she now feeds herself as well as most kids her age.

Just the day before Thanksgiving, our family was joined by two new additions: a four and one half month old abandoned boy and a one month old girl whose mother died. The boy seems fairly healthy, but the girl has marasmus (severe protein/calorie deficiency) and weighs less than she did at birth. Both will be our foster children until the Department of Social Welfare makes a search for their families. If that fails, we will adopt them. They will be named John Joseph Palmeri II, after Tom's father, and Monica Anne.

So we have much to be thankful for this Holiday season.

P.S.

We were told just today that Monica Anne's aunt was found and will be coming to take her home. Yesterday, Cindy took a picture of Tom holding her and it reminded us of a similar picture that someone took of Tom holding Marie before we had decided to adopt her. Later, when we said we were adopting Marie, some people in the States said they weren't surprised after seeing the way Tom held her. What they didn't quite seem to realize is that that's the way we hold all the babies.

Spring, 1976

We began the Feeding Center program officially on Jan. 13, and it has been going quite well. We originally planned to take kids only up to age six but many families with malnourished preschoolers also had malnourished older kids so we have taken in some of the more severe older kids up to about ten years in the hope that by helping the whole family at once the results might be more permanent. Almost all the older kids have primary TB, which is probably the major cause for their malnutrition. We have had three kids with kwashiorkor (severe protein deficiency with adequate calories), all much worse than any we saw in Saigon. They really belong in a hospital, but the Mal-Ward at the local hospital had only ten beds and is usually full. And the diet and medical follow-up we provide is probably better, since the hospital does not have sufficient funds to provide what the kids really need.

Diane just did a dressing change for a child named Amelisa. She is eight years old and weighed thirty-two pounds in January when Cindy, who manages the feeding center, first saw her. We were inviting her one year old sister to participate in the program because her weight was less than half of normal for her age. At that time, Amelisa had a large open sore on her side and arm, the result of a second degree burn she got in late November when her dress caught fire as she leaned over a kerosene light (without a glass shield). She had spent a month in a private hospital, after which her parents brought her home, probably because they had no more money. Her father makes eight pesos a day (\$1.10) as a telegraph operator. But now the five hundred plus peso hospital bill is being gradually deducted from his pay.

Well, her burn looked as if there had been no healing at all and was so infected that the sight and smell nearly made Diane sick. After an involved conversation, she convinced the parents to rehospitalize her at the government hospital where we could arrange for free care with the promise that Family To Family would supply all the needed medicines. (You can get free hospital care, if there is room, but the patients have to supply all the medicine. You can literally die if you can't pay for IV fluid.) So Amelisa spent almost two months in the hospital and we provided three cups of milk and two eggs daily. She was discharged about two weeks ago with the burn nearly completely healed, but she still has to go for a dressing change and debridement every other day. But today was a legal holiday and so the hospital is only open for emergencies. So we fixed her up here. She and the one year old and a ten year old brother all come for the two meals daily. They all have primary TB and so does a three year old brother who is much healthier.

Amelisa has quite a contracture between the side and the arm and will need surgery later on to correct this. The first day she came here after discharge from the hospital she was so happy she just hopped and jumped around, grinning from ear to ear. I doubt she would have survived if she had gone on the way she had been.

Unfortunately, there are others who haven't gotten help in time. One afternoon, Diane was at the hospital emergency room getting a boy admitted because of a collapsed lung. While there, a father brought in his three year old son, unconscious from diarrhea for less than twenty four hours. After the father had gone out to a nearby drug store to buy IV fluid,

tubing, and needle (costing about twenty pesos), the doctor decided to try sodium bicarbonate IV but the father had only nineteen pesos left and it cost twenty nine. Diane gave him the rest of the money he needed, but the boy died later that evening. It might have been cholera, but also might have been lack of parents knowing how to handle diarrhea, that is, to replace fluids and not wait until the child is unconscious to seek medical help. Of course, when you have no cash on hand it's hard to get medical help.

This is one topic we are covering with all the mothers. Each mother helps with the food preparation one morning or afternoon each week. And during this time they get a lecture from our Filipino nutrition aide. A new topic is covered each week. All are about basic nutrition, economical foods that provide protein, vitamins, and iron, and methods of food preparation that maintain the nutrients. Their diets consist almost entirely of corn or rice and dried fish. If we can just get them in the habit of adding dark green vegetables, many of which are inexpensive or can even be gathered where growing wild, they would have plenty of vitamins A (which is one of their serious deficiencies here) and a good amount of calcium and iron. (Anemia is also a very serious problem, usually in conjunction with hookworm and/or multiple pregnancies.) Hopefully the combination of lectures and seeing the children improve on the diets we recommend will convince them.

July 25, 1976

As we move further toward becoming formally organized, we think it time to share with you some idea of where we stand and what we intend Family to Family to be like.

With regard to our understanding of Family to Family, it can perhaps best be summarized by saying that we would like Family to Family to be the reverse of what we have known most other charitable organizations to be. Specifically, we want it not to grow large but to remain small, in part so that the expenditure of its funds can remain under our personal supervision. Nor are we concerned that Family to Family itself continue to exist; we see it not as an end in itself but exclusively as a means and a vehicle. Our expenditures will be kept well within our income and proportionately reduced or expanded in line with current income. Moreover, we are very concerned with how our income is raised. We have no interest in "getting money out of someone" who does not really want to give it. The needs of the people, in even this small area where we work, are a bottomless pit and no amount you could ever give could completely eradicate them. And we recognize that all of you have only limited funds at your disposal and many other important and worthwhile things to use them for. All we wish to accomplish through Family to Family is to provide those of you who are interested in helping others with a way in which you can do it without having half of your money go off into stateside administrative expenses. The only administrative expenses we have, or intend to have, are the cost of the postage to let you know what we are doing and to thank you for your help. We will continue to exist as an organization for as long as you wish us to and for only that long.

The above information is important but dry; so let us conclude this section with an incident that "tells the tale." Not so long ago, two little girls who are now in the feeding program were brought here by their mother for the first time. They were both wearing old but clean dresses, undoubtedly the best they had. When Diane attempted to examine them, she found it impossible to remove their dresses. The snaps had fallen away long ago and apparently there was no money to replace them. So to let them look their best, their mother had sewn them into their dresses. In spite of their many hardships, even the poorest of the poor are not without their pride.

* * *

The feeding program is now handling thirty-five children from four months to thirteen years old. Renardo's mother brought him to us at three months, weighing seven pounds, fifteen ounces, because he cried all the time and had a skin infection around the face and neck. He was born weighing four pounds, one month premature, along with a twin brother who died shortly after birth. His mother was giving him only twelve ounces of one-fourth strength milk daily – no wonder he cried all the time. Now we are providing cereal, egg yolk, and twenty-four ounces of infant formula daily. Since he is her first child, his mother needed a lot of guidance on feeding and other aspects of infant care. Renardo's father works as an upholsterer for twenty pesos (\$2.65) a week, but sometimes less since they don't

always need him. Their rent is twenty pesos a month. This leaves less than sixty pesos (\$8.00) a month for food, clothing, firewood, etc. And to give Renardo the cheapest milk available would cost over seventy pesos a month, which is why we urge all the mothers to breast feed their babies. Renardo now weighs ten pounds, five ounces, and is full of smiles (so is Mama).

Raul, who is years, came to us in May weighing thirty pounds, six ounces, (our Paul at four and one half is only four inches shorter and weighs thirty-eight pounds). He was very lethargic and dull looking. He had a skin infection on his face and thick, black, deformed finger nails, both due to fungus, and both of which had developed when he was three years old. He also had a chronic eye infection and chronic cough. We sent him immediately to the doctor and she found he had pneumonia and perforated ear drums.

Raul's eyes are completely cleared now and not only that, they are bright and alert. We are treating him for the fungus infection of the nails, which will have to continue until the nails grow completely out. Then he will no longer have to hide his hands in shame. And, best of all, he's back in school. This is the third year he has started in first grade, but he was never able to stay in for more than a month or two before because he was too weak and sick.

We have moved the feeding center to the Barrio Hall, one block away, which is a more central location for the families and will enable us to involve the mothers more in the preparation and clean-up. Also we hope to thus involve more of the barrio residents in the project, perhaps even getting them to start a vegetable garden to supply the feeding center.

We now send all of the children to a private pediatrician, Doctora Kho, who is quite good and very concerned about the children. Most free clinics have rotating doctors, so the patients are seen by different doctor each time. And the physical exam frequently is no more than a brief listen to the chest. It's a relief to have a doctor who really examines the kids and whose medical skill we can trust. She gets to know the child and his whole family situation, so that problems can be dealt with realistically. She volunteered to provide her services at half the usual fee and frequently gives drug samples, especially the expensive antibiotics.

We are also planning to move to a slightly larger house in the same barrio in about two months. There we will begin providing complete live-in care, initially for up to six abandoned newborns. The abandonment problem is very small in comparison to Vietnam. But there is only one orphanage in all of Northern Mindanao and it has a waiting list for infants. So children abandoned at hospitals, frequently have to stay there in the newborn nurseries for many months. Some hospitals lack sufficient staff and funds to even provide adequate physical care. And others that can meet the physical needs recognize that they are totally unable to meet the emotional and developmental needs of these babies.

We will provide such care in short term situations, such as family crises, and in situations where no family can be located we will continue the care long term. These children too need a second chance at life, and a life that is more than a propped bottle and a diaper change. Many thanks to those who are making this possible.

November 30, 1976

As the year comes toward its end, we want to share with you the progress of the children and our work with them. Although we were unable to move into our larger house until October 13, we began taking foster children in September 1. The first was a one-month-old baby girl, weighing four pounds, twelve ounces, suffering from severe marasmus due to feeding problems as a result of her bilateral cleft lip and palate. Her young unmarried mother couldn't support her. She had no name, so we named her Monica. She also had a draining ear, skin infection and chest infection at the time we received her. We were really afraid she might not pull out of it. But she has made beautiful progress, gained five pounds in the first seven weeks, smiles and coos, and is now chubby with a double chin.

We have contacted a plastic surgeon on Manila, who will repair Monica's lip as soon as her ear stops draining. It will be expensive (\$400.00), but worth it for her to have a good cosmetic result. We could have the repair done here in Cagayan, but not until she is one year old and the results I've seen are quite bad. Later on, when she is two years, the palate can be repaired, an even more expensive proposition, but very important in terms of her speech.

Two days after Monica, we received two brothers, Ken, two months, and Ralph, seventeen months, for temporary placement, while their mother tried to rearrange her life after her husband abandoned her and their seven children. The oldest five children were placed at an institution which accepts only children over three years. (This is one reason we chose to take children in the newborn to three years range.)

Ralph was quite malnourished and had primary TB. During his two months with us, he gained four pounds, lost several dozen round worms, learned to feed himself and drink from a cup, started walking and began treatment for his TB. He came a crying, lethargic baby and departed a smiling, independent toddler.

Ken arrived a fairly healthy nine pounds, ten ounces, but had a severe eczema due to an allergy to cow's milk. We began him on soy milk formula, but in few days he developed diarrhea, probably due to amebic dysentery. (We suspect Ralph brought the ameba with him, but before it was all over, Chris, Jay-Jay, and Monica all developed it) Ken had to be hospitalized twice in a total of two and a half weeks because of severe dehydration caused not only by ameba, but also by his allergy even to the soy milk. We finally decided to see if we could get a mother to breast feed him. And that quite literally saved his life. After he was discharged from the hospital, the breast feeding mother came five times a day to feed Ken and he gradually began to gain back the weight he had lost.

At the end of two months, Ralph's and Ken's mother took them to the home of her husband's family, who had agreed to help her raise the children. And fortunately her sister-in-law had just had a baby and had plenty of milk for her own baby and Ken. So the future looks much better for these two boys.

However, all our children don't have such a happy ending to their stories. Raul, the thirteen year old we mentioned in our last letter, has continued to have many problems. We were so pleased that he was back in school and finally going to complete first grade. Well, he was playing with his classmates and fell down a hill and broke his right leg. So he missed two months of school and after the cast was removed he refused to go back to school. He also developed an allergy to the drug we were giving him to clear up the fungus infection on his nails, the only drug effective for his problem. So he will just have to live with those nails.

We sent food home twice a day while he had the cast on. But after it was removed he only came to the feeding center occasionally despite all our urging with him and his mother. His weight dropped to thirty-three pounds, three less than his admission weight. It seems that since Raul has always been sickly he has been quite spoiled by all the family and his mother will not insist that he go back to school or come to the feedings. Last week Diane talked quite frankly with Raul and his mother and told them he is going to die if he doesn't get a better diet. She also explained we wanted to start him on treatment for TB because we found out his father has TB. But she added that she would not start to supply the isoniazid unless the mother showed enough interest to get him to the feedings, since she will have to give the isoniazid every day for at least one year. Since then Raul's attendance has been better, but we don't have much hope for him.

It's unfortunate, but not all the children we meet can be helped. We have to take our share of sorrow with the joys.

On the brighter side, our niece, Cindy, as a result of her work with the feeding program here, has decided to go into nursing when she returns to the States. Since she won't be able to enter a nursing program until next September, she has begun volunteer work in the emergency room of a hospital here to get some added experience. She's learning a lot. When she came, she didn't even like to look at a needle and now they've taught her to start an intravenous.

Unfortunately, Cindy came down with typhoid fever about a month ago. It was a rather atypical case without much fever and as a result took two weeks to diagnose. Once we knew what it was, we had to keep her isolated for one week, not much fun for her. She actually spent over three weeks in bed. But now she's feeling much better again and is back at work.

After her typhoid was cleared up, we began taking in more foster children. Last week, Edgar, six weeks, six pounds, and Lovelyn, six weeks, five and one half pounds, joined us. Both were abandoned in the newborn nursery of a local hospital. And both are malnourished and quite anemic. Edgar had amebic dysentery while in the hospital (they had an epidemic in the nursery which killed two babies), so he has lost weight since birth. Neither of them cried much at first even when they were hungry, but now they have the idea and make about as much noise as the rest of the gang. Monica looks huge compared to Edgar and Lovelyn and it's hard to believe she was even tinier than they are.

Our own gang is doing fine. Paul now takes Chris to school with him. Marie wanted to go too, but that will have to wait until next year. She goes up and down steps now without any help and writes on a blackboard with her toes holding the chalk. Jay-Jay is a husky, rambunctious toddler.

They all love holding and feeding Edgar and Lovelyn. (Monica has to be fed with a great deal of care and a special nipple. Before we got the nipple we fed her with a medicine dropper.) Jay-Jay and Marie need a good bit of help with the holdings and Chris only lasts about thirty seconds and then says "All gone, Mom". But Paul sometimes feeds Lovelyn the whole bottle, burping and all. We are quite pleased that our kids are able to share their joy and live with these abandoned or temporarily homeless babies. Though there will be no snow here this December, the tropics have not proved to be a very bad place for the children to learn what Christmas is all about.

May the joy of Christmas give you peace throughout the coming year.

April 1, 1977

We've had a busy start for 1977. Monica and Diane went to Manila for surgery in January. The operation involved removal of part of the protruding bone and closure of the lip. It was successful, but she will need additional work on the lip and at least two operations to repair the palate. We will return in July for closure of the soft palate. Monica came through it all beautifully, but became temporarily "spoiled" since Diane couldn't let her cry. She is now fifteen pounds, sits up fairly well, and is very happy baby full of smiles for everyone.

Edgar and Lovelyn are also chubby and sporting double chins. Edgar is quite placid and loves to "talk". But Lovelyn is quite tense and insecure. We've come to the conclusion that she needs one mother, not four (Diane and three helpers). Despite the fact that our foster children are cared for in our own home equally with our own kids, we realize that with so many infants we really are small institution. We've been giving Lovelyn lots of extra attention and that seems to be helping some.

On January 26, we took in Bobby, three years old and eighteen pounds, who had essentially been abandoned by an aunt at the malnutrition ward of a hospital. Besides being near starvation, he had severe primary complex TB with a large swelling of the neck glands, draining ear, amebic dysentery, severe anemia due to hookworm (which sucks the blood in the intestines), and early signs of rickets. And he looked and acted just as bad as all these exotic diseases sound; arms and legs like sticks, almost no hair, big stomach, poor appetite, lethargic, barely able to walk and very irritable. Tom was afraid to pick him up for fear of breaking something. After a week, we finally found a healthy blood donor and Bobby received a transfusion that really brought him to life. He began eating, playing and smiling, the surest sign there is that a child is improving and therefore always a great thrill for us. Bobby has now gained five pounds, has a new head of hair, plays with the others and eats almost constantly. He's still a pretty appalling sight but we think he looks much better. His road to recovery is going to be a long one indeed. Fortunately, he seems very secure and is enjoying life again in his new home.

We feel that providing foster care for children like Bobby is much more fruitful for the individual child than what we do in the feeding program. There we must rely heavily on the mothers' understanding and acceptance of diet, drug therapy and prevention of diseases. Some of the mothers will do anything to help their children, but others either find it difficult to participate in the program or just don't care. We recently heard that two babies whose mothers had stopped bringing them to the feedings had both died. There had been no deaths of children who have continued in the program. To attack this problem, we have adopted a new approach. Beginning in March, instead of having the mothers come with their children to the Barrio Hall, we set up four sub-centers right in their own neighborhoods. We had found that many mothers could not participate because they had two children who would have to be carried to the Barrio Hall or there was no one who could watch the other children at home. So now the food is cooked at our house and taken out by the mothers for distribution at the sub-centers, only a few steps away from their homes. And each mother is

assigned to pick up the food only one day a week. We are in the process of setting up two more sub-centers in neighborhoods a little further out and we are increasing the total number of children served to fifty.

The sub-centers make participation in the program less difficult for the mothers and also give them more responsibility because it really depends on them. And they have the added advantage that Luz, our nutrition aide, and Diane now know and visit the homes of every family. So our teaching and planning with them can be more realistic in terms of their living situation and their most urgent needs.

As a final note, Cindy departed in early February and will be entering a degree nursing program in September. We hated to see her go and are grateful for all her help.

July 11, 1977

Our family has grown to ten since the last newsletter. On Good Friday, we took in two sisters for temporary foster care. Their mother had come to us seeking admission to the feeding program, but they were in critical condition. Helen, age five, weighed twenty-four pounds, two ounces, (normal for a two year old) and was too weak to walk more than across our front porch. Marlin, age three, weighed eight pounds, twelve ounces, and couldn't even sit alone. Both girls had amebic dysentery, primary complex TB, and chronic bronchitis at the time. A few weeks earlier, their mother had moved to Cagayan from Camiguin, a volcanic island across the bay. Her husband had died of TB a year ago. She had been bringing in a meager income while the grandmother looked after the girls. Then in January the two girls came down with measles and lost a lot of weight. In February, the grandmother died and their mother had to stop her work in order to care for them.

They came to live with relatives in Cagayan, but the relatives are too poor themselves to provide more than a little food. The girls had been hospitalized but at the end of a week the mother was told to pay up the medicine bill, and since she had no money, she took the girls home.

Since it was Holy Week, the greatest religious holiday time in the Philippines, during which all business comes to a halt, we knew it was unlikely that we could find any help for the family. So we decided to take them in. Their mother stays all day to care for them and gets her meals. The social worker is now working on getting their mother a job so that when they are improved she will be able to take them home and support them.

It was obvious that they hadn't even been getting enough rice to fill their stomachs because for the first few days they fought over each others' food. But they soon realized there would be plenty for anyone. Helen made rapid progress and is now thirty-six and one half pounds. She looks like a completely different person—so much so that the doctor's receptionist thought I had a "new one"; she swims, rides the tricycle and swings all day.

Marlyn has been very slow in her progress. In fact, the doctor had little hope for her survival despite the medicines for all her infections, special milk, vitamin injections and six meals a day. She is up to twenty-two pounds now and finally began smiling after six weeks. She walks, plays on the swings, etc. But she still has constant diarrhea because her system just can't digest the food properly. She is a spunky one, which also translates into being rather spoiled, so we have to do a lot of cajoling to get her to eat, but we're sure her spunk had a lot to do with her survival. Both girls will go into the feeding program once they leave here. It's a joy to see them smiling and playing; and the smiles of their mother too.

* * *

School started in June. Paul is in Grade I at the Chinese school. And at the school across the street from us, Helen is in kindergarten, and Chris, Marie and Bobby are in nursery. They were all thrilled to go. It's really quiet with only five left at home.

And we have extra help over the summer. Lenora Hudson is with us, organizing play activities and giving lots of extra attention to the babies, especially Lovelyn. Lenora was a missionary in Japan for twenty years and now teaches in a school for retarded and emotionally disturbed children. Every summer she goes overseas, at her own expense, to work with children. She will take over things while Diane is in Manila with Monica at the end of the month. We are certainly grateful for her help.

Lovelyn still shows some signs of emotional stress, but she is our star performer—crawling, sitting up, standing and walking in the walker. Edgar crawls and sits and is the only one who can boast of a first tooth. Monica is quite far behind in development; she doesn't crawl, and sits with difficulty. But her babbling and imitation of sounds are quite normal, if not advanced. So perhaps it is just slow muscle development, partly as a result of her complete contentment. The only time she ever cries is when she is in pain.

* * *

The feeding program is running well, although the almost daily afternoon rains make for more difficulty. Many areas of the Barrio are flooded. In fact, some of our families' houses are now standing over water, which is why the houses here are usually on stilts. Of course, all the water brings its share of sickness. The whole town is in the midst of a flu epidemic, including many of the feeding center kids and seven of our gang.

We are presently awaiting final approval from Catholic Relief Services to take in older children. We are technically to accept only children up to age five in the regular Mothercraft Program, but since we find many severely malnourished above five, we have applied for a special program for those children who really won't get help otherwise. One such older child is Ophelia. At nine and one half years, she weighed only thirty-one pounds, five ounces, normal for a three year old. After three months in the feeding, she has gained six pounds, which is a good start, but she still has a long way to go. She also has Primary Complex TB, as do most of her eight brothers and sisters, but they were apparently better able to fight it as she is the only one who is so malnourished. Her father is a carpenter but does not have a regular job. And their mother tries to supplement their meager income by collecting a form of shell fish from rocks at sea. She then goes through the tedious process of removing the edible portion (only a tiny piece in each shell) and takes it to Chinese restaurants to sell. The shells are piled up beside the house until there is enough to sell by the kilo. When we get the final approval for such older children our feeding center capacity will go up to sixty children.

Nov. 3, 1977

We have some very bad news for you. Oct. 26, at 11:30 in the morning, Lovelyn, the one year old abandoned baby girl for whom we have been providing foster care since she was five weeks old, drowned in the fish pond right in front of our porch. Diane had gone shopping for an hour, Tom was in our room, Jean was in her room (just off the porch), Erlinda was in the kitchen (just off the porch), and Fading was on the porch with the children. Lovelyn was in the Johnny Jump-Up and, as we have never known a baby to ever get out of one on its own, could be presumed safe. Fading walked out into the yard to get some clothes off the line. When she returned, she did not see Lovelyn and assumed someone had taken her inside the house to change her diapers. When she finally realized Lovelyn was missing, she looked for her and found her floating in the pond. Tom was out of his room within a minute and after a few seconds of trying to do what he could, he rushed her directly to the emergency room of the nearest hospital. He never had any response from her at all and believes she was dead before she left the pond.

With regard to the pond, before moving into the house we had it criss-crossed with pieces of wood so that no one who stumbled near it could fall in. As the little babies were getting near the age to crawl, we became concerned and had the wire mesh nailed onto the wood to cover the openings. But the pool has an irregular shape and is edged with slate. A few places were left where the wooden frame was not flush with the edge and the extending wire, on the side near the slate, was not nailed to anything. The openings hardly looked big enough and we never perceived them as a danger, but they were. Obviously no one saw what happened. All we can assume is that within a few minutes Lovelyn got out of the Johnny Jump-Up and crawled several feet to an opening just large enough to let her fall in.

We do not think any of the children younger than Paul really grasps what has happened, but with Paul it is very difficult to say and very frustrating. He can talk intelligently concerning it and yet seems completely unmoved and cold. Perhaps he has seen so much death and so many babies come and go that this is how he protects himself. God help him if it is. Tom had a long talk with him and then later Diane covered the same ground. Finally he asked her, "Will Lovelyn's Mommy come to get her?" Diane said, "No, Lovelyn didn't have a Mommy." Paul thought and said, "Was she ours?" Diane answered "Yes, Paul, she was ours."

And so it will always be. Ours alone. One more baby that no one wanted and that even we, this time, cared for too poorly.

We find it very hard to write just now. Our sorrow makes even the simple everyday activities seem difficult, both physically and emotionally. But we will continue; there are still many children depending on us.

Feb. 24, 1978

The feeding program is going well. However, even here, the weather has been unusually cold and so many of the children have been sick. Moreover, three of the feeding center children have special problems that require medical care beyond what we usually provide. We told their mothers we would try to get sponsors to meet the costs of their surgery and treatment.

Judiliza is almost seven years old and was severely undernourished when she started in the feeding last July, weighing twenty-seven pounds. Her left forearm and upper arm are joined together by a large web of scar tissue as the result of a skin infection which progressed to gangrene because of a too tight bandage at the age of one year. Her arm is presently held at a right angle by the contracture, but as she grows (scar tissue doesn't grow), the contracture will become tighter until her wrist will be near her shoulder. She has gained five pounds and is ready for surgery now.

Some of you may remember Amelisa, who started in our feeding program two years ago. She was discharged last May. She is now ten years and also has a contracture that needs surgery. Hers was the result of a burn when her dress caught fire. The contracture is between her right upper arm and her side, and prevents her from raising her arm. Also, as a result, her right shoulder is held much lower than her left, which will eventually cause a permanent curvature of her spine.

There is a local charitable organization that tries to help in cases like these. They can arrange for free hospitalization and the free services of a surgeon. And they try to find local sponsors for the medicines (anesthesia, IV fluid, antibiotics, bandages). However, they are having trouble finding sponsors for these two girls (Amelisa has been waiting since May, 1977) and both girls should have surgery as soon as possible, for medical and psychological reasons. The cost for medicines for each girl will be \$30.00.

Joseph's problem is more severe and urgent. He has been in the feeding two years but gained only six and one half pounds and is presently forty pounds. at ten years. Diane thought his poor progress was due to his severe asthma, but we recently found that his primary complex TB has reactivated with TB pneumonia. And at the same time, we found he has osteomyelitis (an infection in the bone) in two of the bones of his right foot. His treatment really couldn't wait without taking a chance on his eventually losing his foot. So he has already had three weeks of continuous IV antibiotics and surgery to remove all the build-up if infected and inflamed tissue. The cost to date is \$150.00. An X-ray at the end of the month will tell us if he is improving.

As an added note, Joseph's mother worked with us, caring for the kids, until one month ago when a routine X-ray showed she has active TB. Since there is no free TB treatment here unless the patient has positive sputum, which she doesn't, we are providing the drugs for her and preventive drugs for her husband and two other children. We felt so bad having to give her so much bad news about herself, Joseph, and her job, all within a week.

Her husband earns the minimum wage, \$1.33 per day, as a stevador at the pier, but the work fluctuates with the amount of shipping.

We have had some additional help with the feeding program. One of the government requirements for college graduation is 120 hours of volunteer service in the Youth Civic Action Program (YCAP). And we now have a steady flow of YCAP volunteers from Xavier University. They help the mothers with food preparation and go out with them to the various feeding sites to supervise the distribution and check on illnesses, etc. Not only do we get some help from them, but they learn how the poor really live. They get to see them as individuals, some sincere and responsible parents, and others just the opposite. And the students learn about nutrition. One girl said about Helen and Marlyn; "I thought their case was a hopeless one, but in a few weeks I saw them improve right in front of my eyes. I never realized how important a proper diet is to good health." It's not only the poor who need to be taught about nutrition.

* * *

Our family has been busy. We took in two new foster children in December. Juliet, age seventeen months, weighed thirteen pounds, four ounces, when we first saw her. Since her condition was critical, with kwashiorkor, pneumonia, eyes swollen shut from damage due to lack of Vitamin A, and the usual ameba and primary TB, we arranged for her hospitalization. One week later, she came to us for temporary care while her mother tried to get job training in order to support her. (Her husband had deserted the family two months earlier.) Juliet made rapid progress. Fortunately, there was no permanent damage to her eyes. She was soon feeding herself and walking again. After five weeks, her father returned and the family was reunited. Both parents realized how very close they had come to losing their daughter. Before her discharge, we had Juliet's mother visit at meal times so that she could see how eagerly Juliet ate the foods we advised her to give her at home, especially the vegetables to prevent a recurrence of Vitamin A deficiency. Juliet left weighing eighteen pounds with a big smile and beautiful bright eyes.

A few days after Juliet's arrival, Sam joined us. His unwed mother had arranged, even before he was born, to give him up for adoption. We took him from the newborn nursery at five days, four pounds, six ounces, and immediately found he had amebic dysentery in addition to his cleft lip and palate, and pre-maturity. His condition worsened despite ameba medicine and three days later we took him to the hospital. Tom, Jean, or Diane stayed with him constantly, but he continued to go downhill despite all the efforts of our doctor. We think he had severe brain damage and/or a congenital fistula between the trachea and esophagus. He was a pitiful sight with tubes for IV, oxygen, and feeding all in him at once. And it was all the more heartbreaking because after a few days we knew he wouldn't live. On Dec. 20, after listening to his gasping breathing all night, Diane stepped to the door of his room and looked out at the sky. The sunrise had painted the clouds a bright pink in contrast to the bright blue background, and she thought to herself: what a nice time to die with the sky looking like that. She turned back to little Sam and found him peacefully dead. He was with us only eleven days, but he will always hold a very special place in our heart

June 12, 1978

Our Jay-Jay, almost three, and Monica, two, are now legally adopted, which with Paul, six and one half, Chris, four and one half, and Marie, four, brings us to a total of five. And we presently have five kids in foster care: Bobby, four and one half, Jun Rey, two, Montesa, about two and one half, and Marguerita, three months.

Montesa came in early March, after one month in the Mal Ward where she was abandoned by the relative who brought her there. She had kwashiorkor, Primary TB, ameba and chronic skin infections. She really didn't look too bad, in fact almost chubby, which is common with kwashiorkor as it is caused by an extreme lack of protein, while the calories are adequate or even excessive. Beneath that chubby look was almost no muscle, so that even walking was a real effort. Her muscle strength has improved, but she still has a terrible time with eczema and repeated skin infections. Our doctor suspects she may be deficient in immunities, so she has started a trial of gamma-globulin injections, which does seem to have cleared up the infections, but the eczema is still almost constant. It must be due to some food allergy that we haven't tracked down. Tess was very quiet at first, but she now plays and laughs with the other kids. But she has been very slow to warm up with us. She seems to understand us quite well, but seldom talks, even to ask for food. It is difficult, not knowing what emotional scars she may have.

Marguerita, abandoned and nameless, came in early April, after one month in the newborn nursery, where she had ameba and thrush, a fungal infection of the mouth. She was more than a pound under her birth weight when we took her and had diarrhea from the very beginning. At first, we thought she still had ameba, but later it seemed more like milk intolerance. She has been on soy milk and the diarrhea is better, but she still isn't gaining weight as she should. We'd like to try another special milk, but the town has been out of stock for three weeks. She is really a darling baby and has been giving us lots of smiles. Of course, the rest of the gang were thrilled to have a new "baby gamay" (small baby). It's quite a scene letting all nine of them have their turn at holding her.

In order to meet the needs of the kids and maintain our own sanity, ten is our limit at any one time, at least in this size house and with our own kids so young. Recently, we turned down kids needing foster care for the first time, five of them in the past month. It was a difficult thing to do. One of these children was brought to us at one month, weighing four pounds, twelve ounces, by her grandmother who is indigent and can't support her. The baby's mother died after delivery and the father abandoned the whole family a few weeks later. Since the grandmother lives in our neighborhood, we are providing milk formula for the baby, some baby clothes, and extra food for the grandparents and an eight year old grandson whose parents also abandoned him as an infant. We were suspicious that the grandmother had TB so we had her checked and she does. So we are providing her treatment, including streptomycin injections, and preventive therapy for the others. Although a sixty-five year old substitute mother with active TB is certainly less than ideal, and the grandmother feels she can't care for the baby long-term because she is so sick and worn out, we hope to assist her at least until the baby's father can be found and he decides whether or

not to give the baby up for adoption, which is what the grandmother feels should be done. It is obvious how much she loves the baby from the way she cuddles her and gets her to smile and from the tears that come to her eyes as she talks about the need to give her up.

* * *

With regard to the children mentioned in the last newsletter, Joseph's foot is completely healed after surgery and six weeks of antibiotics. And his TB seems to be under control with his new special medication. He has gained six pounds. His mother is doing well.

Judaliza had her surgery two weeks ago and should come home this week. It was quite complicated and the doctor says she'll need two more operations to fully release all the contracture. But at least for now, the huge web of scar tissue is gone and she doesn't look so grotesque. Amelisa's surgery was delayed because of lack of bed space and then an infected foot. We hope it will be done this week.

Another of the feeding children also had an urgent need for surgery. Ramy, age eight, had shown very poor weight gain, which we finally tracked down to a chronic kidney infection. After two months of medication, the infection still came back. So he had a special X-ray series of the urinary tract which showed a large stone in his bladder that could only be removed by surgery. Now with the stone out and the infection cured, he too is gaining weight.

August 30, 1978

It has been rather quiet since our last newsletter. All of the gang in the house have been quite well. And progress is being made in getting some of our foster kids into permanent homes. Bobby is finally legally abandoned and we hope it won't take too long to find him a family, probably outside of the Philippines because of his hearing problems and need for specialized ear surgery and probably speech therapy.

Plans are being made for Jun Rey to go back to his mother. Her parents have agreed to help her raise him by looking after him while she works. He is such a darling little guy and so affectionate. So when the grandparents get to see him for the first time, I'm sure they will be thrilled.

Edgar should soon go for his abandonment hearing. He too is a cutie and very animated. So we hope it will be possible to find a new family here for him without too much delay.

Montessa has been doing fine. I think we finally know most of her allergies—eggs, fish, B complex vitamins, tomatoes and Fer-in-Sol. The eczema is all gone. And the gamma-globulin injection she gets every four weeks seems to have taken care of all her skin and respiratory infections. She doesn't even get the colds the other kids get. She's lost her huge stomach, a good sign that her muscles are back to normal. She is very cheerful and talkative now and loves to sing.

Marguerita is now quite chubby with a double chin. She is still on soy milk, but we will try her on cow's milk again soon. She has more than doubled her initial weight and is now twelve pounds, six ounces, at five and one half months. But she's still a lot like a newborn since she is so short. She does lots of babbling and laughing. Jun Rey, Edgar and Monica all gather round when I feed her and wait for burp time so that they can "talk" to her. We all really enjoy her.

One reason why things have been going so well in the house is because we have been full for some time and so have not taken in any new children. Unfortunately, other children have been brought to us and so it also means that we have continued to turn them away.

* * *

After two courses of antibiotics and almost a month's delay because of an infected foot, Amelisa finally had her surgery on her burn contracture in mid-July. After two weeks in the hospital, she began coming to our house everyday for her dressing change. Diane did both her and Judaliza's daily changes after school since if they went in to the hospital, they would have missed a half day of school every day. Her wound has entirely healed this week and we have her doing exercises. But she too will need one more operation to fully release the contracture.

Judaliza's wound has been much more slow to heal because she developed an infection about one month after the operation when she slipped and fell into the sea one day drenching the bandage. But now there is only a tiny area left open. She had begun to hold her arm in the previous bent position, but after I told her and her mother that she would lose so much of the benefit of the surgery, she began exercising regularly and can now extend the arm at the elbow almost fully. (Before surgery, it was rigidly held at a right angle) She will need at least one more operation on the armpit area, which is not entirely free.

The other feeding program children haven't been doing well. Many have had measles, which is hard enough on a healthy child. But our malnourished kids really suffer. They lose a lot of weight, recover very slowly, and just don't have the resistance to fight off the complications. Our most serious cases were the two-year-olds, several of whom had just been admitted to the feeding. Most of them developed pneumonia even before the rash had come out. Two of them had to be hospitalized. But all are doing better now.

Last week, we had our first death of a child in the feeding program. Little Tisa was seven months and ten pounds, five ounces, when she came into the feeding in early June. Her mother has had two older children in the feeding for over a year. Tisa was breast fed although the mother said she didn't have much milk and is undernourished herself. She had already started giving Tisa rice cereal and spinach. It's very rare that a small child, let alone an infant, will be given vegetables; so Diane thought here was a mother who had really learned something from our nutrition and child care lectures. After an initial weight gain, Tisa began losing and by early August was one ounce less than when she started. This was partly due to several attacks of diarrhea. But also the mother wasn't bringing her to the feeding regularly or giving her INH for Primary TB regularly. After a trip up the coast to visit grandma, Tisa again had diarrhea. We told her mother she would have to get a stool exam because we suspected ameba. But instead she took her to what is known as a "quack doctor". These people charge very little for treatment involving massage with oil. We found out later that her mother also stopped giving her much water since she thought it was making the diarrhea more frequent. So Tisa became more dehydrated and finally died.

It is sad and discouraging to see a child die when it might have been prevented. Although we tell all the mothers what to do for diarrhea, particularly stressing giving plenty of liquids, we are working against cultural beliefs that have evolved over centuries. Perhaps Tisa's death may make some of our mothers more aware and accepting of our advice.

Nov. 20, 1978

We have some good news. Jun Rey's mother and grandmother came to take him home. Since his mother had not been here to visit him for six months, he did not recognize her at all and we were afraid he might be upset at going off with two strangers. But Jun had become very outgoing and friendly, usually the first to run up and greet any visitors. So he departed with a big smile. His grandfather seemed very happy to see and take home his first and only grandson. The rest of the kids gave him a big send-off, but didn't really begin to understand that he was gone permanently until the next day. When they didn't see him at breakfast, everyone asked where he was. So we explained all over again.

The social worker has a family who seems quite interested in adopting Edgar, so he may be the next to depart. That will be even harder for all of us since Edgar has been with us two years.

Marie and Monica have made two trips to Manila, one in September with Diane and again in October with Tom. Monica had minor surgery to remove a wire pin in her palate and was fitted with a dental device to gradually spread the palate. Then she went back to get a mouth prosthesis, which completely seals the opening in her palate. This makes eating a lot easier, but more important; it will enable her to talk much more clearly. Her final palate surgery will not be done until she is about five years old.

Marie was measured for a new prosthesis and went back the second time for the final fitting. It has a hook which can be opened by stretching the shoulders. The man who made it didn't think her muscles were strong enough to operate it, but she was able to do so immediately. She is very happy and proud to show off what she can do with it. And she can already write and color with it just as well as she does with her feet.

While in Manila, Marie went in a swimming pool for the first time (she regularly goes in the sea here at home). The shallow end was well over her head, but she finally mustered up the courage to jump in, go down and touch her feet to the bottom, and kick her way back to the surface. Once she got started, she didn't want to quit. And when she got back home, she plunged right in to swim underwater in the sea. Not wanting to be left behind, Jay-Jay has also started to swim and float on his face.

Between the two Manila trips we had quite a round of sickness. First, Marguerita came down with measles. She had a pretty rough time, but she bounced right back and is now sitting and crawling. She is also off soy milk and doing fine on cow's milk formula. As soon as Marguerita was well, Monica and Jay-Jay and Montesa, each a week apart, came down with a real horror—high fever, mouth full of sores, red eyes, face swollen like hives, rash over the rest of the body and swollen glands over the whole body. Monica had purple blood vessel ruptures under the skin, Jay-Jay blood oozing from the eyes, nose and mouth, and Montesa terribly swollen and bleeding gums. Between the very high fevers and their refusing to drink almost everything, we really had to watch them closely. They are all fine now. We

don't know what it was, possibly Herpes Simplex or some sort of hemorrhagic fever. Hopefully we've seen the last of it.

Our final news is that Diane is pregnant with what will be our number six, due in mid-January. We are all excited about that. Only Paul and Chris seem to understand the reason for Mommy's expanding waistline. The others seem a bit puzzled at all the fuss since we usually have only a few hours notice about new arrivals. Not long after Jun Rey went home, Paul said, "Mom, you'd better hurry up and get some more babies because we're getting very small, we only have Edgar, Monica and Marguerita—3 babies left." Like us, Paul dearly loves the little ones and wishes they could all be "ours".

March 1, 1979

We have a new daughter, Erlinda Jean Palmeri, born January 21, seven pounds, five ounces. She is named after our helper, a very special person and a very patient and loving second mother to all of the kids. "Big" Erlinda is courageously doing her best to raise her own seven children without her husband. And the baby's middle name is after my cousin who was over here working with us a year ago.

The baby and Diane spent less than a day in the hospital and returned home to a very excited bunch of kids. They all ran over to the taxi, saw Diane's flat stomach, and asked where the baby was. Tom had her in the back seat. Chris asked if she was his baby and Diane told him yes, she was his sister. Then everyone else asked, "Also me?" So I explained that she belongs to all of us now. They cheered and frolicked all around the porch. Marguerita showed some signs of jealousy the first week. It's hard to give up being the baby of the family at only ten months. But now even she smiles and giggles when she sees Erlinda.

Having a "normal, healthy" baby has been a new experience for us and a bit of a challenge. As Tom said, it is strange to see such a tiny one with such plump rosy cheeks. Most of our foster kids have come to us at about one month, weighing less than they did at birth, with sunken cheeks and a uniformly pale grey complexion. Going by "standard procedures" we kept Erlinda wrapped in a blanket in addition to a nice warm sleeper at night. After a few days, we realized our mistake. She had heat rash all over her body. We had forgotten that, unlike our malnourished babies, she has enough fat to keep her body warm here in the tropics. She has also been troubled with constipation, which is really a first for us. Our most common problem here is diarrhea. I had to go through all my medical books and finally go to the doctor to solve the constipation problem. But Erlinda seems quite tolerant of our mistakes and inexperience. She is already smiling (Tom said it was only gas pains until she smiled for him). And there is one area where she doesn't differ from any of our other babies, her need for love, and she is getting plenty of that from all of us.

* * *

All of our kids and many of the feeding program children have been plagued by colds and respiratory infections. All the asthmatics have been having trouble too. The dry season, with its accompanying increase in dust, seems to be mainly responsible. Asthma is very common here. Quite frequently, almost half of our feeding program children are asthmatic. And it is a major contributing cause of their malnutrition and slow recoveries. Edgar, Marguerita, and Jay-Jay have all had asthma. And although Edgar and Jay-Jay seem to have outgrown it, it has left them very prone to respiratory infections. Edgar has had bronchopneumonia twice in the past six weeks and Jay-Jay has had it once.

We had real cause for rejoicing recently. Two children who have been in the feeding ever since we started it three years ago are now cured of their serious TB. Heide, who at age ten was the height of a normal five year old and weighed thirty-five pounds, is now taller than her mother, sixty-nine pounds, and completely recovered from her milliary TB. She was

always too sickly to attend school before, but she is now finishing her second full year of school. We will now discharge her from the feeding program. You can imagine how happy her mother is. Heide is one of seventeen children, but only three are still living.

Joseph was thirty-six pounds at eight years and initially had only primary complex. We treated him for a year and then stopped the medication. In the following year, he stopped gaining weight and finally started losing weight. Then he developed a swelling of his ankle, which turned out to be TB osteomyelitis ((TB infection in the bone). He was hospitalized for three weeks to have surgery on his ankle and we started him on a new combination of two TB drugs. He began to improve rapidly. The results of a culture showed that his TB was resistant to the first drug we had used, which was why his TB had continued to progress. His X-ray now shows complete healing of the two affected bones. He too has finally been able to attend school regularly. He is still quite underweight at fifty pounds, due to his asthma, so he will continue in the feeding program. We hope he will outgrow the asthma during adolescence. Joseph's mother, who had active pulmonary TB is also now cured. These two children would certainly not have survived without the help of Family to Family; but we must also give credit to their mothers who faithfully gave them their daily medications.

June 30, 1979

We know that Americans sometimes wonder what people are doing to help themselves or one another in countries where organizations like Family to Family operate. And so we thought you would be pleased to know that there are now nine doctors or dentists who have given the children or ourselves substantial amounts of free medical service. They know of the work we are doing to help their fellow countrymen and of your support for it, and it seem to be their way of saying "thank you" to all concerned.

Diane's cousin, Karen, arrived in late May to help us in our work. She is managing things in the feeding program and helping with the kids in the house. We are very happy to have her with us. When she came, she brought with her an excellent microscope that had been donated by a church group. We had wanted one for some time. Now we will be able to do routine stool exams on all the children we work with. It will be especially helpful for diagnosing the various parasites that so often contribute to malnutrition and frequently cause diarrhea and death. Tom will be doing the lab work after he has obtained some basic training and experience at the lab of a local hospital. More good news is that we have also received a large donation of medical books from a missionary support organization. They will be more than adequate for our present needs, including those that will be related to the use of the microscope. Many thanks to all involved.

* * *

With the addition of our new daughter, Erlinda, we didn't want to cut back on the usual five foster children, and so we now have a new maximum of eleven kids in the house, with the arrival of Maria in March. The youngest of seven children, whose mother died when she was seven months old, Maria was severely malnourished, weighing ten and a half pounds at fifteen months, and unable to even sit up or crawl. Her indigent father requested foster care because he knew she was dying. He had used up most of his meager resources (pigs and chickens) during his wife's lengthy illness prior to her death. Hopefully, while we are trying to get Maria back into good health, he will be able to improve the home situation so that she can go back.

But Maria's progress has been very slow and discouraging. When she came, she weighed less than our two months old Erlinda, and although she has gained almost three pounds, she still weighs less than Erlinda. She was severely anemic and had pneumonia when she arrived. A blood transfusion, after a week of looking for a donor, took care of the anemia. But the pneumonia was very resistant and only recently cleared up after using one antibiotic or another almost continuously for three months. She has started on monthly gamma-globulin injections in the hope that they will boost her resistance to the chest infections. She is now able to sit up and pull herself to a standing position in the crib, but the most encouraging signs are her smiling, chattering and singing throughout the day.

Three babies in the feeding program, two of them just recently admitted, were hospitalized in very serious condition, but all three are much better. Two of them needed blood transfusions and fortunately donors were found without too much delay. There is seldom blood available in a blood bank, and even if there had been, these children had to have fresh blood. So the families have to find a friend or relative who is willing and able (and many people here are not able) to donate the blood or buy it from a professional donor for the equivalent of about five days' pay. We have been fortunate to have had the help of Peace Corps volunteers and missionaries whenever families that we have been helping have been unable to find a donor. Certainly one, and possibly all three, of these babies who needed blood would have died without it. Donating blood here is truly "a gift of life".

Sept. 19, 1979

Karen Gronstal will probably be leaving us in April. She is the fourth person to come to work with us for stays that have ranged from a couple of months to a year and a half. If anyone would like to come here, at their own expense, to work with us after Karen leaves, now is the time they should be contacting us.

We have some very happy news. We received word in July that Bobby's adoptive family had been approved and immediately told Bobby. Although we were concerned about how much he would understand and how he would take the idea of leaving after two and one half years with us, he seems to understand completely and is very happy. He has pictures of his new parents and brother and new home, and letters from them. He has exchanged art work with his brother and can already write his new family name. And of course he has shared the good news with all of his friends. His adoptive father is coming to Cagayan to meet him and take him home to Virginia. When Bobby leaves on Sept. 23, it will be a bittersweet moment for us. When he came to us, we weren't sure he would live, and he seems to have grown from babyhood into an energetic, independent six year old in those two and one half years. Of course, we are happy that he will get the hearing and speech help that he needs, which just isn't available here. But we will all certainly miss him.

* * *

We recently admitted fifteen new children to the feeding program; all from one section of the barrio. All of them are seriously undernourished and two, a brother and sister, were in critical condition. Frederick was fourteen pounds, two ounces, at one and one half years and Jennery only eighteen pounds, four ounces, at three and one half years, and both had pneumonia. With the help of a loan from Family to Family and some free medicines from our doctor, Jennery was hospitalized for ten days. Both children seem to be improving.

In another section of our barrio, we found ten children qualified to be in the feeding program, but only one of the mothers was willing to participate. It is difficult to convince them of the seriousness of malnutrition. Until the child is very far gone, he doesn't appear sick. And if he dies, it is usually in the course of pneumonia or diarrhea. Most mothers don't realize that he probably would have survived if he hadn't already been so malnourished. We are trying to teach the mothers that they need not be ashamed of having a malnourished child. Although some malnutrition is due to improper feeding practices, many of our families don't have enough income to give their children a balanced diet. And the overwhelming majority of the cases we see are in part due to Primary Complex. All fifteen of the new children we accepted have this childhood form TB.

The one mother who was interested lives too far from any of the other feeding sites. And the child, Bergo, is actually her nephew; he was left by his mother seven months ago. Although his parents weren't married, the father wants to keep and raise Bergo and a three year old sister. So he works as a laborer while the aunt watches the two in addition to her

own five children. The father had asked us to provide temporary foster care until Bergo is back in good health. So we had planned to take him as soon as Bobby goes. But even though we have been giving them corn-soy-milk to cook at home, Bergo has continued to lose weight and is now down to thirteen pounds, four ounces, at sixteen months. So we are taking him immediately for fear he won't last another week.

All of the kids in the house are doing well except little Maria, who continues to have repeated episodes of pneumonia despite the gamma-globulin injections. The doctor feels there must be some kind of internal abnormality causing this and has recommended tests for a tracheo-esophageal fistula. This is a birth defect involving an abnormal opening between the wind pipe and the esophagus such that when food is swallowed some of it seeps into the lungs and causes pneumonia. Unfortunately, such tests can't be done in Cagayan. So we are trying to find the nearest place where such tests can be done and also arrange for her father to go along with her. If she does have this defect, she will eventually die without surgery, and yet in her condition surgery carries a grave risk. So her father must be involved in the decisions.

Our final problem case is a four year old girl who has very limited eyesight due to vitamin A deficiency. Her eyesight might be improved by corneal transplant but this can be done only in Manila and she would need to be hospitalized at the Philippine General Hospital for two weeks and stay another six weeks for follow-up. The surgery itself would be free so the only costs would be about three hundred pesos in medicines. Her parents are dead, her grandfather very sickly, and her grandmother and uncle couldn't accompany her since they support the family. So we're looking for anyone in the Manila area who would be willing to provide temporary foster care so that this little one can see again, go to school, and become an independent adult.

* * *

Marlyn Pepito died last month. Two years ago she and her older sister, Helen, had been with us for six months of foster care. Marlyn was a very difficult case, and when we returned them to their mother, she was still not fully recovered. But she continued to make progress and her mother says she was in very good shape recently. Then one evening she had sudden severe abdominal pains and vomited; she was dead before morning. Her mother hadn't realized how serious it was, and so she never even saw a doctor. And you can be sure there was no Dr. Quincey, Medical Examiner, coming around afterwards to investigate. It was probably appendicitis or some intestinal obstruction, but no one will ever know. The one thing we do know is that this is fairly common here. Sometimes the children just die and no one ever knows why. But at least Mrs. Pepito had her as a healthy youngster for the past year and can remember her that way.

December 1, 1979

Bobby's departure went beautifully. His adoptive father spent one night with us before taking him to his new home and family. Bobby spent most of the time on his new Daddy's lap and was reluctant to let him out of his sight. It was a happy time for all of our kids and a great preparation for our other little ones who will eventually go to new homes. I don't think Bobby believed it was all really true until he got into the taxi for the airport. He turned around with a big smile and a waved good-bye and off they went. We hear from his family that he is doing well and already in school.

Little Bergo, who is Bobby's replacement, is doing fine. He's gone from thirteen to twenty pounds in just two months. His lice and pneumonia are gone and his allergic skin rashes have calmed down. His muscles are still weak, but he is almost walking. His father visits twice a week and spends hours holding him, and Bergo is always happy to see him. We expect to return him to his father and aunt for Christmas. It will be a nice present for them.

Maria is just getting over another very serious bout of pneumonia, which involved the entire right lung. She had already been on oral antibiotics when it began, so we had to give her two new antibiotics intravenously for two weeks. We were able to do this at home but had quite a time keeping the IV going twenty-four hours a day. Despite being so sick, Maria wanted to be up running around and it was hard keeping her in the crib constantly. She has improved greatly, but her lungs still aren't entirely clear and she is still on medication. We are afraid the pneumonia will become severe again as soon as the medicine is stopped. And that might mean a return to the IV. Her father has decided to relinquish her for adoption. He now realizes that he cannot provide for her. He must go out to work in order to support his other six children, and if Maria went back to him, he would have to stay at home to care for her. We are sorry that this family won't be reunited but know that Maria's only hope for survival is to go to an adoptive family who can provide all the medical care and emotional support she needs. We hope she will soon go to a foster family in Manila so that the tests and possible surgery can be done there. Since she develops the pneumonia very abruptly, it would be useless for Diane to take her to Manila with the intention of remaining until she was treated. We pray that a foster family can be found before it is too late.

Though all five of our foster kids could be leaving soon, we will have no trouble finding other little ones in need. Just this week a mother came to us to give us her baby. He was in critical condition with severe marasmic kwashiorkor, hugely swollen neck glands, draining ears, pneumonia, and severe anemia. Even with all this, we might have taken him for temporary care except that at this point we don't want to expose Maria to any new infections. We were able to get him into a private hospital as a charity patient and after several days found a blood donor. But we have since discovered that he has severe TB that has possibly spread to his liver and there is probably little hope for this three-year-old in spite of the four anti-TB drugs that he is receiving.

Tom has been keeping very busy with the microscope. After some training at the laboratory of the local hospital, he is now able to recognize most of the "non-paying

boarders” (worms and intestinal parasites) prevalent here. And he has turned up a fair number of these visitors among our kids, our helpers, and the kids in the feeding program. Among the kids in the feeding program, any who had parasites were not gaining weight.

* * *

The financial statement in our last newsletter showed almost two thousand dollars per year paid in salaries for all our helpers. We thought it worth mentioning that we pay our helpers the minimum wage, which is about double what most people pay their helpers. They work the usual long hours of a household helper, thirteen to fifteen hours a day, but we require more of them than is usually required of a helper. In fact, they often function as nurse-aids. All three of the full-time workers are raising children (a total of nine) in the absence of fathers. And two of the part-time workers are students who could not afford to go to school without their jobs. One of these lives in since it would be very difficult for her to study in her own home which has no electric light. We also hope that what they learn about child care, health and nutrition will carry over to themselves and their families. They are dedicated, loving women who do much to help nurture the children we care for.

Our plans to open a day care center have been seriously delayed because of difficulty in finding a suitable facility in which to do it. So we decided to open a second feeding program in Cugman, a barrio about ten minutes further out of town. The barrio captain heartily endorsed the idea and residents of the barrio constructed a simple shelter in back of the Health Center, where the cooking and feeding are done. The feeding began in late October and we have the aid of Elaine Bregy of the International Christian Youth Exchange in running the program. Elaine is from Switzerland and came to study and do volunteer work. We are also coordinating the Cugman Program with the health center personnel and the social worker located there.

“Peace is not a season . . . it is a way of life. When the spirit of peace becomes a part of our lives, every day will be Christmas.”

Feb. 20, 1980

We have mostly good news this time. First of all, in late March or early April, Diane and our own youngest, Erlinda, will be going to the States for one month. It will be Diane's first time back, and her first real vacation, in more than five years. She will be headed for Iowa, Washington, D.C., Pennsylvania, New Jersey, and North Carolina to visit family and friends.

We have received the Outstanding Volunteer Award for our Region from the Ministry of Social Services and Development. While the award is addressed to us personally, it really belongs to Family to Family, and so we wanted to share the news of it with you. There isn't a great deal that we would be doing without all the help that we receive.

* * *

On Jan. 22, Bergo went home to his father and aunt. He weighed twenty pounds, a gain of eight and one half in the four months he had been with us and one of the quickest recoveries that any of the foster children has ever made. It will still take some time for Bergo's muscles to recover fully, but he was already walking quite well. And we will see him each month for a check-up and refill of his TB medicine. We were anxious to get him back to his father, who has been very devoted to him, visiting twice a week while Bergo was with us. The situation he's going to is not ideal but it's workable. The day he left we had clothes and food and many kisses for him to take with him, and hopefully the scene on our porch impressed Bergo's father and aunt with how important the little guy was that they were getting back. Sometime shortly afterwards, Bergo's father was meeting with one of the social workers from the Ministry and he asked her if he was supposed to pay us anything. She wisely told him no, that he should use whatever he had to care for Bergo and that would be all the payment we wanted.

The day after Bergo left, we took in Manolo, who had been abandoned shortly after birth at a local hospital. He already had a name because the staff had him baptized, probably because they were expecting him to die. At seven weeks he weighed only five pounds, fourteen ounces, and continued to look grey and do poorly until we got him a blood transfusion. He had gotten ameba within a week in the newborn nursery but was supposedly cured of it; we soon discovered that he still had it. We finally got him over it and his weight has gone to over seven pounds, but not before Maria and Erlinda had also gotten ameba. (Whether from Manolo or not we can't be sure). They both needed injections and Erlinda lost so much fluid that she had to be on IV here at home. In order to keep Manolo from getting it again, Tom took over all of his care with one helper to fill in when he couldn't be here. And Diane and another helper tried to keep a very unhappy Erlinda quiet so her IV wouldn't come out. Both Erlinda and Maria are improving, and Manolo smiles and coos for us.

The whole family was happy to have a tiny baby again, right down to two year old Marguerita (our last really tiny baby), who gets in line like everyone else for her turn to hold

him. Erlinda wasn't interested in holding, but gives him lots of kisses. Paul as usual begged to go with Diane to get Manolo from the hospital, and when they went directly to our doctor to have him checked, he patiently held him for over an hour in the waiting room. This is the first time we have let Paul feed such a tiny one and he does an expert job, burping and all. In fact, when we are having trouble getting a burp, we just hand him over to Paul who gets it right away.

We have received word that a foster family had been found for Maria in Manila. As soon as the administrative matters have been settled, she will be transferred there, where she will be able to get the medical tests and, hopefully, treatment for her chronic pneumonia. Despite her illness, she has gained ten pounds since coming to us eleven months ago and now looks quite normal for a two year old. In fact her plump smiling face may make it hard for the doctors in Manila to believe there is anything wrong with her until they have a look at her x-rays.

It has been a dream of ours that someday Family to Family could extend its foster care program by hiring Filipino couples to provide the same type of foster care that we provide, but at present we don't have the resources for that. However, our helper, Erlinda, and her family have gotten us into this in a very small way. In late November, Erlinda's thirteen year old son, Alejandro, brought his eleven year old classmate, Rey, home with him. Rey had been living with his married brother as his mother had remarried after Rey's father had committed suicide. That morning, his sister-in-law had thrown him out of the house and told him not to return. He had no place to go. So Erlinda and her family of seven children made room for him in their tiny, one-room house that you have to wade through swamp to reach, despite the fact that she is struggling to raise her children on her own. We learned of this only a few weeks later when Alejandro brought Rey to see if he could be in the feeding program. Rey had attempted to return and be reconciled with his brother, but his sister-in-law refused even to open the door and talk. As soon as we had the whole story, we reported it to the social worker. Rey could be sent back to his mother, who lives outside of Manila, but he very much wants to finish the school year here so he doesn't have to repeat the grade, and no one knows if his mother wants him back. We knew that Erlinda and her family were willing to share with Rey, but that it was a real strain, especially in terms of food. We asked her how much Rey's food cost her. After great calculation, she gave us a peso figure equivalent to \$10.00 per month. So we are providing her with that amount each month and some clothes (he had only what he was wearing) as well as covering his medical and school expenses. It's only a very modest expansion of our foster care, but maybe that's for the best. At least it's genuine. If Mary and Joseph had come to Erlinda's door that first Christmas Eve, they would not have been turned away.

May 23, 1980

On May 6, Diane returned to Cagayan from an enjoyable trip to the States. Though she did some business for the foundation, it was essentially a personal vacation and made at no expense to Family to Family, a fact we mention simply because a few friends assumed otherwise.

About a week after Diane left, Tom took a new child into the Lapan feeding program. Maricha, at eight years, was the size of a four year old and severely underweight at twenty-one and one half pounds. She was also severely anemic and had a deformed back. Like so many of the children we see, she had Primary Complex, and left untreated, the TB had spread to her spine. Surgery to correct the back isn't available in Cagayan, so she will carry that hump-back thru her life, provided that the TB drugs work.

Tom found a blood donor and she began coming for daily Streptomycin injections in addition to two oral TB drugs. She also had several intestinal parasites. Despite her condition, she had a good appetite and still found enough joy in life to smile. By the time Diane returned, Maricha had already gained four pounds. Her two younger sisters are also in the feeding program, but not in such bad shape. An older sister and aunt look after them during the day while the mother sells fish in the market to support them. The father is a fine looking young fellow, but they say he has done nothing for the last fourteen years.

* * *

On May 19, we took in a new foster child. Jessel is twenty-nine months and had spent a week in the hospital for marasmic kwashiorkor (severe protein and calorie deficiency) with pneumonia, draining ears, infected eyes and anemia that require a blood transfusion. Her father had been trying to take care of three pre-school children for over a year since the mother ran away. Jessel had been sent off to a relative who was quite poor and fed her nothing but rice porridge for a year. He had just recently placed the other two children for foster care with a Filipina lady here in Cagayan. We are looking after Jessel for now since she needs close medical supervision. Later, when she is better, she will join her brother and sister. Meanwhile, their father will try to work out his plans for them. If he decides to relinquish them, the woman caring for the older two is willing to keep and raise all three. Jessel has been eating well and has started walking again. She even plays with toys. But we are anxiously waiting for her smile to return, the best indicator that she is going to get well.

Early this afternoon, Montessa went to her adoptive Filipino family right here in Cagayan. Her new parents, two brothers and sister came to our house with a picnic lunch and everyone joined in the celebration. Although Tess is only four and one half, she seemed to understand and had really been looking forward to going to her very own family. After two years with us, it was a happy end moment seeing her go off on her new Mommy's lap.

* * *

At Xavier University's most recent graduation exercises, we were presented an award that we would like to share with you. There follow part of the text of the award and the remarks Tom made when receiving it. "As educators dedicated to lead and encourage others in the service of faith and justice, it is our honor to cite those who have dedicated their lives to this service. We therefore humbly award this citation to Thomas and Diane Palmeri not only as an expression of sincere respect, but more as an expression of our prayerful hope that God's grace will enlighten and inspire others to imitate their selfless example. The merit of charity is measured by the need of the recipient. Who could be more in need than the tiny bundles of helpless misery Tom and Diane lovingly embrace and nurse back to life and love?"

"I seldom attend ceremonies. On the rare occasion when I do, I always try to get some business done. Tonight is no exception. Diane and I are very pleased to receive this award, partly because of the publicity that comes with it, not for ourselves but for the work that we do and for the need for that work. It has been our privilege for the past five years to care for many of your wonderful, beautiful Filipino children. But we cannot care for all of those who are in need. We need your help. While we are having this ceremony this evening, there are probably a couple of abandoned babies in a hospital nursery right here in Cagayan. If not tonight, there certainly will be within the next couple of weeks. And they may remain there for weeks or even months. And the only reason is because the Ministry of Social Services and Development has nowhere to bring them. A hospital is a place for people who are sick. It is not a place for a baby to live and grow up. Babies need more than food and medicine. They need to be held when they are fed, they need to be loved. A baby can die for lack of love. What they need they can receive only from a family. If any of you are interested in adopting or simply in providing temporary foster care to just one child, give your name and address to anyone here at Xavier who knows me and I will contact you and let you know what is involved and what you need to do. I know that many of you in this audience are capable of giving what these children need.

"Our ceremonies this evening are wisely called commencement. We are here to celebrate not the end of college but the beginning of a new phase in the lives of our graduates. For abandoned babies, the day of their births is the first and often the only commencement that they will ever know. They need a new beginning. The life that they have is not enough. They need a new life, born of love, and you can give that to them.

"You know, Holy Week, Good Friday, Easter are almost upon us. Easter, the greatest of all Christian feasts, the feast of new life. When Christ was on Calvary, he did not take out a checkbook and write a check. He made the kind of gift that all of us are finally and ultimately called upon to make, the gift of ourselves. That is what these children need, the gift of yourselves. It is the kind of gift that must always be a gift of love, and it is a gift that brings with it new life. When you have made such a gift, then you know what is meant by resurrection."

August 18,1980

Although the population of Lapasan, where we live, is constantly growing, our feeding program participants have been dwindling. And apparently people had the impression we were no longer accepting new children. So we went out and did another weight survey and found many new cases. Most of the mothers of these children were quite eager to enter the feeding program. So we are once again bursting the seams with sixty children in the Lapasan feeding. Most of the children are family groups of three to five children. Two of the families were in the feeding before but had lost interest and dropped out. But the youngest child in each family is severely underweight and apparently the mothers could see they were getting worse. Elisa Chui, at two and one half, weighs nineteen pounds, normal for a one year old. And in the past year, since dropping out of the feeding she had gained only one and one half pounds. With one month back in the feeding program, she has already gained more than that. Erlinda Closas is our worst case, weighing fifteen and one half pounds, at twenty-two months, normal for a nine month old.

Maricha, the little girl with TB of the spine is doing better. She had stopped gaining weight, so her drugs were changed and since then she is back gaining again. She comes every other day for her Streptomycin injections now and the injections are easier to give since she has some padding where before there was only skin and bone. And we have another child with TB of the spine. Five year old Gellan is not as malnourished as Maricha but still behind at only thirty pounds. We have to get X-rays to see if his TB is still active. When he first developed the hump on his back just below the waist one year ago, he received treatment for only one month since his parents couldn't afford the medicines.

The Cugman feeding has only a handful of mothers left and some of them don't bring their children regularly. It takes time and lots of follow-up to help the mothers realize the seriousness of their children's conditions. And Diane realizes that she just can't be everywhere. We really need someone who could spend much more time working with the mothers and out "beating the bushes" to find the children who need help—we know they are everywhere. We would also like to see our work broaden to cover other aspects such as safe water supply, sanitation, home gardening, etc., in the communities where we operate the feeding programs. We have requested the U.S Peace Corps for a volunteer to be placed with us to do this kind of work, but it may actually be a couple of years before we get one. So if anyone would like to work with us as a volunteer for a year or two, we would be happy to share our luxurious accommodations with her.

* * *

The pattern of our family life has changed in the last few weeks. On July 31, little Jessel departed to join her brother and sister in another foster home. In her two and one half month stay with us, she made a very speedy recovery from her malnutrition, probably because it was simply a lack of adequate food without any complications like TB and intestinal parasites. She arrived very unhappy and irritable, unable to walk, and with peeling

blackened skin due to the malnutrition. She began smiling within a week and regularly ate three helpings of everything at meal time. By the time she left, she was running all over the yard, happy and talkative. Her father, who visited now and then, was amazed at the dramatic change.

Earlier, on July 17, we took in a six day old boy whose mother had arranged with the social workers to relinquish him. He had no name so we are calling him Miguel. Since he came to us so quickly, he was quite healthy—the healthiest baby we have ever taken. He still drinks every three to four hours so Mom and Dad take turns getting up with him at night. He’s a handsome little guy and on the verge of smiling.

Three hours before Miguel arrived, Marguerita left with the Filipino family from Cagayan that adopted her. Whenever people come to observe our work or ask us to talk about it, they always end by asking us how we feel when the children we have cared for so long leave us. In the past, we have always answered very smugly by saying that we didn’t know because the paper-work took so long that no one had ever left. But now we have had three go to adoptive families. The other two had come to us when they were already a few years old. But Marguerita was the first who had come to us as a baby of only five weeks and she remained until she was a toddler of almost two and one half years. And so now we know how it feels, but it remains a story that we are never likely to tell.

November 15, 1980

We have had many comings and goings since our last letter. On August 19, the social worker came asking if we would accept a ten month old baby girl who had spent her entire life in the hospital where she was abandoned shortly after birth. After months of talks, the social worker had convinced the hospital directors that a hospital is for sick people and not a place for a baby to grow up. We gave the social worker the go-ahead and two hours later she returned with a very chubby, smiling, but still nameless, baby whom we decided to call Christina. She had obviously had some special attention from someone at the hospital. But she was used to drinking only four ounces of milk every four hours night and day and sleeping in a brightly lit room. So she had some adjustments to make. Fortunately, the social workers already had an adoptive family applying for a baby girl. So on October 18, Christina went to her new family in a nearby province. Her new parents and one brother were delighted finally to have the baby they had been waiting for.

* * *

We have received another award that we would like to share with you, the International Year of the Child Meritorious Award, given by the Council for the Welfare of Children. Diane went to Manila to receive it and brought Chris along for a check-up. A few weeks later, she took Paul and Monica to Cebu. Paul had his adenoids removed. We thought Monica might need another eye operation but happily she only needed new lenses for her glasses.

While Diane was gone, Tom had his hands full with two sick babies. Both Manolo and Miguel have been sick almost constantly since August, Manolo with pneumonia and Miguel with ameba. Manolo suddenly became worse and nearly had to be hospitalized. But Tom had both of them on the mend by the time Diane returned. And now they are really trying to make up for lost time. Each of them drinks nearly half a gallon of milk a day.

* * *

We have had a great increase in the number of children in the Lapasan feeding program during September and October. Every Saturday, we weigh all of the kids presently in the feeding to check their progress and we also weigh any new children brought to us, which are usually only two or three families per week. Bur all of a sudden they were coming in droves. On one Saturday morning, we weighed over forty new kids and twenty-four of them were found to be severely underweight and admitted to the program,. We have gone from 60 to 108 children. At first we were puzzled at the increase, but then we remembered a tragic event that had happened two weeks before it began. An eight year old boy developed severe abdominal pain one day. Later, he started vomiting and by evening his parents took him to the emergency room of a local hospital. The boy died a short time later, and as soon as he died, worms came crawling out of his nose and mouth. Apparently, he had a very large

number of worms and they had moved all through his body. Bu the next morning, everyone in the barrio knew about the death of this boy and it was obvious to all that the worms had killed him. Everyone also knows that we provide de-worming medicine to all of the kids in the program and that we do stool exams. So perhaps this boy's death frightened them and made them realize how serious worms can be. Although this sort of death is not very common, we teach the mothers that worms can rob their children of their food, sapping their strength and stunting their growth and how proper hygiene and sanitation can help keep their children from getting worms.

There have been other tragedies too. Erlinda Closas, whom we mentioned in the last newsletter as being one of our worst cases, had been making progress. As with other serious cases, we had been providing uncooked CSM for her mother to prepare at home in addition to the two cooked meals we prepare each day, so that she could have four or five high protein meals a day. Now CSM is very nutritious when cooked into a smooth hot cereal and eaten. But when you take that same thick cereal, boiling hot from the fire, and pour it over yourself, the results are disastrous. And that is exactly what Erlinda did. And in her terror and pain, she then crawled through the CSM spilled on the floor. Her mother rushed her over to our house and we placed her in ice water to lessen the extent of the burn. The result was second degree burns to the chest, upper abdomen, one arm, one knee and foot, or about twelve percent of her body surface. Despite immediate application of antibiotic dressings, the burn became infected, so she had to have antibiotic injections twice a day in addition to the painful daily dressing changes. After two and one half weeks, the burns were healed and Erlinda was full of smiles again, bur she will carry the scars throughout her life.

A twelve year old girl from a family that is not poor died of pneumonia just recently. Apparently, she had been coughing and running a fever for a week and hid this from her family and continued going to school. Finally, one night she wasn't able to sleep because her breathing was so difficult. The next morning, her father said he was taking her to the hospital, but she didn't want to go. And so they waited until that evening to take her. By the next morning she was dead. There just wasn't enough time for the antibiotics to take effect. She didn't die because of poverty, but because of a cultural value that leads parents never to force a child to do anything he doesn't want to. This has been a problem for us with some of our feeding program families who don't give their children the medicine they need because "they don't like it".

But at times we tend to forget just how poor the majority of our feeding program families are. A couple of months ago, Diane took some of our kids' clothes that were very worn our and gave them to the helpers to use as rags. A couple of weeks later, when weighing children from the feeding program, she noticed that several of them were wearing the "rags". Apparently, our helpers knew better than we the real needs of the people we serve. Clothing material here is very expensive and these families have times when they can't buy even enough rice let alone anything else. Thanks to the generosity of many who have been sending used clothing to us, each of the children in the feeding program will get at least one article of clothing for Christmas.

Our Christmas greeting to you is a poem, "A Christmas Tree", by William Burford:

Star,
If you are
A love compassionate,
You will walk with us this year.
We face a glacial distance, who are here
Huddled
At your feet.

PS: A few hours after writing this newsletter we took in a one month old abandoned baby boy. We named him Phillip—after our illustrious treasurer.

Feb. 26, 1981

This past Christmas was the best we have ever been able to provide for the children in the feeding program. At our party, each of the one hundred and fifty children in the program received at least one piece of clothing and families with school-age children received books (all from packages that have been sent to us). Through a special donation from a Filipino family here in Cagayan, we were also able to give every family canned luncheon meat, baked beans and sardines. It made a very fine Christmas dinner for people who commonly have only rice and often not even enough of that.

We presently have one typewriter, but as our operation continues to expand, we are beginning to feel the need of a second one. If any of you have a used typewriter that you are ready to replace, we could certainly use it.

Little Miguel, who is now seven months, still has frequent bouts of ameba. In fact, he had had it almost continuously for the past six weeks. But it hasn't slowed him down in the least. He began sitting, crawling, standing and walking around his crib last month. Phillip and Manolo also had ameba recently but are fine now.

From Christmas time until the end of January we had a great deal of rain in what is supposed to be the dry season. All of Mindanao was affected by the rain and further north of here there was serious flooding that left thousands homeless and caused extensive losses to crops and the fishing industry. Although there was only minor flooding of homes here, near the river, all the rain aided the spread of illnesses, many in the feeding program have had sore eyes and ameba; but far more serious was a measles epidemic. Thanks to a local donation of gamma-globulin, we were able to modify, and in some cases prevent, the measles in the feeding program children. (Measles has a five to ten percent mortality rate in malnourished children.) But some of our most undernourished kids were the first to come down with it.

Eighteen month old Sherwin Chan was one of the early cases, and since he already had draining ears on the day the rash appeared, he was placed on antibiotics. After he was over the measles, the ears continued to drain and the infection spread to the outer ear on one side. Our doctor suspected the infection had already spread to the mastoid bone and advised hospitalization. After two weeks of urging on our part (some of the delay was over insurance forms), he was finally taken to the hospital. X-rays showed he did indeed have mastoiditis on both sides. A culture showed only one antibiotic would be effective; he started it and began to improve. He continued the medicine at home, gained back half a pound of the three and one half he had lost, and a new x-ray showed clearing of the infection. Then the day after he stopped the medicine, he developed a fever again. Diane advised that he must return to the doctor for a check-up and thought the mother had taken him, but she had not. The next day he continued to run a fever but was eating well and even smiling. In the evening,, the fever was gone, but he became very weak and cold and seemed to have trouble breathing. At midnight he died. All of this was a great shock to us when we heard of it the following morning. He probably died of meningitis or a ruptured brain abscess. What makes it so sad is that he might have survived if brought to medical attention in time.

Baldo Acedo also died under similar tragic circumstances. His mother brought him to us late one morning, with fever, a swollen arm and side, and rapid shallow respirations. Diane told the mother that he would definitely need hospitalization and sent her to our doctor. His mother returned later in the afternoon with a note from the doctor also advising hospitalization as he needed x-rays and tests to diagnose his illness. The symptoms pointed to a massive infection and/or internal bleeding, and he was already in acidosis, which requires immediate IV medication. We told the mother where she could go to get admission as a charity patient and that without immediate treatment he could only live a few hours. The mother still didn't seem convinced and returned home only to find that Baldo had died. Later, some of his playmates told his parents that Baldo had a very bad fall the week before. So it is quite certain that he had internal injuries and bleeding. Again, so sad because he might have been helped.

It is discouraging and hard to understand why parents so often resist seeking medical attention, especially hospitalization. One obvious reason is the financial. And yet, it often seems very hard to convince them of the seriousness of the conditions of their children. Perhaps they view hospitalization as a death sentence in itself. And this has a good foundation since so many patients are brought at the last minute when they are already beyond the help of the best medical care.

Our most recent problem is diphtheria. Jubencio, a healthy four year old whose younger brother is in the feeding, was brought to Diane because of a fever and sore throat. He had stopped eating because of the throat. When Diane looked in the throat, she saw a white membrane and suspected diphtheria, though she had never seen a case of it before, and so she sent him to the doctor. The doctor told the mother he must be hospitalized for anti-toxin and antibiotic treatment. But the family couldn't afford a private room in a private hospital. The next morning, Diane went to the house and convinced the mother to go to a government hospital which has a charity isolation ward. It wasn't easy since Jubencio didn't really look sick at all yet. Diane went along with them to the hospital and then spent two hours going all over town in search of diphtheria anti-toxin. (Hardly any of the poor here are adequately immunized. It's just one more area we could attack if we ever had the time and money.) We have our fingers crossed, but so far there's no sign of an epidemic starting.

* * *

Edgar, the foster child who had been with us since he was five weeks old and who recently celebrated his fourth birthday, has left to be adopted by a family in Germany. The escort who came to get him was a German man who works with an agency that helps children all over the world. We like to think that love is ultimately liberating, not possessive, and that our final gift to Edgar was the freedom to find his place in the world. In any case, on December 18, Edgar laughed and danced his way into a taxi with a total stranger to go he knew not where except that we had given him our permission to go and told him that it would be very good indeed. And so there is another silence in our house that is not likely ever to go away. Auf wiedersehen, Edgar!

June 1, 1981

Phill Gronstal, who helped us as treasurer and in a great many other ways since the very beginning of Family to Family, died recently of a heart attack. (Diane's mother, Mrs. Angela Gronstal, is our new treasurer.) Our one consolation is that we named the most recent of our abandoned foster babies "Phillip" in time for him to know about it. The abandoned babies who come to us often have no names when they arrive, but we waste no time in naming them because it seems difficult to relate to them as persons otherwise. And it has become our custom to name them after those who have helped in a special way to make our work possible. It's a way of reminding ourselves, for no baby who has been with us for even a short time is ever forgotten.

Our little Phillip here is doing better now that he seems to be over his constant colds and coughs. We are a bit concerned about him since at seven and a half months he still doesn't do much except turn over. And although he coos and chatters when by himself, he doesn't respond so much to people around him. Some babies can thrive with four to five different mothers caring for them, but others really need just one mother in order to develop emotional stability. And Phillip seems to be one of the latter; he really needs his own family now. Unfortunately, the social workers are still trying to locate his mother, and failing that, it will take some months to get his court hearing for legal abandonment set up.

Manolo is growing out of babyhood at eighteen months. He's quite healthy now and into everything. He doesn't say many words, but has finally learned to give a kiss. He too is ready for his own family. His papers are now in Manila and we can only wait.

Our good news is that Miguel left for his adoptive family on March 26. His new mother came with the social workers to take him home. He was sick again with ameba when he left, but just as we hoped, it seems to have cleared up for good in the new environment. His parents already had an adopted daughter and were very happy to finally have their son. They live near by and we hope to visit them soon.

And our latest arrival, Evelyn, came on May 25. She is a healthy two and half month old, who will return to her own family after some of their difficulties are settled.

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One of our feeding program mothers has also become a foster mother. Actually, she is a grandmother who has already been caring for a two year old granddaughter since she was a few months old and the eight year old daughter of a cousin for the past year. But now she has taken in little Roger. In fact, she had him for two months before Diane found out about it. Roger's mother left him with his father less than a month after he was born to return to her first husband and children. This grandmother could see that the father couldn't care for him and so offered to look after him. Then the father left town saying he would try to send money for Roger's care but apparently has no money to send and isn't coming back in the near

future. Diane asked to see the baby at four months and ten and a half pounds. He was very undernourished and severely anemic. He was only getting condensed milk since that was all they could afford. So we are providing infant formula, vitamins, iron, and some clothing. He has gained about a pound, but has frequent coughs and most recently was wheezing, which may mean he is asthmatic. But it is obvious that he is getting lots of loving attention from this grandmother. She reminds one of the stories of the widow in the Bible. We give from our plenty, but she gives from her lack.

The feeding program is going well. The case of diphtheria mentioned in our last newsletter did not spread, but it did convince us that we had to begin an immunization program. So we are now in the process of immunizing all the children in the feeding program and all their family members. Everyone is getting oral polio and those not eight years get DPT (diphtheria-pertussis-tetanus) while those over eight get tetanus toxoid. We have received some donations of vaccines and also had the assistance of the Bailawanen Jaycees (a local Jaycee club of business and professional women) in administering the injections one Saturday morning. It is a lot of work, especially since it is hard to catch the children when they aren't coughing or having diarrhea. Diane holds immunization clinic every Friday, Saturday and Sunday morning and sends out weekly reminders to those who are due to come. Many of the mothers are quite willing, but some were reluctant at first. So Diane prepared a lecture thoroughly explaining the vaccines and the diseases they prevent. Now we only have some fathers holding back. It is also hard to find a time when the fathers are free. Those who have steady jobs usually work six days a week and some work seven days. But we should have the bulk of the families completely immunized by the end of August, around three hundred fifty people in all. The cost comes to about four dollars per person for the three polio and three DPT or Tetanus. Although this is expensive by our standards and we may soon be back in the red because of it, it is certainly well worth it for the protection it provides.

In addition to the immunizing, Diane regularly holds clinic every morning for anyone who is sick. In the past, there were seldom more than two or three per morning, but lately they have been coming in droves and the clinic "hour" has expanded to two or three hours. There have been various burn and wound patients who needed daily dressing changes. (One of the fathers was close to losing his little finger due to an infected wound) and about a dozen kids with draining ears who needed to have the ears cleaned every other day. And of course the numerous cases of fever, cough, asthma, and skin infections that we refer on to our volunteer doctors.

Tom has been busy with the microscope too. We've had many children and some parents with abdominal pain. And every one of them that Tom did a stool exam on had Trichuris, a small worm that attaches itself to the large intestine and sucks blood. They usually had one or two other things too, all requiring separate medicines. Anyway, as soon as they take the medicine for Trichuris, the stomach pains are gone, and usually within a couple of weeks we see their weights going up. The burden of parasites is something that can't be prevented until these people have better sanitation. And since just a simple water seal toilet costs the equivalent of over a month's salary for a family, it is really beyond their reach. So dealing with the parasites is an on-going problem and certainly a great contributor to malnutrition.

September 6, 1981

Last Christmas, two of our supporters did something very fine for us. They ran off copies of a sheet describing our work (essentially taken from our fact-sheet), together with a statement of their support of us, and sent a copy of it out with every one of their greeting cards. In both cases there were very good results. And it's the kind of fund-raising that doesn't involve us in spending a cent of the money that people give us for food and medicine on publicity. If you're interested in doing anything similar, now is the time to start thinking about it.

We have mixed news for you. The first fruits of the Reagan administration for us is a recent cut-back of over 50% in the commodities that we receive for the children presently in our feeding program and the news that no applications for food for new feeding sites will even be considered. The commodities, which used to be adequate, are a highly nutritious blend of corn-soy-milk that is easily prepared and easily digested. Nothing comparable to it is even available on the local market for purchase. To replace the CSM with a variety of foods that would be equally nutritious would cost a small fortune. It is difficult to know how to feel. We are well aware of the extent to which commodities such as these have been wasted in the past by some people. That is one reason why we have such complete supervision over our own use of them, from the moment the bag arrives on the porch until the spoonful of cooked food goes into the mouth of the precise child who is supposed to receive it. In many cases, the practical meaning for us is that the continuation of our present feeding, not to mention the opening of any new sites, is going to be financially a brand new ball game.

On the bright side, we have received a grant from Terre des Hommes of West Germany that has enabled us to begin on Sept. 1 what had best be called a combination all-day-care/mal-ward for twenty malnourished children whose mothers desperately need to go to work. We have rented a house nearby and will have the children there from 7am to 7 pm. We will provide all of their meals and medical care and introduce them to the joys of nursery school. While this new source of funds cannot be used to cover any of our other on-going expenses, the opening of the day-care is a dream come true and we are very grateful. Moreover, we doubt it would have come about had it not been that a representative from Terre des Hommes came to escort Edgar to his new family in Germany and so had the opportunity to see our work first-hand. And so we have code-named our new project: The Edgar Connection.

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Several of the feeding program children have been hospitalized. Christina, a nine month old, had ameba which we were already treating, but she was just getting too dehydrated. Unfortunately, the doctor (not one of our regular doctors) told the mother to stop breast feeding, not realizing that her parents can't afford to buy infant formula. So we are trying to get the milk supply re-established by letting the baby suck every time before she drinks the formula from a cup.

Mary Jane is another new child in the feeding program and one of the most severe we've ever seen. At nine months, she weighed seven and a half pounds and was so tiny she looked like a newborn. Her middle-aged mother had been breast feeding, but had only a small amount of milk, being malnourished herself. Her father has recently diagnosed TB and asthmatic bronchitis and hasn't worked in several years. Mary Jane spent one day at the hospital getting a blood transfusion, thanks to a donation from a student at Xavier University. We are supplying infant formula to supplement the breast milk. At first her progress was very slow, but now she is up to nine and a half pounds, so we are hopeful.

Diane is still seeing many children with draining ears every other day for cleaning. Some have cleared up, some are improving, and some at least aren't any worse. But three and a half year old Juliet's ear drainage suddenly became much worse, with a bulge behind the ear and high fever. So she had to be hospitalized for a spinal tap to be sure she didn't have meningitis, which fortunately she didn't. When she came home, we continued her antibiotic injection three times a day. A culture showed that most of the drugs we had already used should have been effective. So we suspect the main problem maybe TB and have added a second TB drug. She is improving and feeling better, but still quite precarious.

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On the home front, things have been busy. First, our newest baby, Evelyn, came down with whooping cough in early June (the very weak Diane had planned to start her immunizations). It was not a typical case and so it was several weeks before we could be sure that this was really the problem. Then we gave her four daily injections of immune pertussis globulin and she began improving right away. It was a frightening experience since she had frequent episodes of turning blue during the coughing. Whooping cough is endemic here and just this past week another case was reported in our neighborhood. Obviously some of the cases are quite mild and not recognized, but for the severe cases the injections can be a real life saver. However, they are very expensive and few of the families we work with could afford them, which makes our on-going immunization program that much more important.

Phillip, whom we mentioned being concerned about in our last letter, finally did blossom. Within a span of five days, he began crawling, sitting up, standing and walking around his crib. He is also much more responsive. We assigned one of our helpers to provide all of his care and he has become very attached to her which was exactly what he needed.

On August 11, five-year old Renato came to us for temporary foster care while awaiting adoptive placement. He had spent the pervious two months in a small nutri-ward in a small town up the coast, but was making no progress. At just twenty-five pounds, he didn't look or act as bad as some of the children we've had, but he is shorter and four pounds lighter than our own two and a half year old Erlinda. An X-ray showed primary TB and inflammation indicated recent pneumonia with involvement of the lining of the lungs. So he started off with antibiotic injections three times a day. His hemoglobin was seven, about half of normal, and so a few days later he received a blood transfusion, again thanks to a donation from a student from Xavier. His stool exam showed the usual ameba and ascaris and more trichuris than Tom had ever seen, plus tape worm. Little wonder he was so anemic. Several

days after the blood transfusion, he developed a cough and respiratory distress with a very rapid pulse and shortly afterwards a prolapsed rectum. Prolapse of the rectum can be caused by the trichuris and ameba, especially in malnourished children. So off he went to the hospital again. The doctor was able to reinsert the rectum right away, but even with oxygen his breathing remained very labored and his pulse rate was over two hundred. He was apparently in early congestive heart failure, probably due to the blood transfusion. His body just wasn't able to handle the "normal" amount of blood. He was also wheezing a lot, which surely aggravated everything. We suspect he may be allergic to eggs, which we had been giving him several times a day as they are very easily digested. With some medicine to strengthen his heart, he began improving and was able to come home again two days later.

We had to restrict his activity for a while, but now he is back playing with the other kids. Although he hasn't gained much weight yet and is still being treated for ameba and the various worms, he seems to be feeling better. He is very talkative and really talks on an adult level. He has an amazing memory of his past life, but talks about it in such a detached manner that we feel quite sure he has some emotional scars. Of course his memories aren't very pleasant. His father died last year. A brother and sister before that. Another brother died last February, and in July, just shortly after his mother had another baby, his eight year old sister died; all of them apparently due to complications of malnutrition. With time and lots of love, we feel sure Renato will blossom. And we are hopeful that he and his ten year old brother, who has also been relinquished for adoption, can be placed together in an adoptive family. They have both lost so much, at least they would have each other.

November 24, 1981

In early April, Tom and Paul, our oldest, are going to visit the States for the first time in seven years. It is essentially a fund raising trip, but Tom also wants to visit his parents, who will both be eighty, and it is time that Paul saw the land of his birth.

We have been joined by an American nurse, Sr. Ginny Mohr, a Dominican Sister of the Sick Poor with many years of experience in public health work in New York City. We hope she will be with us for some time to come.

Our Day Care for twenty children is going well. We are very pleased with the progress that the kids are making in terms of weight gain and general health. Our "star" is three year old Michael, who gained four pounds in the first three weeks, more than he had gained in the preceding eight months. And many of the parents are pleased to see what their children are learning. Six year old Resy's mother said she had never held a pencil before, and she was writing her name in the first week. But they have had their share of colds, fevers and asthmatic episodes. The ones with a history of asthma have to be on a special diet to eliminate any foods that cause allergy. Two of the girls have had draining ears and several of them have had abscessed teeth. (Each of them has a toothbrush, probably for the first time in their lives.) But basically they are doing well.

As a result of the Day Care, ten mothers are able to go out and work and supplement the family income. And these ten families have a total of forty-eight children, all of whom will benefit from the increase in the family income. We have been pleased to see that some of the older children in these families are also showing rather dramatic weight gains. With the younger children getting all of their meals in the Day Care and the extra money from the mother's work, the older kids are obviously getting more to eat. And the entire family receives medical care from us as needed. Two of the mothers are actually working for us in the Day Care. And one of these is an experienced nursery school teacher, who does a great job of teaching the kids writing, counting, art, singing and dancing. They are all busy preparing a Christmas program for their parents.

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At home, we have a new addition. Renato's ten and a half year old brother, Reynaldo, joined us on October 2. He is much older than any other foster child we have taken, and he could have gone to an institution for older children here. But that would have meant that he and Renato would have seldom seen each other. And since they will be placed together, we wanted to keep them close. Reynaldo didn't look that malnourished, but is quite short for his age, more like an eight year old. And his weight jumped four pounds in the first three weeks, so he obviously hadn't been getting enough to eat. Except for worms and a skin infection, he has been quite well. But he has many severely decayed teeth and has been seeing the dentist once a week for extractions and fillings. He had told the social worker he would go anywhere she wanted to send him as long as he could go to school, so Diane enrolled him in school right away.

We celebrated Phillip's first birthday, and he decided to make it a real occasion by starting to walk. In fact, he was running faster than his legs could carry him. We were all laughing and cheering him on, and he was so proud of himself that he giggled constantly. We're hoping Santa will give him a new home for Christmas. Evelyn, at seven months, doesn't want to be left behind. She is already walking around the furniture and taking some tentative steps alone.

On November 6, our family bade good-bye to Manolo. Diane flew with him to Manila. A week later Manolo's new aunt and uncle took him to stay with them until his final departure to his Filipino-American parents in California. Looking at the picture of the tiny, frail baby that came to us almost two years ago and seeing the sturdy, happy toddler he has become made it hard to tell which of our tears were from sorrow and which from joy. In the past six years, twenty-six children have shared our home and hearts. But saying good-bye never gets any easier.

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In the feeding program, we have been seeing many cases of ameba, especially in the children under two years. Allen was found to have ameba just four days after he entered the feeding. A week after the treatment, his diarrhea returned and he was hospitalized because of severe dehydration. He continued to get worse, developed pneumonia, and died ten days later. Our help came too late for him. But all of the others have made constant progress. Rona, only nineteen pounds at twenty-seven months, had beginning eye damage due to lack of Vitamin A. We got rid of her parasites and she no longer cries all night. And she's gained three pounds. And tiny Ramil, who weighed thirteen pounds at fifteen months, is over his ameba, ascaris, trichuris and tape worm. And having gained three and a half pounds, he looks like a different child. We had a new problem when two children in one family developed typhoid fever. Woody, age nine, developed it first. After a course of antibiotics, he was still having nightly fevers and so our doctor advised a blood test for typhoid, which was positive. He had lost five pounds in three weeks. Fortunately he responded well to the medicine and has already regained most of the lost weight. Just as he was recovering, his older sister developed the same symptoms. Treatment was started immediately, and she also is fine now. We hope no other cases will turn up, especially in their family, since the mother just had a baby.

Juliet, the child mentioned in our last newsletter as having the serious ear infection, has continued to have constant drainage and an abscess over the bone behind the ear. None of the antibiotics seemed to have any effect. So we helped the family get her hospitalized as a charity case, and she had surgery to clear out the infection in the bone last week. We hope she will now begin to improve.

Christy Joy had been in the feeding program for a few months but weighed no more than when she started, fourteen pounds at eleven months. Our doctor indicated that she desperately needed more protein, and we spoke to her mother, who was not bringing her regularly to eat and was not caring for her properly in other ways also. But her mother still

would not cooperate, and so finally we dropped Cristy Joy and her two year old sister from the feeding. A month later Cristy Joy was admitted to a hospital, semiconscious and with severe dehydration from diarrheas, and thirty-six hours later she died. Some things are beyond comment.

Our Christmas thought, as we view the world of 1981 from Cagayan de Oro, is a somber one. Someone sent us a religious calendar that had, for each month, a picture of some scene from nature and above it a statement about how the sound of God entered men's lives, as a whisper, or laughter, or a great rush of wind. One picture spoke to us most eloquently. It showed mountains in the distance, just as we have here on the other side of the bay, and above them was written: The sound of God is like the mountains, remote and soundless.

May your Christmas be filled with all good things.

February 20, 1982

Diane made an unexpected trip to the States to see if she could help her mother, who was not recovering well from an operation for throat cancer, but Angela died on Dec. 20 after Diane had been with her for only a few hours. Diane returned in mid January. The holidays were not very merry either in Iowa for Diane or here in Cagayan without her.

But we did have our usual Feeding Program Christmas party. And thanks to all the used clothing we have received from many in the States, each of the children received a dress or shirt and pants. And a sponsor here in Cagayan make it possible for us to provide canned baked beans, sardines and luncheon meat for a special Christmas dinner for each of the fifty-three families. The clothing donations also make it possible for us to give a set of baby clothes to any feeding program family who has a new baby throughout the year.

We started the new year by “graduating” some older and now healthy children from the feeding program. Some of them had only been in the program a little over a year, but had made ten to fifteen pound weight gains. And as a result we had room for some new children, which weren’t hard to find. One mother brought all four of her children and they were all in serious condition: Angelita weighed fifteen pounds and ten ounces at one and a half, Annabelle nineteen pounds and four ounces at two and a half, and Mildred twenty-eight pounds at six. But the worst was Edgar, who weighed only twenty-two pounds and twelve ounces at four and a half years and really looked like a little old man. All four children had diarrhea which turned out to be due to ameba, along with the usual worms. But they have all improved now. We also have several other new children under two years and most of them had ameba too. The ameba is most serious for them since they can get dehydrated very quickly. We advise them about giving plenty of liquids, including an oral rehydration solution that is available through the local health department. But sometimes the child is already too dehydrated to drink or begins vomiting either because of the ameba or because of the dehydration. And then the only answer is to have the child hospitalized for intravenous fluids. So these little ones always worry us, especially until they start to gain some weight

In early December we had quite an epidemic of some sort of viral respiratory infection. Almost every child in the Day Care came down with it and developed pneumonia. And many of those in the feeding program also had it. It was so extensive that several hospitals in town were completely full and refused to admit any more patients. In fact, one of our feeding program children who was semi-conscious and in respiratory distress was told to go somewhere else. She finally did get admitted to another hospital and has now recovered. But one year old Ponciano, who developed a similar sudden case of pneumonia, was admitted to a hospital on Jan. 8 and died the next day. He had been in the feeding program since July and had been almost constantly sick with ameba, skin infections and respiratory infections. But he had been slowly gaining weight and we had looked on that as a hopeful sign.

Just a couple of weeks ago our Paul became ill with headache and vomiting that continued the whole day. By evening, he had vomited everything he had taken the whole day

and was becoming dehydrated. So we took him to the hospital to have an IV started and brought him home with it running. The doctor gave him medicine to calm his stomach, but he still vomited several more times during the night. By the next evening, he was feeling better and drinking again. Apparently, it was a virus and fortunately no one else got it.

We have again had a great deal of rain during January and February. And like last year, many areas of Mindanao have been hard hit by floods and landslides. Even here the Cagayan River rose far above its banks and many on either side of the river had to be evacuated. Also, the dozen families who live on an island in the middle of the river had to be moved out to higher ground. Although we aren't near the river, high tides and strong winds combined to knock down five houses and damaged the boats of some of the fishermen in our barrio.

And as usual the rains seem to have brought their share of diarrhea cases. Stool exams have shown most of them to be ameba. We've treated twenty-six cases in the past six weeks and some of them have had to take two or three drugs because they didn't respond to the first drug. More than a half of these cases also had one or two types of worms. The constant rain makes it very hard to prevent the spread of ameba to the rest of the family. Clothes can't be dried in the sun, water is used very sparingly since they have to go out in the rain to get it, and boiling the drinking water is out of the question when there is hardly enough dry firewood for cooking. So everyone will be happy to see some real steady sunshine again.

Having Sister Virginia with us through all of the above has been a tremendous help. She takes care of all of the medical problems at the Day Care and helps Diane with our clinic and immunizations. She has also learned to use the microscope for stool exams and so will be able to handle this while Tom is away.

And having her with us has enabled us to go on a fairly regular weekly outings with our own six kids. Usually we take a picnic lunch to some nice beach. All of the kids enjoy the sea. Paul is a better swimmer than any of us even though he is just ten. And all of the others are on their way, even down to three year old Erlinda, who throws herself right in, face and all. Anyway, everyone usually has a good time and we all enjoy doing some things together as a family. The composition of all the children in our house has really changed. With our own youngest a very aggressive three year old, we have no more babies, and once Reynaldo and Renato leave, the foster children will all be babies. As our own children keep getting older, the distance between them and the foster children will spread and in some ways that may make things easier. We have the feeling that our own kids are looking for a greater sense of identity precisely as a family, even though they remain as open and loving as ever to all the newcomers and are always excited when we take in another foster child. We have always treated the foster kids just as we do our own, and that makes it very difficult to strike a balance. Tom noticed recently that all four of our present foster children could easily leave within a couple of months and we might have no foster children in the house at all. If so, it would be the first time in six years that there was ever a day without one. Tom suggested that, if it turned out that way, it might be good to feather our engines and have a vacation just at home by ourselves for a few weeks. Diane agreed that would be a fine idea but quickly

added that, of course, if she ran into a baby that needed care we wouldn't keep him waiting. Knowing how Diane runs into babies, that's the end of that idea.

Diane had a few of the kids shopping with her the other day and bought them ice cream cones. Reynaldo, who is ten, didn't seem to know what to do with his and the ice cream started running all over his hand until Diane grabbed the cone and licked it all around. We don't know for sure and we're not going to ask him, but we think it may have been the first ice cream cone that Reynaldo had ever had.

June 18, 1982

Family to Family has been operating now for seven years and so we recently took a look at the history of its finances only to discover that we ran the entire program for the first five years on cash contributions that totaled slightly less than the 48,600 US dollars that it costs to purchase one Sidewinder AIM-9L air to air missile such as the U.S. has recently been selling to the British to fire at Argentine planes before they sink the British ships that are shelling the We're not sure what conclusion to draw except that it apparently costs a lot more money to kill people than it does to keep them alive.

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Shortly before Tom and Paul left, we had several cases of measles in the Feeding Program and in order to try to lessen the severity, we gave Gamma-globulin to over twenty of the more seriously malnourished kids. But two of the early cases developed very severe pneumonia and had to be hospitalized. Blood transfusions and intravenous antibiotics saved their lives, but they are still very weak and have yet to regain all their lost weight. And now we again have many cases of measles in the barrio.

Diane spent a whole morning trying to get three children from one family hospitalized for post-measles pneumonia. The girls, aged three, five and seven, were all too weak even to sit up. So Diane and each of the parents carried one. After waiting in line over an hour at one hospital, they were advised that all should be admitted but that they had no more room. So off they went to another hospital where they were admitted, making that hospital full to overflowing too. And this second hospital has no isolation ward, so they were put right in with the other pediatric patients. Diane helped pay for the initial medicines to get them started on intravenous fluids and antibiotics (going to two pharmacies outside the hospital in order to get the needles needed for the intravenous). And she introduced the parents to the social worker in the hope that she could help them with additional medicines. But the mother brought all three home three days later since she had no more means of buying the medicines. And two days after that, she and her husband moved back to a relative's farm in the mountains. They had come to the city hoping the climate would be better for their children. During their stay, five out of six of their children developed measles and severe amebic dysentery. Apparently, they decided the mountain climate was better after all.

Family to Family does not regularly provide the medicines for hospitalized children from the Feeding Program. The costs involved are just too much compared to the food and oral medicines we can buy instead for a larger number of children. We do try to refer the families to where they can get help, but such resources are very limited.

During Tom's absence, Sister Gini did seventy-six stool exams and had only four negatives. Over forty showed ameba. The rate of ameba infections seems to be increasing and they are also harder than ever to cure. Diane and all nine kids at home also had ameba. We are hoping that much of it is due to the dust and flies that we see so much of at the end of

the dry season. Now that the rains are starting again maybe things will calm down. Having Sister Gini available to do all those stool exams was literally a life-saver.

The children in the Day Care seem to be the exception to all this sickness. They have been amazingly well. They had a couple of cases of ameba, and a few had asthma, but very little compared to the feeding program children,. Next week, school will start and six of the Day Care children will graduate to Grade I at the local school. This will make room for new families in the Day Care.

Our saddest news is Mary Jane. She started in the feeding last July at nine months and seven pounds and ten ounces. She had had a very up and down course. Our doctor saw her recently and advised a blood count and possible transfusion. Despite the fact that she was given blood last July and iron ever since, she was extremely pale and hadn't made any weight progress in six months. But before we could get the blood test done, Mary Jane began vomiting and within a few hours, while on the way to the hospital, she died. We don't really know what caused her death. What made it even sadder was that her father had died of asthma and TB just two days earlier. They were buried on the same day.

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On Feb. 27, Evelyn, who had spent ten months with us, returned to her family. Despite her many bouts of ameba, she departed a healthy, energetic and happy toddler. Her family lives nearby and so she comes back for visits every now and then. Just a few days after Evelyn left, on March 3, we took in a two-month old abandoned and nameless girl, whom we now call Juanita, from the newborn nursery of a local hospital. She was very healthy and big for her age at twelve pounds. And she was already smiling and cooing. But we soon encountered terrible difficulty in feeding her. She would become quite hysterical if we moved the least bit while we were feeding her her bottle. And if we tried to talk to her while she was drinking, she would stop sucking and just cry and cry. Diane checked back with the hospital and found we were preparing the formula exactly as they did and using the very same type of nipple. However, as is usual here, her bottle had always been propped. She had never been held for a feeding before. So part of the problem was the strangeness of being held and fear that the bottle was falling away. But she also seemed to be withdrawing from human contact during her feeding, which should be a time for special closeness and comfort for a baby. She was the most severely disturbed infant we had ever seen. In order to try to give her a sense of security and love we had only one helper care for her during the day and only Diane care for her during the evening and night. At first, they had to turn her away from them while feeding her so she couldn't see their faces at all. But gradually she began to relax and come out of her withdrawal. And now she even reaches up her hands and plays with our collars or pats our faces while she drinks. And although she still greatly prefers the two regular "mothers", she has gradually widened her circle of friends. And the emotional stress hasn't slowed her down in other areas at all. At five months, she is already walking around the crib and in the walker.

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One area into which we have always wanted to expand is educational assistance. There is no compulsory education here and no completely free education. Even public elementary schools cost something and many children do not go because they cannot afford to, even though most parents recognize that education is the only way for their children to escape from lives of poverty. Until recently, all we had done was to provide a high school scholarship to the very talented daughter of one of our workers. But now we are also going to send a seventeen year old boy in the neighborhood, who no longer lives with his family, to first year high school. A twenty-five year old student whom Tom had in class last year dropped out of college half way through the second semester of his third year because he could no longer afford to go. He is the son of a poor tenant farmer, and his own right arm was amputated just below the elbow as the result of an accident when he was nine years old. We are going to see him through the rest of college if he maintains good grades. And the cost? Roughly ten dollars for a year of public grade school and twenty dollars for high school. And the total cost for tuition and fees at the Jesuit University, which offers the best college education of any school in the area, is less than two hundred dollars a year.

* * *

Tom and Paul had a very successful trip to America in many ways. They were gone over seven weeks and stayed in fifteen different homes all across the country, ranging from those of closest relatives to those of people who had previously been mere acquaintances. The one common denominator in it all was the wonderful hospitality they received everywhere they went, for which we are all very grateful. There is an old Irish ditty that Tom would have liked to sing as they left each home, but he had neither the voice nor the opportunity to do so, and so we will end by letting him print it here:

And since it falls unto our lot
That we should rise and you should not,
We'll gently rise and we'll softly call,
"Good night, and joy be with you all"

September 15, 1982

Our family has been uniquely quiet these days. The social workers were able to locate Juanita's mother and she was eager to reclaim her daughter. So on August 6, just four months after she came to us, Juanita went home. She had become a very outgoing and animated baby and seemed quite recovered from her earlier emotional withdrawal. And then less than two weeks later, on August 17, Tom took Phillip to Manila for his visa physical and pictures. He left him in the care of another foster family for the few days until his departure on August 23 for his new family in New Jersey. It is always hard to say good-bye to our little ones, but Phillip, who had come to us as just a wee baby and remained for twenty-one months, was especially precious to all of us. So we have only two foster children at present, six year old Renato and his eleven year old brother, Reynaldo. It's the first time in almost nine years that we haven't had at least two babies on bottles and in diapers.

* * *

The feeding program has been extremely busy with new admissions almost every week and many very serious cases. Joan is a three year old who weighs thirteen and one-fourth pounds. She had been in the feeding program two years ago, but her mother dropped out because she had a new baby. Now Joan is fighting to survive measles and amebic dysentery, a battle she may not win. Her brother, Romy, had measles first and we would have given Joan a dose of gamma-globulin, but her mother thought she had had the measles. There are so many other viral diseases that produce rashes, that it is really hard to be sure. In the past two weeks, about a dozen feeding program mothers reported their children had measles, but when Diane went out to their homes to see the children, less than half actually had measles. Almost all of the feeding program children who have had the measles have developed pneumonia during the measles or after, and probably because of their reduced resistance, most of them also end up with ameba. Three children are presently in the hospital (the government hospital is again turning people away for lack of space), but so far there have been no deaths of children in our program although several other barrio children did die of post measles pneumonia. The good news is that the health department, for the first time, now has a limited supply of measles vaccine. It is only enough to immunize the nine to fourteen month old babies, this age group being the one most at risk for serious complications. But we are grateful that at least some of the children will be spared from this life threatening illness.

Another of our very serious cases is Marilou, who at eleven months weighed thirteen and three-fourth pounds. She also had a draining wound on her right upper arm, which began as a boil when she was three months old. After several visits to different doctors for treatment of the boil with no great improvement, the family gave up on going. So for six months Marilou's mother had been doing daily dressing changes on the wound. The infection had gone to the bone (osteomyelitis), and sometimes small pieces of dead bone came out. Actually there were five separate fistulas or openings, all constantly draining pus. It is a wonder that Marilou survived this at all. We have now been providing daily injections for five weeks and see hopeful signs of progress; three of the fistulae have stopped draining and

she no longer has much pain. We also do the daily dressing change, which was quite an ordeal for Marilou in the beginning, but now that the pain has subsided, she just quietly watches every step with her big bright eyes. As a reward after her injections, we give her a slice of cheese, which stops the tears immediately and sometimes even produces a smile and a giggle. Then since the cheese is tightly clutched in the hand of her good arm, her mother raises her bandaged arm so she can open and close her fist to wave good-bye.

Sheryl, despite being breast fed, has been constantly sick with asthma and draining ears, and so she has never been well enough for long enough to get started on her DPT immunizations. And now just a week after her first birthday, she has pertussis with severe pneumonia as a complication. The mother was able to get an advance on her husband's salary to pay for one of the two doses of pertussis immune globulin and we are providing the other (one dose is about the same as two weeks salary at the minimum wage). These two injections should shorten the illness to one week instead of the usual six.

Some of our other newly accepted children in the feeding program are ones that just got over the measles. Jeremiah is such a case, weighing twenty-five and one-fourth pounds at five years. He really looks like a stick man. His younger sister, Bonita, will probably also start in the feeding. We haven't been able to weigh her yet since she is still quite sick with measles and pneumonia. Many of the newly accepted children have chronic draining ears, which their mothers seldom even mention. They look upon it as nothing more unusual than having a cold. We check and clean the draining ear cases three times a week until they improve. We had about a dozen but are now up to twenty children. Some of these have such large holes in the ear drum that their hearing is affected. Two new brothers in the Day Care have draining ears. Efrin's ear drums have nothing but a fringe. He has hearing and therefore speech problems. He has improved some in speech, and we hope the nursery school activities will help enough that he will be able to succeed in elementary school. Crisanto's ears continue to drain although he doesn't seem to have hearing problems. Their younger sister, Yollanda, is also in the Day Care. Their father seems to have left the family. Ant their mother had been trying to do laundry in order to support them and another younger sister. One day, as she was going across a bridge with her laundry and the four children to go down to the river to do the wash, the youngest girl was hit by a passing jeepney and died twelve hours later at the hospital. At least now the mother can do some work and know her children are well cared for at the Day Care.

November 15, 1982

We've all done lots of coming and going since we last wrote. At the end of September, Sister Gini got away for a week, her first break in the year she has been with us. Then Diane took Monica to Cebu to see her eye doctor and get new glasses. Erlinda went along and greatly enjoyed her first inter-island boat ride. A couple of weeks later, Tom and Diane went away for three nights with another American couple to Camiguin. Camiguin is a beautiful small volcanic island of waterfalls, hot springs and fascinating coral, but it's the peacefulness and quiet we enjoy the most. Shortly after our return from Camiguin, Diane took Reynaldo and Renato to Manila for their visa pictures and physicals. Reynaldo wasn't too happy with the plane ride, "too much up and down", but Renato loved it. During his first elevator ride, Renato's eyes just got bigger and bigger, and so did his smile. Although they were in Manila only two nights, they even got to the zoo. Then during semester break Tom took Paul, Chris, Jay-Jay and Reynaldo over to Camiguin for three nights. As soon as they got back, Diane and Sister Gini took Marie, Monica, Erlinda and Renato over for their turn. All enjoyed looking at the coral and the many brightly colored fish.

* * *

Despite all the traveling, the feeding program and daily clinic went on at their usual pace. We had 464 children visit our morning clinic during October and 109 of these were referred on to our two volunteer pediatricians. In September and October, we administered eighty doses of polio vaccine, thirteen doses of measles vaccine, 119 doses of DPT and 153 doses of tetanus vaccine. Tom and Sister Gini also did 105 stool exams, of which seventy-four showed ameba, usually accompanied by various worms. In the last couple of weeks there has been less diarrhea, probably because there has been little rain. The spread of measles has almost stopped and there have still been no deaths of feeding program children although Peterlyn, age sixteen months, has been in the hospital for almost two weeks due to measles pneumonia. Three year old Joan, whom we mentioned in our last letter, recovered from her measles but not without serious pneumonia, a skin infection and a corneal ulcer. All have cleared up now and she has gained one and a half pounds and so is almost fifteen pounds. And five year old Jeremiah, whom we also mentioned, is now up three pounds to twenty pounds. But six and a half year old Roan, whom we dropped from the feeding program last June, did die from the measles, even though he was only moderately malnourished. Diane had found that his father had active TB and was coughing blood. The Health Dept. doctor advised he should take both Isoniazid tablets and Streptomycin injections, but because of limited availability of medicines, the Health Dept. could give him only free Isoniazid. The family could not afford to buy the Streptomycin themselves, so Diane agreed to provide the Streptomycin and give the daily injections so long as he came regularly. For the first month of daily injections, the father came quite faithfully and was improving; his cough was almost entirely gone. But then he started back to work, and even though the injections were only twice a week, he missed a couple. Diane gave him a stern warning that he must come for each injection or she wouldn't continue to provide them and would also not let his children continue in the feeding program since giving them extra food was a waste of time if he was going to be exposing them to his TB. She urged him to think of his children and their futures. But a couple of weeks later, he just stopped coming for his

injections at all and so we stopped working with his entire family. Later, we heard that he was again coughing blood, and then we heard that Roan had died from the measles, apparently without ever even being seen by a doctor. Maybe his measles was so severe that he couldn't have been saved; we will never know. We do know that all of the feeding program children who got the measles developed pneumonia and needed a course of an antibiotic or in some cases even a second or third antibiotic to control the pneumonia. And maybe it was just luck that none of them died.

Pertussis (whooping cough) is still going around and two feeding program kids have it right now. Richard, who is almost two years, seems to be holding his own, but we are very worried about six week old Rochelle. Despite being breast fed she is quite small in the first place. We are urging all the mothers to get their unprotected children immunized at the earliest opportunity since they don't have full protection until after the second injection. But it is hard to fit the immunizations in since the undernourished babies and pre-schoolers seem to be almost constantly sick. Richard hadn't been immunized because he was always sick with ameba or a bad cough.

Marilou, the little one with the osteomyelitis (infection of the bone) of the upper arm, continues to come for daily dressing of the wound. And for the past two and a half months she has been getting the injections twice a day (after one month of once a day injections). She now has only one fistula draining instead of the initial five. And even the one remaining fistula is getting smaller. She has also gained two pounds and looks so bright and happy. The dressing change isn't at all painful now, but of course the injections are. Our three year old Erlinda is always on hand at the injection time and eager to give Marilou her piece of cheese. Then Erlinda goes to the special spot in the kitchen cupboard where we save small empty boxes, like Jello boxes, and gets one for Marilou. One year ago, we had another little girl getting daily injections for a while and little Erlinda used to stand and watch with tears trickling down her cheeks. At least now she can participate and give Marilou a little reward which makes it easier for her and all of us. And just recently Paul did Marilou's dressing change and seemed very interested in learning how to do more to help us with our work.

* * *

As we mentioned in our last letter, we had reached the point where we had no more foster babies, only two older boys. Everyone was getting very itchy to have a baby again. Finally, after six weeks with no baby in the house, the social worker brought us a new three and a half month old baby boy, on September 27. The kids knew he was coming a couple of days ahead and Paul said if he had no name, he would like us to name him Jonathan. When the social worker brought him, she said he had been passed around to a number of people and they didn't know him by any name except Jonathan. So Jonathan he is. He had diarrhea the very first day, which turned out to be the usual ameba. It turned out to be a very stubborn case, but the fourth course of medicine seemed finally to cure him. He is a very bright and responsive baby and will give anyone a big smile.

On October 1, just four days after Jonathan's arrival, Diane went with the social worker to get two month old Jerame, who had been abandoned shortly after her birth in a

local hospital. The nurses and other hospital staff had named her and had been caring her right at the nurses' station and had grown quite attached to her. So there were many good-bye kisses and a few tears as Diane and the social worker departed with her. She was very sleepy at first and had to be awakened for almost every feeding. But she is growing and very alert and full of smiles now.

And finally, one-month old Harold joined us on October 25 for temporary care until he can return to his family. So once again we have a full house with eleven kids and enough babies for all of us to play with, hold and love.

February 25, 1983

We have some very sad news. Peterlyn, who was just sixteen months old and had been in the hospital with measles pneumonia, developed measles meningitis. After two weeks, the doctors told her parents that there was nothing more they could do for her, so they brought her home and a couple of days later she died. Measles meningitis is the most serious complication of measles and kills even normal, healthy children. But it was still hard for us to accept Peterlyn's death.

We had a nice Christmas party for the feeding program. 119 children and their parents attended. The parents and some of the children performed dances and songs. It was also a graduation celebration for those mothers who had completed the series of nutrition and child-care lectures. Each of the graduates received a certificate. Then Tom, Diane and all six of their children passed out sandwiches, cookies, juice and candy. We received many generous contributions of clothes over the past year, so each of the children received a new outfit. We were especially happy to be able to give each of the mothers some clothes too. And finally, each family received canned baked beans and sardines for their Christmas dinner.

The Day Care kids also had a party. All of the children participated in the program and recited, danced and sang for their parents. And each of them received new clothes also.

Little Marilou, now fifteen months, was still coming for her injections twice a day. So on Christmas morning we gave her a special little toy. And about three weeks later, she gave us our best Christmas gift. The wound on her arm healed, and X-rays showed her bone is also healed. We continued her injections for another month, and then stopped them and she seems to be doing fine. She has gained several pounds and is near to walking.

* * *

With the beginning of the new year we have started a new program. In one section of our barrio, we weigh all the pre-school children once a month. And we plot the weights on a graph that the mother takes home with her. The graph also contains information about the child's illnesses and immunizations. It is a permanent record that the mother can show to her doctor anytime the child is seen. The graph has a line showing the normal weight curve for Filipino children and a second line, which shows the curve for a moderately malnourished child. So when the child's weight is entered on the graph, the mother can easily see just where he stands. We hope this will enable the mothers to take a more active and responsible part in their children's health and growth. And it is much easier to prevent malnutrition in the first place than to cure it later. To emphasize the positive, we are calling this the "Well-Baby Weighing".

Diane had noted three feeding program parents who had symptoms of TB and had referred all of them for free sputum exams, to be followed by free X-rays at the local chest center. But unfortunately the chest center's X-ray machine broke down again. So we decided

to go ahead and pay for X-rays. But the hospital had no more X-ray film; and so we had to get an empty box from the hospital and go to a photo supply store to buy the film and then take it back to the hospital. To make a long story short, two of the three parents, Mr. Evangelio and Mrs. Lumban, showed minimal TB. Mr Evangelio had been treated before with streptomycin injection for a couple of months. So it seemed unlikely that taking more of this would help. He can receive free Isoniazid from the Health Dept., but he really should receive two drugs. We made an agreement that we will supply him with Ethambutol with him paying about half the cost. It is quite expensive, but since his daughter is in the Day Care and both he and his wife will be working, we want them to contribute part of cost. Mrs. Lumban had never been diagnosed or treated before, so she is getting free Isoniazid from the Health Dept. and we will give her streptomycin injections, daily at first and later three times a week. Of course we are providing Isoniazid for all the other household members, which as usual in the Philippines is quite a large number, twenty-four people all together.

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Our very happy news is that the adoptive mother of Renato and Reynaldo came all the way from Iowa to Cagayan to get them. We all enjoyed getting to meet her. She stayed over one night and all the kids put on a short program of songs and poems. When they departed on Dec. 3, it was hard for us to believe they were the same two boys who had come to us over a year earlier. Renato had been severely malnourished and we had been very worried about him for the first few weeks. And Reynaldo had been underweight and quite short. But both of them had gained weight and sprouted up and left a very healthy looking pair. As always, the house seemed very quiet and empty after they left.

Then our youngest baby, three month old Harold, went back to his family on Jan. 7. His parents had reconciled and very much wanted to take care of their son.

So we have just two babies at present. Jonathan is now eight months and already walking in the walker and standing up in his crib. He really doesn't look much like a baby anymore and has a very handsome boyish face. Jerame is six months and still quite small, but she does steadily gain weight and just seems to be a very petite little lady. She is working on crawling and always has something in her mouth to chew on. She had another bad bout with ameba, but is finally over that. She is a very cuddly baby and Erlinda loves to hold her.

Diane and Monica returned just last week from Manila. Monica went in order to have additional surgery on her lip. This was her fifth operation on the lip and palate. As always, Monica was a very good patient and made a rapid recovery although she will still be on liquids alone for another week. The improvement of her lip with this operation should also enhance her speaking ability.

When Tom showed slides of our work in the States last year, one of the slides pictured Marie during the three months that she struggled to learn to ride a tricycle. And he always startled the audience by saying that it was only a matter of time until she would be riding a two-wheel bicycle, hoping to himself that it would really be so. Well, Marie got her first two-wheeler for Christmas. It took seven weeks of intermittent effort, but she finally did

it and now she's riding it all over the place. For so many people, being like everyone else is just a cowardly form of escape; but for Marie, to learn to be and do like others is the challenge that confronts her every morning of her life. And it has become one of the great constants of our lives to witness daily her absolutely indomitable spirit as it displays itself in her utter refusal to succumb to the obstacles that confront her. Knowing Marie's sense of humor, some day soon she will roar by us on her bike, wave her one little finger in the air, and yell, "Look, Ma, no hands". Ladies and gentlemen: Hats off to Marie!

June, 1983

We have just come to the end of the worst drought we have ever seen here. As we have hydroelectric, there are severe power interruptions and also poor water pressure because the pumps are electric. But our problems are minor compared with those of the small farmers who depend on their crops for survival and have lost two growing seasons. As a result both of the drought and of an apparent increase in bandit and rebel activity, many families from the mountains have moved down to the coast. There are about twenty such families in our barrio. And fourteen of their children have joined our feeding program. Only a few of the adults have found jobs and those who have no relatives here are being charged high rents. It is sad to see these people who own their own land and who were self-sufficient now dependent and making the rounds of all the agencies for assistance. We hope that by including their children in the feeding program we will be able to prevent them from developing severe malnutrition. Stool exams have shown that several of the children and adults have hookworm, which we seldom see in Cagayan. We hope that treating their hookworm will prevent it from spreading here.

Tom is the one who discovered the evacuees in our barrio. One Sunday, while at church at the barrio chapel, he noticed a very emaciated and irritable boy who looked to be about nine years old. He asked the woman with the boy a few questions and brought them home after the church for Diane to see. The boy, Vicente, is actually seventeen years old, weighs thirty-seven pounds and is also mentally retarded. His mother died of TB a few months ago and his sister is caring for him. Anyway, as a result of Tom's watchful eye, Vicente's family and three other related families have all joined the feeding program.

Our daily clinic has been busy as usual. In the last three months, 1,193 patients were seen in the morning clinic and 253 were referred on to our doctors. We've had a lot of asthma and a great many skin problems: boils, impetigo and infected sores. As is usual in the dry weather, we have seen much less diarrhea. We did only ninety stool exams and only twenty-eight showed ameba. Since there were predictions of a complete lack of power (and so no refrigeration), we decided not to buy any additional vaccines until the crisis was over. So the number of immunizations is a little less than usual. We gave sixteen doses of measles vaccines, 236 doses of Polio vaccine, seventy-eight doses of DPT, and forty-three doses of Tetanus.

Sr. Gini left us to return to the U.S. two weeks ago. We are grateful for all of her help over the past two years. About a month before her departure, we hired for the first time a Filipina registered nurse, Helen, whom Diane has been training in all the aspects of our work.

* * *

We have often mentioned the deaths of children in our newsletters. Recently, we had three parents die here in our barrio. The first was a mother in her mid-twenties who was our next door neighbor and who had once been in our feeding program. Her husband and mother-in-law were up at their farm in the mountains with the two oldest children when the mother

delivered her fourth child. She was back out selling fish at the market a day later, leaving the newborn and a toddler in the care of a very feeble grandfather. Three weeks later, neighbors heard the mother moaning and rushed her to the hospital where she died in the emergency room. The cause of her death was unknown, perhaps beriberi or just malnutrition. Diane took infant formula and vitamins to the relatives who looked after the newborn until the father returned. Then an aunt and uncle took the two youngest children to another island to raise them

The second death was that of one of the feeding program fathers who was shot in the barrio here after a Saturday night dance. He had an abdominal wound and it was twelve hours before the family could get blood so that he could have surgery. He died two days later, leaving three children. Piloteo, six years, and Carolyn, two years, are now in the day care center, while the five month old baby is watched by a neighbor so the mother can work. Carolyn stopped eating because she missed her father, but now she is eating well again. And she is very animated when singing the songs at the day care. But she has an independent, far away look that belies her two and a half years.

And last, but by no means least, was Matring. Her own children are all grown, but she came for cooking duty and carried her niece, Maricha, for daily streptomycin injections for months so that Maricha's mother could go out and work. And thanks to her diligence, Maricha recovered from her TB of the spine and severe malnutrition. At Diane's suggestion, Matring also "adopted" her husband's niece, whose mother was mentally disturbed and unable to care for her. Flordeluna would have died without Matring's care and love. Matring was buying bread at a bakery on the highway one block from our house when she was knocked down by a racing bicyclist. She died a few hours later of cerebral hemorrhage. We expect Flordeluna to enter the day care.

* * *

Six of our day care children will begin grade school in a week, so we are preparing their replacements. The parents are quite happy with the amount their children are learning in the day care and actually refer to it as "school". We know that the majority of children never get to go to nursery school and also that many children repeat grade I, partly because they have no previous experience of school. So on March 1, we opened a nursery school for children who would otherwise never get to go. We pay for the teacher, supplies and snacks. And it is temporarily being held in a small chapel. There are forty children from forty families, twenty in the morning and twenty in the afternoon. And each of the mothers acts as a teacher's aid one day a week.

* * *

Our household has become quite busy with two new additions. The social workers brought Kimler on March 2. He was a very healthy looking two months old. He is the seventh child of a mother in her mid-twenties. He was born in a jeep on the way to the hospital and his mother died two hours later of heavy bleeding probably due to hepatitis. The two other youngest children had already died, and Kim's father wanted him to have a chance

to live, so he gave him up. Kim is really a handsome baby and about the healthiest we've ever had. He has smiles for everyone and is beginning to crawl on his tummy.

About three weeks later, on March 25, we received a tiny baby girl. Some relatives who wished to remain anonymous turned her over to some nuns who in turn gave her to the social workers. So she had no name and her birth date is unknown. The nuns, seeing she was seriously ill with diarrhea and dehydration, immediately baptized her, giving her the name Maria Josephine. So Josephine arrived with a deeply sunken fontanel and so pale and limp that Diane immediately took her to our doctor. She was a little under seven pounds and sick with ameba. We fed her tea, 7 UP, or Oresol (oral rehydration solution) every hour. By the next day she was improving but still moderately dehydrated and she had diarrhea twelve times. And yet she began to smile and coo, quite unbelievable in one so sick. It took three weeks to clear up her ameba, but since then she has done very well. She's gained four pounds and she babbles and even giggles.

Jonathan, almost one year, and Jerame, ten months, are crawling around and into everything. They are both on the verge of walking and greatly enjoy splashing around in the shallow water on the beach. Our own six kids enjoy feeding all the babies and with so many we are glad for the extra helping hands. In fact, one of the most satisfying things about our work is the way in which our own children accept and love and care for the endless stream of babies who pass through our home. And as they grow older and understand better what is actually happening, it seems to become all the more true. We don't know quite what will happen to our own six when they grow up and leave if they ever have to live in a house without any babies.

August 30, 1983

Most of the foster children are referred to us by social workers, but our most recent addition came as a result of a conversation between Tom and one of the math teachers at Xavier. She told him about a neighbor's child who was severely malnourished. The mother had abandoned the family and the father was struggling to care for four young children. While the father was out working all day, the eight year old daughter looked after the baby of thirteen months as well as the three and five year old boys.

Tom told her that he and Diane would arrange to bring a social worker up to see the family the following week. But then the baby's condition worsened; he developed severe diarrhea. So the teacher came to see Tom and Diane on the afternoon of Sunday, July 3, with tears in her eyes and wondering what could be done. She and her husband were willing to pay for medicines in the hospital, but there was no one to stay with the child in the hospital. (Here in the Philippines it is absolutely essential that patients have a companion or "watcher" who provides all their physical care, and in the case of children, prevents them from falling out of bed or removing their intravenous needle, etc.) Diane decided to go and evaluate the baby's condition and talk with the father.

She found the baby, Rene, very pale and emaciated, but only mildly dehydrated. Each of his ribs showed and the flesh hung from his arms and legs. His eight-year old "mother" said his only foods were rice water and rice porridge. Diane talked with Rene's father and he was eager to have Rene placed for temporary care while he would try to contact his relatives to see if they could help him with his family. Diane returned home with Rene and his father so he could be reassured about Rene's care and know where to come to visit him. Tom and Diane took the social worker to meet the father a couple of days later.

Rene's weight was eleven pounds, about half the normal weight for a thirteen month old. Over the next two days Rene ate well, but began to wheeze and cough. We took him to our doctor and she advised admission since he had pneumonia and wasn't drinking well. While in the hospital he received a blood transfusion for his severe anemia thanks to a donation by another member of Xavier's faculty. Two weeks later we were all amazed that Rene had gained five pounds. He looked like a different person. He still has asthma with almost constant wheezing. We hope this is just a result of his altered immunity and disrupted digestion because of his severe malnutrition and that he will gradually improve. He also has a club foot and so he has been placed in a cast which is changed every two weeks to gradually strengthen the foot. He can now sit up and crawl on his stomach. But he can only tolerate standing at the side of his crib for a minute or two since his muscles are still quite weak. Rene seemed emotionally disturbed at first and would close his eyes whenever anyone looked at him. It surely must have been a frightening experience to be left with a houseful of strangers, including four other babies. But now, whenever we so much as glance in his direction, he giggles and laughs.

Having five babies so close in age has been difficult even though we have very good help. Jonathan has been walking for about a month and is constantly testing to see if what

was “no, no” yesterday still is today. Jerame will take a few steps alone and crawls like lightning. Kimler at eight months has been walking around the furniture and crib for two months. He was sick with ameba for a month and seems to have trouble related to cows’ milk. He still wakes up a lot at night but has improved a little since being on soy milk. And Josephine, the baby of the family at seven months, is an adorable petite baby getting ready to crawl. All of this adds up to about two and a half dozen bottles of milk, juice and water per day, about eighteen pureed or chopped meals to be spoon fed and more diaper changes than any of us care to count. All the essentials get done, but we feel the babies don’t always get enough holding and individual attention, which is the main reason that we have set and keep to our limit of only five foster babies at any one time.

* * *

On July 1, we moved our Day Care center from the ground floor of a residence to a larger two-story house which we have all to ourselves. It has a large yard and cement play area. The twenty children in day care have plenty of room inside the house and there is an attached garage where we can have the nursery school for twenty kids in the morning and another twenty in the afternoon. In the backyard, we have set up a kitchen for the feeding program. And every morning we hold our medical clinic at the front of the house. Helen, our Filipina nurse, lives upstairs and has complete charge of all the medical aspects of the work. She is a tremendous help. So now all of our programs except the foster care are carried on in one spot, which is more centrally located for most of our families. And for the first time in eight years, we have a more private homelife without the constant stream of people coming to our backyard and kitchen to cook the food for the feeding program, buy powdered whole milk (which we buy in twenty-five kilo sacks and then sell in one pound jars at cost), get notes for going to the doctor, pick up aspirin or prescribed medicines, get immunizations, etc.

December 1, 1983

When we came to the Philippines nine years ago, we wanted to live and work in a rural area. Cagayan de Oro was a fairly suitable choice at that time, but it was in an area marked for industrial expansion by the national government, and almost all of the changes that have taken place there since then have been in the direction that leads away from what we originally wanted. And so we finally decided to make the break. All of our programs in Lapasan, the day care, the nursery school, the feeding and the morning clinic, are continuing as usual under the daily supervision of our Filipina manager and nurse. But we, our own six children, and the five foster babies have all moved to the nearby volcanic island of Camiguin. Though we finally have a house that is large enough for our family and work, it was designed by Tom and is made almost entirely out of native materials (coconut wood frame, bamboo walls and ceilings, nipa leaf roof) and so was fairly inexpensive, something that would have been impossible in Cagayan. In addition to what this means to our personal life, it also marks a major expansion for Family to Family. For while Camiguin is still rich in natural beauty and likely to remain so for many years to come, it is economically one of the poorest provinces in the region. Only a small part of the island, for instance, has electric and for only a few hours at night. Recognizing how different conditions are here from those in Cagayan, we do not know just what form our work with children will take. Our first step is to talk with people here and see what they themselves feel are the greatest needs of the children. The one thing that we know for certain at present is that we will be representing two other agencies that have no staff here but are interested in sponsoring badly needed surgery for children whose families can't afford it. We will each return separately to Cagayan every few weeks to direct the work there.

* * *

Tragedy in the form of a fire came to our neighbors in Lapasan. At 3:00 am on Sept. 29, Diane woke to the sound of sirens and dogs barking. When she sat up, she saw a red glow with burning ambers rising straight up. We both dashed off with fire extinguishers, but the fire was far too big for that. Fortunately, the fire department was already there and beginning to bring the fire under control. They did a very good job, especially since the fire occurred in an area that is very congested and with no paths wide enough for the trucks. There was almost no breeze that night, which also helped to prevent further spread. Even so, people for three blocks around were busy moving all their possessions out of their homes. When the last flames were out, we looked around and saw that the area of the fire was relatively small, less than half a block square. But twenty-five houses were totally burned to the ground and thirty-seven families were homeless. Of these, over twenty were present or former feeding program families. And four of our own workers lost their homes. But incredibly, there were no injuries or deaths. Diane went to the day care, which is only a block from the fire site, and told our four workers that they could stay there with their families. So for the next three weeks as many as twenty people were housed in our day care.

By 10:00 am we were serving, out of the day care facility, hot meals for all of the more than 250 victims. At first we had to go out and almost lead them by the hand over to the day care. Everyone was in such a state of shock that they just stood around and stared at the

spot where their houses had been. We continued serving three cooked meals a day for the next four days. By that time, they had received rice and other foods from various agencies. Most of the victims had owned their houses and in fact it was the one thing of real value they had. Some were able to grab a box or two of clothes in their flight, but many lost everything, including dishes and cooking pots. And since most of them make only enough to meet their daily needs, there were no savings to fall back on. We and others provided clothing for some of the families, but they all needed bedding. So with the assistance of a local donor, we gave each of the thirty-seven families a large sleeping mat, blanket and mosquito net. Other agencies provided each household with some wood for rebuilding but not enough to complete a house. So as of now, less than half of the houses have been rebuilt.

* * *

The feeding program is busy as usual. We have had fewer admissions, but most of them quite serious. And almost always the child has been getting nothing but rice porridge and rice water to drink. The cost of milk is climbing so fast and high that our families just can't afford it. We used to buy milk by the twenty-five kilo sack and sell it to the mothers by the pound at cost. But now even this is too much for them to afford. So here it's not just that breast feeding is better for baby, but that it is vital to baby's growth and health.

The day care is going well as is the nursery school. Our new teacher, Betty, has organized the parents' committees for both and is involving the parents more in the activities. The day care children are almost all between three and five years and it is quite amazing to see what those children are learning. Lenuel, who is in the day care, has had a chronic draining ear for over a year now. Despite cultures and intramuscular antibiotics, it just wouldn't clear up. Then X-rays showed bilateral abscesses in the mastoid bones behind the ears. So the only hope to clear the infection is surgery on the mastoid bones. We were able to locate a sponsor for the surgery, but then found that there are only two doctors in Cagayan who could do the surgery and neither of them had instruments small enough for four year old Lenuel. Finally, with the help of the Ministry of Social Services and Development, we referred Lenuel to Cebu where we hope they can do the surgery as a charity case. We provided the mother with boat fare and some money for expenses since she had only \$1.45 in cash.

* * *

Our five foster babies are all doing well. Rene's foot has improved to the point that he no longer needs a cast, but we will have to get special shoes made for him and exercise the foot regularly. He did have a severe acute asthmatic attack in connection with a virus and had to be hospitalized for a week. But since then, he has improved and we have been able to add some new foods to his diet. He is enjoying walking around the furniture. Kimler began walking at nine and a half months without any prodding at all. So now we have three walking and two crawling. They all enjoyed the boat ride over to Camiguin and seem to be thriving in the cooler and cleaner surroundings.

February 29, 1984

We are now fully settled in our new home in Camiguin. When we moved into the house in early November, it wasn't finished. So we spent some weeks tripping over a dozen workmen, and they in turn often paused to gaze in amazement at our five babies, especially at meal time. It took Jonathan and Jerame, who are very shy, some time to get used to all of the strangers, but Kimler, Rene and Josephine were friendly as always. Then on November 26, Kimler had a surprise. His adoptive parents arrived at 8:30 am and an hour later he was on his way with them to his new home in Canada. His parents are Filipino Canadians, and they were very happy to get their new son. Kimler has never been shy, and he was peacefully sleeping in his new mother's arms when they departed.

On December 17, on one of her regular trips to Cagayan, Diane took Jerame to Cagayan so she could meet her natural mother for the first time. The social workers had located her mother and the mother very much wanted her daughter. The social workers helped her approach her family for help in raising Jerame and Jerame's grandfather agreed to help. Since Jerame has always been very shy, we asked that the mother visit with her for a couple of days before actually taking her. But Jerame really surprised us and took to her mother with very little strangeness, and by the time her mother left after a three hour visit, Jerame didn't want her to go. On December 19, Jerame was officially turned over to her mother, and as Diane left the social worker's office, Jerame too was peacefully sleeping in her mother's arms.

The house is certainly quiet with just three babies. Everyone has been very healthy since our arrival in Camiguin. The climate is cooler and the air perfectly clean, as is the drinking water and the sea. Even the babies' diaper rashes, which used to be almost constant, have cleared up. Josephine began walking around the furniture in December and Rene began walking alone in January. He was so proud of himself and very happy to be independent. Diane took him to Cagayan for special shoes to be made for his club foot, but they don't seem to be helping much, so he will have to make another trip over to see the doctor again. He is just getting over an attack of asthma and a cold that developed into pneumonia, but has responded much more quickly than before, partly due to the cleaner air and partly to a new drug, Zaditen, that helps prevent asthma attacks. He will have to take this drug until he is at least two and a half years. Prior to taking this drug, he had never stopped wheezing, so we are grateful that it has helped him. Jonathan is a very active and bright boy. He is now in that terrible period between babyhood and boyhood—still loves to be held and rocked but wants to do most everything his own way and can't even tell us what he wants clearly. He really does a lot of talking, even a few sentences, and all in Visayan.

* * *

Now that we are settled, we have begun looking around and talking with people here about conditions and problems. We talked to the midwife who visits our barrio twice a month and covers four barrios with a population of about 5,500. She has twenty-two patients with far advanced tuberculosis, but none of them are on medicine since the whole Region had

been out of drugs for months and these patients can't afford to buy the medicine themselves. It makes us wonder how many undiagnosed cases there are. The good news is that she does have Orasol, a powder for making oral rehydration solution for patients with diarrhea. And initially each family was given two packages so that they would have it on hand when needed.

We have also visited two public elementary schools nearby. We found that they have textbooks but almost no other books. We have already given them some books.

In talking with the head teachers at these schools and also with the Barrio Captain, we found that there are a number of children of elementary school age who do not attend because their families don't have enough income to provide them with writing materials and lunch. We have enlisted the aid of the Barrio Captain in getting a list of these children and hope that we might be able to assist them thru the schools so that they could go to school at the start of the next school year, in June.

We do not expect to set up a feeding program here like we have in Lapan since people here live much more spread out. And they have ample land to grow vegetables for their own needs. Many of the people up in the hills and mountains grow cassava and camote and live on these plus bananas. None of these plants requires much work, but they also provide very little protein or vitamins. Possibly we can get them to grow more nutritious vegetables, such as the winged bean, kangkong (spinach) and malongay.

Each of us takes a turn going to Cagayan about every two weeks. It takes four hours door to door by motor launch and bus. All seems to be going very smoothly there. The day care and nursery mothers are preparing the graduation ceremony for the children who will be going on to grade school. The day care mothers each have plots in our large yard at the center of which they grow vegetables. And so for the past several months all of the vegetables for the children in the day care have come from the gardens

Lenuel, mentioned in our last letter, went to Cebu for his mastoid surgery. But the doctors there suctioned his ear and placed some medicine daily and after one week his ear was dry. And it has remained dry until now. It is hard for us to believe, after more than one year of almost constant draining, and we are delighted that he didn't need the surgery. We have two other boys with similar ear problems whom we would like to send to Cebu, but there is no adult family member who could go with them. Ramil, who is also in the day care, had been wheezing constantly for over a year when the doctor put him on the same medicine that Rene is taking and he too has cleared and is doing very well. He also has a seizure disorder and takes an anti-convulsant three times a day

June 1, 1984

Summer here is just ending and it has been busy for all of us. In Cagayan, measles made the rounds of the neighborhood, but most of the feeding program children were already immunized. However, tiny Cheryl, who had been in the feeding program since last July but was not gaining weight well and always seemed to be sick, never got a chance to get her measles shot. She developed measles and died within a few days. One child in the feeding program and two in the day care also developed the measles despite having received the measles vaccine, which was very discouraging. We were happily breathing easily about all of the children whom we had been able to protect with the vaccine and now we just can't feel so confident that they really are safely protected. Jojo, in the day care seemed to have a mild case, but then he lost three pounds, developed pneumonia that went on for over a month, and required hospitalization at one point. Now he is recovering. We also have a mumps epidemic. Our Erlinda, who had visited the day care, and fifteen of the twenty day care kids and many of the nursery kids all got the mumps. Fortunately, mumps is a fairly mild and self-limiting illness unlike the deadly measles.

Lenuel, had a chronic ear infection which we thought had been cured after over a year of constant draining, but it started draining again. So the doctor decided to try Rifadin, a very effective drug for TB. In a short time, Lenuel's ear stopped draining and the perforation in his ear drum began getting smaller. So now it seems that he had a TB infection of the ear all this time. Both we and the doctor are delighted at his progress.

We've had several unusual cases. Erlinda, five and a half, fell and broke both bones in her lower leg. When her cast was removed after six weeks, the larger bone still had not healed. We suspect that the problem was that she was walking all over the neighborhood with the cast, so we gave the mother a stern warning that she must not walk. We are also giving her extra milk and vitamin C. and we told the mother to give her a sun bath everyday for vitamin D. Lee, seven years, broke his left upper arm very near the elbow about a year ago. Recently, he had another fall and broke the same bone in nearly the same place and dislocated the elbow joint as well. The doctors told his mother he would need surgery to place a pin in the bone. The family qualified for charity care and free surgery, but medicine, casting material and possibly blood would have to be paid for by them. The family really had no money so they were just leaving it as it was. When Diane saw the mother, she told her the surgery had to be done or his arm would be useless. Fortunately, we were able to find a sponsor to cover the expenses of the surgery. Raquel's mother asked Diane to check her eyes because he often kept the eyes partly closed and the mother thought she might not see well. She had been in the feeding program for two months because she was quite underweight despite being breastfed. When Diane examined her with a flashlight, the right pupil looked white. So we went her to our pediatrician, who sent her on to an eye specialist. She seemed to have a cataract in the right eye. But cataracts in infants are sometimes a complication of a malignant tumor in the eye so the doctor told the parents she needed an examination while under anesthesia in order to get a clear look in both eyes. The parents didn't come back for a long time because they were trying to save money for the hospitalization and medicines. Thanks to a special arrangement made by the eye doctor, the pediatrician and the hospital, the examination was done on an out-patient basis and the doctors and hospital donated their

services. The conclusion is that Raquel has a cataract of the right eye and is developing one in the left eye and will need surgery when she is about two years old. In the meantime, we will try to get her into the best physical condition possible.

* * *

In Camiguin, Diane has begun monthly weighing of children under six years in our barrio. The Health Dept. regularly weighs all children twice a year, but more frequent weighing can help identify problems before they become too serious. The weights are placed on a weight graph so the mother can see the child's progress and also see how it compares with the norm. If a child's weight is below normal, Diane and the barrio health volunteers discuss feeding and health problems with the mother.

We've had many coming and goings with the foster children. When Diane was in Cagayan in March, the social workers told her they had an abandoned four week old girl in one of the local hospitals. So Diane went with them on March 9 to pick her up. She was a very healthy nine pounds and ten ounces and quite adorable with shiny black eyes and black curls. Two days later, she made the trip to Camiguin and we decided to name her Sheila. Then on March 20, Jonathan's adoptive parents, from Cagayan, came to Camiguin. It took Jonathan a while to warm up to them, but by the time they left the next morning, he was willing to go if a little puzzled by it all. We miss his chatter and lively antics. When Diane went to Cagayan in April, they had two babies awaiting foster placement in two different hospitals. Both were abandoned and Diane went with the social worker to get them on April 13. Sharon was already five and a half months old since the hospital claimed they didn't know they should have reported her case. She was quite healthy and already trying to crawl. She is now doing very well physically, but shows definite symptoms of emotional deprivation. We have one worker do all of her care, but she still seldom really relaxes. The other baby, Ana, we were told was two months old, but quite small at seven pounds and twelve ounces. She has had problems with wet stools from the beginning and also some vomiting, so we think she may be allergic to cow's milk and now have her on soy milk with a little improvement. After she had been with us two weeks, we found out there had been a mistake and she was only one month when we received her. It was a great relief to us since she wasn't even smiling and we were very worried that something was wrong. She does smile a little now but not as much as we would like to see.

We leave you with two thoughts, the first from a recent annual report of a major and very profitable American hospital management corporation, which handles among other things many large psychiatric hospitals. The Chairman of the Board was proud to say that "the outlook for our psychiatric business is extremely bright. We are addressing a market that is expected to triple in size within the next ten years or so." Our second thought is the poem "Lucinda Matlock" from Edgar Lee Masters' Spoon River Anthology, which appeared in 1915.

I went to the dances at Chandlerville,
And played snap-out at Winchester.
One time we changed partners,

Driving home in the moonlight of middle June,
And then I found Davie.
We were married and lived together for seventy years,
Enjoying, working, raising the twelve children,
Eight of whom we lost
Ere I had reached the age of sixty.
I spun, I wove, I kept the house, I nursed the sick,
I made the garden, and for holiday
Rambled over the fields where sang the larks,
And by Spoon River gathering many a shell,
And many a flower and medicinal weed—
Shouting to the wooded hills, singing to the green valleys,
At ninety-six I had lived enough, that is all,
And passed to a sweet repose.
What is this I hear of sorrow and weariness,
Anger, discontent and drooping hopes?
Degenerate sons and daughters,
Life is too strong for you—
It takes life to love Life.

September 5, 1984

All continues to go well with our programs in Cagayan under the management of our staff there. We have had a number of new admissions to the feeding program. Several of them are older children in families who already had younger children in the program. It is discouraging to see that for these families, their overall health is worsening rather than improving. Of course, the inflation here has been staggering. And many ordinary things such as rice, cooking oil, dried fish and soap have doubled in price or worse. And while the prices of commodities have risen, most of the families we deal with have had little or no increase in income. It makes us wonder how they can possibly manage. And so, seeing their formerly healthy children become malnourished isn't surprising.

* * *

In Camiguin we have also been busy. Diane continues to have a monthly weighing for children under six in our Barrio of Anito. There are about thirty who come regularly, but many others who don't come at all. This weighing has identified several children who were underweight. Then Diane and the midwife advise the mother about diet and urge the mother to return monthly for follow-up

In June, after several weeks of hiking around the hills or our barrio and the neighboring barrio of Magting to visit families, we began a school sponsorship program for families who had serious financial problems preventing them from enrolling their children in high school or elementary school. Most of the families are tenant farmers on coconut land. In addition to the problems of inflation suffered by everyone, they are still suffering from the effects of the drought that ended a year ago. The drought caused a significant number of coconut trees to die and many of the remaining trees have stopped producing nuts and will not start for another year. So these people who counted on the coconuts have no more income. Many of them have planted other crops now but planting could only begin in June, the same time that school starts. So we are sponsoring sixty-six children in two public high schools by providing their tuition, less than ten dollars a year per student. For elementary school, there is no tuition, but many of the families couldn't provide the paper, pencils and other school supplies. So we are providing these through the teachers for 151 children in the schools of Magting and Anito, at a cost per child of roughly five dollars a year. We will be checking their grades and attendance to be sure they are really interested and working. From the smiles on their faces when we visit the school or see them on the street, most of them seem quite delighted to be in school.

In the Anito school there were a few families who also had a problem with providing a lunch for their children to bring to school other than some boiled bananas or potatoes. So we have a feeding program providing a lunch of rice and vegetables each school day to thirty-five children. The mothers provide the firewood and do the cooking at the school's home economics kitchen, supervised by the home economics teacher.

Diane has checked the weight and height measurements that were done at both of these elementary schools. Out of 397 children, only 13.8% are normal in weight, 42% are mildly underweight, 41% are moderately underweight, and 2.2% are severely malnourished. One child was overweight. And 73% are below the standard for height. The teachers are quite concerned about the results of their weighing of the children because in previous years there weren't nearly so many malnourished children. We were quite shocked at the results. If 85% of school age children are undernourished, we wonder about the condition of the much more vulnerable pre-school population.

Diane started a vision screening program to check all of the elementary children's eyes. So far all have been normal. And she is also doing a routine check of their ears. In the Anito Grade I class, she found six out of thirty-six children have perforated eardrums from ear infections and four of them had active infections. There isn't much that can be done about their hearing loss since surgery to remake the eardrum can only be done in Manila and is very expensive. But at least the teacher now knows that these children have hearing problems. Diane referred the ones with infections to their doctor and cleans the ears every other day until they are no longer draining.

* * *

We've had some changes at home too. On August; 6, Diane took little Ana, almost five months, to Cagayan to the social worker's office where her father and aunt were eagerly waiting for her. Since her mother died, her aunt will raise her. It was very hard for all of us to see Ana go. She was the "baby" of the family and our five and a half year old Erlinda had been her little mother. On August 10, just four days after Ana left us, the social workers brought us a new child who had been waiting for foster placement. When we saw two year old Joey, we were glad that Ana left when she did because Joey couldn't have waited much longer. He was severely malnourished, with a cough, draining ear and severe anemia. His weight chart showed he had been malnourished since the age of five months and had gained no weight for nine months. He is the youngest in a large family. His father left the family last year and his mother died three months ago of kidney disease. Relatives were doing their best to care for him but just didn't have enough to manage. When we took Joey to the doctor the next day, she found he had pneumonia and placed him on two antibiotics for ten days. He gained three pounds and stopped coughing during that period, but when we took him back for a check-up, he still had slight pneumonia or perhaps a new attack. That evening he developed labored breathing and by the next morning he was worse and had to be hospitalized for intravenous antibiotics and oxygen. He was much improved later that day and came home after five days although still on antibiotics by injection and orally. We were very pleased with all the care and attention he received at the government hospital. But we were surprised and distressed at the unavailability of injectable antibiotics at the local drug stores. Joey is still withdrawn at times although he plays with the babies and with his toys, especially when he thinks we aren't looking. He has certainly had a traumatic few months, and being hospitalized and having injections and lots of other medicine back at home surely hasn't done much to reassure him that we really care for him. Hopefully, this will come with time.

December 5, 1984

The Philippines has been battered by natural disasters lately, including several terrible typhoons. Parts of Camiguin were badly torn up by the edge of one of them, but we lost only a couple of trees, while our house of bamboo walls and nipa leaf roof stood like a rock. And when Tom recently went to Naga City to visit the high school where he had taught in 1964, nearby Mayon Volcano began erupting. A few days later, he passed near it in a bus. It began to rain lightly and the driver could hardly see through the windshield. Tom put his hand out the window to discover it was raining volcanic mud.

This is a very busy time of year for us as it is for most people. Joy, who manages our feeding program in Cagayan has nearly completed the mammoth task of selecting and packaging an outfit of clothing for each of the over 150 children in the feeding program and day care. This is made possible by the generous donations of used clothing that we received during the past year. The day care and nursery school mothers have planned the Christmas party and they and the children are practicing the songs and dances that they will perform. The feeding program mothers are doing the same for their party, which will be the following day, since the group is too large to handle all at once. It is always a special thrill to see the little ones who were formerly so undernourished and sickly get up and sing or dance.

We have had a number of new admissions to the feeding program and even some drop-outs have returned. Redell's mother had stopped bringing him to the feeding last May and so we told her she was dropped. But in October she came asking if we would accept him back and her younger baby, Alvin, who had been healthy at three months but was now very underweight. We agreed to accept her children back in the program on condition that she faithfully bring them to eat at the feeding time and come for her cooking duty. But at this time, Alvin was seriously sick with primary herpes (different from the venereal herpes so much in the news). This primary infection often is very mild or even goes unnoticed, but in some cases there is high fever and many painful sores in the mouth. Alvin had so many sores that he wouldn't even drink. He was already severely dehydrated and very weak. Helen and Diane explained his condition to his mother and urged her to take him to the hospital. Finally she agreed to go and fortunately Alvin recovered and is now home again and in the feeding.

* * *

The school sponsorship seems to be going well in Camiguin. All of the elementary school children are attending regularly at present. One high school girl dropped out, having decided she really didn't want to go to high school. And we discontinued our sponsorship of one boy since he was regularly absent from class. Joanna, a first year high school student we are sponsoring became sick, and after two weeks of fever and headaches, she was admitted to the hospital although she lost a lot of weight. She was back in school for a few days when she developed further complications from the typhoid and had to go back to the hospital. She is again home, but we aren't sure if she will be able to continue in school this year.

And typhoid also struck another of our sponsored families. This family has seven children and we are sponsoring five of them in the Magting elementary school. Apparently

the whole family had typhoid one by one, but ten year old Arnold and his mother were the last to get it. They were both hospitalized. The mother didn't tell the doctors that she was two months pregnant, and probably because of the high fever, she developed a spontaneous abortion. Then there were further complications. The father, convinced that she was dying, insisted on taking her home against the doctor's advice, but she died just as he was about to take her out to a hired jeep. We told the father that we will include all five children in the hot lunch at the Magting school as soon as Arnold has completed his medicine and as long as they bring their own dishes so as to avoid cross-infection with the other students at the school. Since both of these families live in the same barrio and even get their water from the same tap, the health department immunized other families in the area.

* * *

Our family bade a bittersweet farewell to eighteen month old Josephine on Sept. 8 when Tom took her to Cagayan. The following day, they went on to Manila where she met her adoptive parents, an Australian couple, and one of her new brothers, ten years old, whom they also adopted from the Philippines. Josephine took to her new brother right away, having been used to her big brothers here carrying her around. While Tom was gone, our five and a half year old Erlinda seemed a bit down and Diane asked her if she missed Daddy. She said, "No, I miss Jon-Jon, Ana and Josephine" (the last three babies to leave us). She gives all our babies a great deal of affection and loves to help take care of them. And although she fully understands that the babies will all leave us eventually, it's no easier for her to part with them than it is for any of the rest of us. Her request for Christmas? "I want a baby of my own."

The four babies remaining are all very healthy and growing up fast. Rene, two and a half years, is off all asthma medicine and doing fine. He talks constantly and always seems to find something to giggle about. Joey, two years, has made a remarkable recovery from his malnutrition. He is constantly on the go and full of chatter. No longer withdrawn, he now runs to greet any of us, grabs us around the legs and gives us a good hug. Sharon, fourteen months, now walks everywhere and hops on and off the rocking horse with ease. She can really make the horse fly, Sheila, ten months, is not to be left behind. She's been walking around the furniture for three months and has lately been standing up in the middle of the room, but not quite ready to venture those steps alone.

We close with a poem we received from a very special person, the adoptive mother of two of our former foster children:

Perhaps the manger cast a shadow
Where baby Jesus lay.
But once He seemed a dark-hued
Baby lying on the hay.

Yet when Joseph raised the lantern
Above the little donkey's head,

His tiny face and baby fingers seemed
Not brown, but copper-red.

Then the moonlight fell upon Him,
Making shadows soft and mellow,
And His little eyes seemed slanted,
And His features golden yellow.

Only when the shadows lifted and
The Star shone strong and bright
Did I see He was every color though
We had called Him white.

March 15, 1985

On April 3, Family to Family will celebrate its tenth anniversary. On that date in 1975 we arrived in Manila direct from Saigon with our three small children. We had a dream of helping children, but we weren't sure what form that dream might take. Two days later, we went to Cagayan de Oro City where we started out by providing foster care to two babies at a time and setting up a feeding program for twenty-five malnourished children. The feeding program was gradually expanded until now it serves over 150 children at any one time. A day care center for twenty children and a nursery school for forty children were later additions. The foster care was expanded to accommodate five children at a time. Over the years, thirty-nine children ranging in age from four days to eleven years have shared our home for from one week to over four years. Almost half of these children were able to go back to relatives. And almost half of those placed for adoption were placed within the Philippines while the rest went to various other countries. After eight and a half years in Cagayan de Oro, we left our programs there in the capable hands of our local staff, including a Filipina nurse, and moved with our family and the foster babies to the small island of Camiguin where we hoped to expand our work. Since our move, we have set up a school sponsorship program that sponsored over two hundred children in elementary and high school this school year. In addition, we have been providing a hot lunch, prepared by the mothers, at one of the schools for forty children. So at any one time, Family to Family is providing direct services to over one thousand children and parents.

Of course, our dream would never have become a reality without the help of our many contributors, who come from virtually all over the world. And the extent of our medical work would be impossible without the local physicians who give so freely of their time and talents. Finally, our local staff deserve special mention. They provide dedicated and loving service to the children and work to encourage the parents to become more responsible and responsive to the needs of their children. We are grateful for what we have been able to accomplish in the past ten years and look forward to another ten years and more, hopeful that we may be able to serve children in need.

* * *

We started the new year by discharging a number of recovered children and doing weight surveys in various sections of Lapasan. The result was the admission of over eighty new children. As we have so often found in the past, the mothers of some of the worst cases decided that they weren't interested and dropped out after a very short time in the feeding program. But the early drop-outs have already been replaced with new children. Jen-Jen was eleven and one-fourth pounds at seven months. But we are happy to see that in one month he has gained two pounds. Our most serious case is Merari, who at almost two years weighs fourteen and one-fourth pounds, just half of the normal weight for a two year old. When she started in the feeding program in January, her right eyelid and the right side of her face and scalp were covered with boils. These cleared up rapidly with antibiotics, but then it became clear that the right side of her face is paralyzed. We don't know the cause. Since her progress has been slow despite being on Isoniazid and Rifadin for her primary complex, the doctor

advised a chest X-ray. It showed TB pneumonia, so she is now also receiving Streptomycin injections every other day. It's really hard giving the injections since her tiny body isn't much more than skin and bones. She and our other three most serious cases are receiving extra food to be prepared at home in addition to the two regular feedings at the feeding sites. And we have given each mother a bottle of cooking oil so that they can add one-half teaspoon to every serving of food the child receives. The diet books warn that "fat makes fat" and we are using this principle in reverse trying to help these little ones gain weight. Unfortunately, we have to buy rice for the feeding at the moment because we have run out of donated commodities. The shipment we should be using now is sitting at the pier because some trucking company has refused to pay some warehouse charges for the past three months. Good we can afford to buy the rice or the kids would not be getting the meals.

And we have seen more cases of typhoid in Camiguin. In December a son of one of our workers was hospitalized with severe ameba. A stool culture showed typhoid. The next case, was one of our own helpers who had just stopped working for us. Since both of these cases and the ones mentioned in our last letter all use the same water source, which is also ours, we immunized everyone in the house.

* * *

On December 4, we received a wire saying Rene should be brought to Manila immediately for his departure to his new family in Colorado. And at the same time we received a letter from Cagayan saying the social workers there had a severely malnourished baby needing immediate care. We decided that Tom would take Rene, so that Diane would be on hand when the new baby arrived. That evening we made our farewells with Rene. We were happy he finally had his own family and that his club foot would get the attention it badly needed. (The adopting father had a similar foot problem.) But after a year and a half, it wasn't easy to say goodbye on such short notice. He and Tom left early the next morning. On December 8, the social worker came down our road to Erlinda's delighted shout, "The baby's here!" A ten and a half pound, eight-month old nameless boy, whom we immediately named Gregory, was soon nestled in Erlinda's arms. Greg has had a difficult time with a case of pertussis (whooping cough) two weeks after he arrived and allergies to milk and wheat, but he has steadily gained weight and is now a husky fifteen pounds although still very short for his age. His eczema and rashes have cleared up. He crawls and has just started sitting up. And he is full of smiles and chatter. When Tom came back from a regular trip to Cagayan on Feb. 2, he brought Angeli, almost four months and eight and a half pounds. She had been three and a half pounds at birth, born two months early, and had had amebic dysentery for most of her life. She had already been given every available ameba drug and seemed improved although still on medicine. When the medicine was stopped, she again developed diarrhea even though she is on soy milk. We think her intestinal tract may simply take time to recover since repeated stool exams are negative. But she has gained weight, one and a half pounds in the first two weeks, and is finally smiling, a sure sign that she is feeling better.

June 5, 1985

Because of the many new admissions to our feeding program, the daily clinic has been very busy this past quarter. Unfortunately one of our new admissions to the feeding program, ten month old Grace, developed the measles. Measles vaccine can't be given until the child is nine months old and she hadn't come for her shot yet. Our feeding program manager, Joy, had stopped by the house and the mother told her that Grace had a fever. Joy told her to bring the child to our clinic, but the mother didn't. The following day when Joy stopped by, the baby also had a bad cough and Joy again urged the mother to bring her for a check-up. The next day, Grace had developed a rash and Joy told the mother that she probably had measles pneumonia and told her to come to our clinic so that we could send her immediately to the doctor. The mother never came and little Grace died the next day. She was only slightly underweight, (we admit any children under one year whose weight isn't normal), but measles is often more severe in younger babies. However, the real cause of Grace's death was probably dehydration. We found out that the mother-in-law had refused to allow Grace to be taken to the doctor for fear that the doctor would give an injection or other medicine that would keep the rash from "coming out". The traditional belief here is that if you do anything to keep the rash from "coming out" the child will die. But Grace's grandmother was even more strict than others and refused to let anyone give Grace water!

We finally received our shipment of Corn-Soy-Milk (CSM) which was delayed by three months. However the amount was cut and the following shipment was cut even further so that we now receive only half the original amount per child. So in order to continue to provide two complete meals daily, we are still buying corn grits or rice served with vegetables for one of the daily feedings. No one seems to know whether this is a temporary or permanent reduction or perhaps even a final phase-out of the commodities donated by the U.S. government. It is unfortunate because there isn't a locally available replacement for the CSM. Rice is also too coarse for the small babies and corn grits which we can buy in a fine consistency often cause gas pains. Soy beans aren't readily available, but there are other dried beans with good quality protein although they are fairly expensive. We plan to do some experimenting with hand grinders to see what we can come up with. Perhaps the phase-out of CSM would be good in that it might encourage Filipinos to develop their own foods, particularly foods of high quality vegetable protein in a form suitable for the six month to two year old children who can't handle the usual adult fare.

* * *

Tom, Chris, and Marie left Camiguin on May 11 for their trip to the States, and they are now about half way thru their travels. Things seem rather quiet without them. Our five foster babies are doing well. Joey, Sharon and Sheila all run around in the yard and all three are talking more and more. They are a healthy looking trio although Joey continues to have almost constant drainage from his ear. Greg's rashes came back again, so we have him back on soy milk. He is walking around the furniture and toying with the idea of stepping out on his own. Angeli's diarrhea finally cleared up after eight weeks when we put her on a special milk formula treated with lactic acid to make the protein more digestible. But she is behind in

development. At seven months, she never reaches for a toy or even holds on to a toy that we put into her hand for more than a few minutes. She seldom turns over and is nowhere near to sitting up. But even more serious, we have concluded that she is deaf, perhaps totally deaf. We are trying to find out if there are facilities in Manila where her hearing might be checked. We are hoping that her hearing loss is not complete and that she can be helped with a hearing aid. She is obviously going to need a very special adoptive family. If you know one, please contact us.

The last two weeks of March were quite busy with school graduations and programs. Our oldest boy, Paul, graduated from elementary school and Erlinda graduated from Kinder. Tom went to Cagayan for the Day Care and Nursery School graduation. There were twenty-eight graduated there. Diane was asked to speak at the elementary graduation at one of the schools where we sponsor children. Of the 217 students we sponsored this year in high schools and two elementary schools, eighteen were honor students. We gave each of these honor students a book as a reward for their efforts. We were especially touched by Jerry, one of the Grade Five students. As we mentioned in a previous newsletter, Jerry's mother died of typhoid about half way thru the school year. But Jerry still managed to attain First Honors, meaning he had the highest grades in his class. This June we will increase our sponsorship to include two additional elementary schools.

* * *

Any intelligent person who has done the kind of work that we have for many years must eventually give some hard thought to the consequences of it all. One area of concern is the possibility that by helping so many children who are defective in one way or another, the severely malnourished, the cripple, the blind, the deaf, those who are lacking anything that goes to make up a whole person, we are ultimately weakening the human species. Without meaning to suggest that there is really no problem here, we would like to tell you about two children whom we have assisted. Little Michelle, whom we sponsored for Grade One this past year, started school a year late because of her family's poverty. She did very well in school and is very interested in spite of the fact that she has a paralyzed leg due to the polio that she had at one year of age. We had her evaluated in Cagayan for a possible brace, but were advised that she needs surgery when she is around fifteen and only then can she be fitted for a brace. In the meantime, she moves around about as fast as most of the other eight year olds and can often be seen carrying home a stout bundle of firewood in her one free arm. Just recently, we saw her playing in the road with a friend. They stood side by side with Michelle's crutch in the center. In their outside hands each held one end of a jump rope and they were jumping away crutch and all. And Michelle had a smile on her face that seemed to say that nothing in all this world was going to stop her. Another little girl with the same kind of smile is Jean. Originally malnourished and in our feeding program, she overcame that. For the past two years, she has been one of the brightest students in our nursery school, and so it was not surprising to find her selected as the Valedictorian in a graduation ceremony that is just as solemn here as if it were for high school or college. Only Jean has a hare lip and cleft palate that have not yet been operated on. Her speech is not what it should be, but it is understandable, and she got up and gave her address with great joy and pride. In a world so given to despair, we find these children impressive members of the species in spite of their

problems. The world has need of a great many things and somewhere among them a place must be found for genetic counseling, but progress, we believe, does not begin by abandoning those most in need.

September 1, 1985

On June 28, Tom, Chris and Marie returned to Camiguin from their trip to the States, full of thanks to all of the many relatives and friends who hosted them along the way. One of the many good things that came out of the trip was a half hour interview of Tom on Des Moines TV.

In our last newsletter, we mentioned that the food commodities which we have been receiving for the past ten years have been greatly reduced and that we did not know why. We have since been informed by U.S.A.I.D. that the Philippine government provides for the domestic transportation costs and that the reduced shipments are due to a reduced allocation of funds for this purpose. We expect, in fact, to receive no shipment at all for the last quarter of this year, with shipments resuming next year at an undetermined level. Since what we are presently receiving is no longer sufficient to provide two meals daily, we have been buying rice and corn grits. We grind the rice and various dried beans with a hand grinder for the small babies, while the older children receive corn grits and vegetables. On the brighter side, we have received some rice and dry skim milk from the World Food Organization through the Ministry of Social Services and Development, so we have not had to reduce our number of recipients.

We have had two deaths in the feeding program, both children who had enrolled only about a month earlier. Vincent, ten months old, was hospitalized with pneumonia and well for only two weeks when he had to return to the hospital where he died. Landon was the younger brother of a child already in the feeding, so we had been following his progress since birth. As his weight gain was poor, we placed him in the feeding program at six months (the youngest age for admission). He died a month later while hospitalized for his fifth bout of pneumonia in his short life. One of our feeding mothers gave birth to twins. We don't know what they weighed at birth as they were born at home and delivered by one of our other mothers since they were unable to get the midwife in time. But at one month Steffen was three pounds and seven ounces and Jeffen was three pounds and twelve ounces. The mother brought them on a day when Diane was there in Cagayan and when Diane felt Steffen he was quite cool. He was wrapped in only a single flour sack blanket. So Diane got a large cardboard carton and some warm sleepers and instructed the mother to keep both babies in the box surrounded by hot water bottles and with a blanket over all but their heads to keep in the warmth. The twins are presently in the army hospital with a second bout of ameba, probably because the mother has been bottle feeding the babies on occasion. Her husband is in the army and stationed in another province. So she has to go and spend the whole day or several days in succession to collect her husband's pay each month at the Cagayan army base. We have urged her to stop the bottle feeding and if necessary take the babies with her when getting the paycheck. Another mother, recently arrived from the mountains, brought three of her four children to apply for the feeding program. All three children had edema from kwashiorkor (severe protein deficiency). But our manager Joy saw that these children were very dehydrated so she told the mother to take them to the hospital and later when they were discharged they could come to the feeding. The four year old died in the hospital. As soon as their diarrhea has improved, we will begin supplying them with oil to be added to

each feeding. Although they need protein, they also need lots of calories so that all of their protein intake gets used for building their bodies and not just for energy.

* * *

Over on Camiguin, we have increased our sponsorship of elementary school children from 151 last year to 227 this year, having added two schools for a total of four. And we have increased the high school sponsorship from sixty-six to one hundred and twenty. Some families have children in both high school and elementary so we have a total of 347 students from 239 families. The elementary students have no tuition, but we provide all the needed school supplies, which are relatively expensive. At one high school, we provide only tuition. At the other, because the tuition is much lower, we also give a small monthly stipend to help the students purchase materials for their school projects since it is a school of arts and trades. The cost per student, whether elementary or high school, is about ten dollars per year. Many of these children are orphans, being raised by elderly grandparents or other relatives (in some cases we wonder who is caring for whom). Others are children with only one parent, or children born out of wedlock. The school teachers recommend the children whom they think are most in need and then Diane interviews each family. One father came forward for his interview on crutches. He was injured three years ago from a fall out of a coconut tree and hasn't been able to work much since. So Diane asked what work his wife did and he told her his wife died last January of goiter, leaving him with six children, five still at home and the youngest just two years old.

Diane continues to have her monthly weighing in two nearby barrios and has also started monthly parents' classes in nutrition, sanitation and other health related subjects. Although the Ministry of Health and the volunteer Barangay Health Workers have also conducted classes, there is a need for repetition. Diane is encouraging the mothers to pick subjects in which they are interested. The next lecture/discussion will be about foods for babies as the mothers are very concerned about this.

We have begun a collaborative effort with a plastic surgeon in Cebu who has very generously offered his services for indigent patients with hare lip and cleft palate. And he is tapping civic organizations in Cebu to sponsor the costs of medicine and hospitalization. So far three children, aged seven, three and two, all with hare lip, were operated on with very fine results. We are very happy to be able to help these children get their lips and palates repaired while they are still young enough perhaps to develop normal speech, not to mention the psychological benefits of having a normal looking face.

* * *

Angeli has broken our record and become the first of the babies to get ameba (or any kind of intestinal parasite) since our move in Camiguin almost two years ago. Four of our workers, plus Chris, Joey and Diane, all developed ameba shortly afterwards, but everyone is fine now. We wonder if it came from our water or the many flies we had for a couple of weeks during the mango season. Our five babies are growing up. Joey is now three years and stretching out. He talks constantly. Sharon, twenty-two months, and Sheila, eighteen months,

are both matched for adoption and should be leaving soon. They are so full of life we can't help envying their new families. Gregory finally started walking at fifteen months and now we have to watch him every minute because he moves so fast and loves to test us. He'll charge off to where he knows he's not supposed to go, and when we call him back, he turns with a big smile and toddles back. Our happiest news is that Angeli is making good progress. We mentioned our concern in our last letter because at seven months she wasn't doing anything. At eight months she began rolling over and reaching for toys. And now at ten months she sits herself up and pulls up to stand in the crib. And although she didn't seem to hear any sounds at six months, she now definitely hears many sounds and turns when we call her name. We still suspect that her hearing is deficient. Diane took her to Cebu for an eye exam and went to a hearing center, but they advised her that they have equipment to test babies only in Manila. So we expect to have her checked there soon.

On July 19, we and those of you who support us received a Salamat Po (Thank You) award from the Ministry of Social Services and Development for our "continued and invaluable support towards the upliftment and development of needy children in the Province of Camiguin and Cagayan de Oro City". Our thanks to MSSD for the award; it never hurts to be reminded that our work is appreciated.

December 1, 1995

It is hard to believe that the year is almost over. It has been a full one for all of us. Our feeding program in Cagayan has had two more sad deaths. Agnes entered the feeding at six months, weighing only seven pounds and twelve ounces. She had been gaining weight despite pneumonia and ear infection in August. But in September she again had pneumonia and ameba as well, was hospitalized and died. The other death was Charlie, another of the four children brought down from the mountains that we mentioned in our last letter. Charlie's three brothers and sisters were all hospitalized with marasmic kwashiorkor, and although the oldest child died, the others improved and were discharged. Then Charlie developed the edema that is a sign of kwashiorkor. Our staff advised the mother to have him hospitalized. But she had spent all of her money so she went back to the mountains where the father still was to see if she could sell part of their coffee crop. Diane arrived in Cagayan a week later and found that the edema was getting worse and the mother still hadn't returned from the mountains. So she advised the grandmother that they must not wait but take Charlie to the hospital immediately. The next day they still hadn't gone with him to the hospital so Diane went to their house and told them she would accompany them to the hospital. We don't usually provide medicines for children who need hospitalization because the costs are very high and it is very hard to supervise, but in this case Diane bought the first two bottles of intravenous fluids since the child's parents were both away and it was Sunday so the social service department at the hospital was closed. But in spite of being hospitalized, Charlie died six days later.

We presently have five fathers of feeding program children under treatment for pulmonary tuberculosis (TB) and also one older brother. The Ministry of Health has limited supplies of TB drugs and so they provide free drugs only to cases with a positive sputum, as these are considered the most contagious cases. So for any relative diagnosed as having TB and living in the same house with one of the feeding program children, we provide triple drug therapy, including streptomycin injections. Of course we make sure that they are taking the medicines regularly and come for their injections faithfully. If they don't, we stop providing the drugs and discharge the child from the feeding program, since it is really useless to treat the child's malnutrition and primary complex (the childhood form of TB that almost all of them have) if he is living with an adult with active and untreated TB.

* * *

The school sponsorship program in Camiguin is going well. We had one Grade I student drop out because she is very slow, apparently retarded from severe malnutrition a few years back. And another child, Roger, was going to drop out of the same class because he is very underweight and just lacks the energy to walk the three kilometers to and from school. His father died last year of TB and his mother is struggling to raise the eight children, including a baby born a couple of months after the father died. The teacher convinced Roger to come back to school by promising him lunch every day. The rice and milk are from the World Food Program and are really supposed to be given out only three times a week. The teacher buys vegetables out of her own pocket to round out the meal. The generosity and

concern of the teachers here seems to be the rule rather than the exception. At one of the other elementary schools where we sponsor ninety-eight children, we also have been providing rice, corn grits and vegetables for a daily lunch for seventy of the most needy children, many of whom live too far from school to go home for lunch. The mothers take turns cooking and provide the firewood and some of their own home-grown vegetables and coconut milk. For many of the children in this lunch program, this is probably the only time they eat rice or corn. Their families subsist on camote, cassava and cooking bananas, with a little bit of dried or salted fish.

Diane continues with her parents' classes in two barrios. She finds that many of the people have a good knowledge of basic nutrition, but the problem is the gap between the knowledge and practice. Traditional eating habits are very hard to change anywhere. And here in the Philippines, vegetables just aren't a part of the traditional diet. And in addition, many look on vegetables as "poor man's food" and would really be ashamed to serve them to visitors. Unfortunately, most of the vitamin deficiency problems could be wiped out if everyone just ate green-leafy or yellow vegetables and fruits twice a day.

* * *

Our family has had some changes. Sheila left for Manila and the United States on September 12. She was the healthiest baby we have ever had and a real cutie too. Sheila is half black and we were very happy that she was able to go to a black adoptive family. Diane left the following day with Sharon with plans to take her to Manila after two days in Cagayan, but Sharon became very sick with high fever and diarrhea on her second day in Cagayan and it turned out that she had ameba (despite the fact that she had nothing but boiled rain water in Cagayan). So they returned to Camiguin to wait for her to get over it. She had a hard time and it finally responded only to the third medicine. It was the first time she ever had ameba. Finally, Diane took her and our Monica, who needed to see her orthodontist, to Manila and Sharon departed for her new adoptive family in Hawaii (the mother is a Filipina) on October 4, just ten days before her second birthday. Joey, who is three years, is sort of lonely with his two friends gone. He is too young to understand what has happened and yet old enough to realize they are gone. And we suspect that he is wondering if he will be the next to disappear. Gregory, at eighteen months, is a fairly good playmate for Joey, but he too will soon depart. Angeli is taking a few steps alone and really caught up in size from her premature beginning. And we have a new arrival. While in Cagayan, on November 8, Diane went with the social worker to pick up Gabby, who was then seventeen days old. He was born ten weeks premature at a Cagayan hospital and the mother left without him. Diane immediately took him for a check-up with our doctor since he had a runny nose and infected eyes and cough. He still weighed what he had weighed at birth, five pounds and two ounces. Since the eye infection was possibly due to gonorrhea, he was given penicillin by mouth and an eye ointment. Two days later, Diane brought him to Camiguin. It regularly took an hour to get him to drink three ounces and three or four times a day he would no sooner finish than he vomited everything. So we put him on soy milk and the vomiting stopped and he began gaining weight, two pounds in the first eight days. He's still very tiny, our smallest sleepers have several inches of empty space left in the feet, and so we are providing all his care ourselves until we are a little more confident that he is out of the woods. Everyone is

delighted to have a new little one. Tom says if we can fatten him up to the size of a normal newborn in time, he'll be our Christmas baby and we can put him under the tree.

We leave you with this thought from Sigrid Undset:

And when we give each other Christmas gifts in His name, let us
Remember that He has given us the sun and the moon and the stars,
And the earth with its forests and mountains and oceans – and all
That lives and moves upon them. He has given us all green things
And everything that blossoms and bears fruit – and all that we
Quarrel about and all that we have misused – and to save us from
Our own foolishness, from all our sins, He came down to earth and
Gave us Himself.

March 1, 1986

On Camiguin, Diane makes regular trips to the schools where we sponsor students, bringing supplies and checking on grades and attendance. At one of the elementary schools she was told one of the Grade Six students had been absent for several weeks and they weren't sure if he was continuing in school. When Diane went back a couple of weeks later, this boy's teacher was happy to report that he was back in class. She whispered that he hadn't come to school because he had had nothing to wear. He has only one outfit of clothes and it rained almost every day during January and his clothes just never got dry. The teacher indicated he is interested in school and she would make allowances for him because of his situation. His mother died last year and his father was injured in a fall from a coconut tree and can walk only with the aid of crutches. With six children in the family, it is surely hard for them to get enough to eat, let alone keep in clothes.

An American tourist whom we met during his stay here later wrote us about a young girl he had seen the day he was leaving the island. She has scars from a burn and he thought we might be able to find help for her. So we went to the school in the town where she lives and were able to locate her there. She has disfiguring scars on her face and body but no contractures. We are checking with a plastic surgeon to see if anything can be done for her. While we waited in the Head Teacher's office for someone to get her mother, the teachers asked us if they could show us some of their other students who have problems. We agreed and in came several children with vision problems and a boy with a frozen knee joint and many scars on his thigh, perhaps from an old infection in the bone. We began to realize that if there were this many children in one school there might be many more around the island and probably even a number who aren't attending school because of their problems. So we sought the assistance of the school system to identify all the handicapped students they have in class and any whom they know of who are out of school. The initial list included forty-five children and Diane has begun visiting the various schools to see them. In the process she is finding out about additional children both in school and not enrolled. About ten are listed as polio cases and most of these are on crutches, usually homemade and too short. Among the first Diane saw was seven year old Jose, whose problem was listed as "no feet". He went off to hide when Diane first arrived but was coaxed to come out. His legs end in only the heel portion of the foot and his right hand is missing all the fingers and half of the palm, with only a tiny thumb. The left hand has a small thumb and three shortened fingers, but he is able to write with it. Diane expected to see him on crutches, but he manages to balance and walk and even run unaided. Since he is able to get around on his own, it would seem that there is no need to do anything, but we will discuss his case with a specialist. We hope to refer the polio and all the other crippled cases for evaluation by an orthopedic specialist in Cagayan. Ten-year old Lizel was another on the list, with an "uncured sore foot". Diane visited her family and found that she had an allergic reaction to the rubber sandals commonly worn here, and the open area near her toes became infected and has never really healed in four years. Since the area was painful, she has been walking on her heel with the toes curled all this time, and we aren't sure that her foot isn't frozen into this position. Her parents had taken her to a couple of doctors and then because of lack of money went to herbal medicine and even the "faith healers" in their search for a cure for her foot. The mother was at first reluctant to go to

the hospital for a check-up but finally agreed when Diane told her she would meet her there. Once there, the doctor advised we must first give antibiotics to treat the infection and then see how the foot looks. We hope to help as many of these children as possible so that their handicaps won't interfere with their schooling and their ability to learn in the classroom.

* * *

Our foster children are doing quite well. Angeli, now sixteen months, is still not using any words but she does seem to understand a great deal of what we say and is very bright and lively. She has a trick when we scold her of rolling her eyes upward that makes us laugh and forget her small errors. Joey is quite the young man now and loves coloring and looking at books. Little Gabby, whom we were hoping to fatten by Christmas, grew so fast that he actually doubled his weight (from five pounds and two ounces to ten pounds and four ounces) and sat in his infant seat near our tree during the holidays, enjoying the blinking lights. He is now pushing fifteen pounds at three and a half months and the most contented of babies. He coos and smiles, and when tickled, actually laughs out loud. On December 7, Gregory's adoptive parents from Denmark arrived on Camiguin. Our Erlinda, now seven years old, carried Greg in her arms to meet them at the door in almost the same spot and pose that she had received him from the arms of the social worker almost a year earlier to the day. Greg, being quite shy, cried at first even though we had been showing him a picture of his parents for weeks. They stayed for four days, which gave him a chance to warm up to them. The rest of us also enjoyed getting to know his parents and felt assured that he will be a much loved and cared for boy.

June 1, 1986

Last March, Tom attended the graduation ceremony for the children in our nursery school and day-care in Cagayan. We have decided to discontinue the all-day care for twenty children which began almost five years ago. We have found that even though the mothers are out working it is often for half the day and/or there are other adults in the home for part of the day. So all-day care is no longer such a common need. And since there are many more children than there is available space in the nursery schools in the area, we will increase our nursery school enrollment from sixty to eighty children. We will continue to require the mothers to contribute one half day a week as teacher's helper.

* * *

Over the summer, both Tom and Diane have been assisting the barangay health workers in barrio Magting to complete a barrio self-diagnostic survey. The survey checks on various things: source of income, environmental conditions, number in the family, immunization of children, illness over the past two years and where people go for medical attention. Doing the survey has required a lot of hiking in the hills, but it is the only way to understand the conditions under which so many of the people live. When the survey is completed, the government midwife and Diane will tally the results and present them to the community in the meeting. The next step is for the community to decide what their most pressing problems are and to work out a plan to try to solve them. We hope to see the people take more interest in their barrio and work together to help themselves.

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There have been several new arrivals in our family. As soon as the Revolution was over, Diane went to Cagayan to get a new foster baby, Paul. Diane had seen this baby in January and had wanted to take him then, but we had agreed not to take any additional babies until after the presidential election was over. When she picked Paul up on March 4, he looked even more emaciated than he had before. He was four months old and weighed only five pounds, twelve ounces, having gained only a fourth of a pound since birth. Paul has a cleft lip and a very high-arched palate which makes feeding very difficult. And he had already had several bouts of ameba requiring hospitalization, blood transfusion, and every kind of ameba drug. The doctor had told the social workers that he might not survive. He had very severe ameba again when Diane got him and she stayed an extra day to Cagayan to give the medicine a chance to start working before bringing him home to Camiguin. The diarrhea improved and he began gaining weight immediately. The first two weeks we had a terrible time feeding him but finally found the lamb's nipples worked best for him. In the first two and a half weeks, he gained two pounds. Then in April, he developed a cough and respiratory distress so we put him in the Provincial Hospital. The doctors felt he had bronchiolitis which then developed into pneumonia. They wanted to confirm this by X-ray, but their X-ray

machine had been broken for several months. So after one week with Paul not improving, Diane took him by jeep and boat to the nearest emergency hospital on Mindanao, a seven hour round trip. The X-ray confirmed pneumonia and he was given additional antibiotics and finally began to improve. He had ameba at the same time, and when he came home after two weeks in the hospital, we were still giving him ameba medicines orally and by injection. We also gave him Gamma-globulin to help bolster his resistance to infection. He is now over ten pounds, but Gabby who is just a week older still outweighs him by seven pounds. Diane will soon take Paul to Cebu for surgery on his lip.

Tom went to Cagayan to get the next arrival, his eighty-four year old father, John, who has come to live with us. They arrived in Camiguin on April 3, the eleventh anniversary of our arrival in the Philippines. From the moment of his arrival, three and a half year old Joey was constantly beside Grandpa, touching his hairy arms and even asking for a kiss. We were utterly amazed since Joey's emotional development had become a cause of concern to us. He has greatly improved. It seems some kids need a grandpa as well as a mom and dad. So Tom's Dad has already made his first contribution and we hope he will help us in many other ways as well.

And finally, on May 16, Diane picked up two and a half week old Edmund in Cagayan and brought him over a couple of days later. He too was a tiny five and a half pounds and he too had ameba. He is improving now. So we again have a full house with five foster babies. Edmund is the forty-third baby to come to us for temporary care.

* * *

We wanted to let the dust settle a little before having anything to say about the Four Day Philippine Revolution. While we are not historians, as far as we know what took place here was unique in the history of the world. What made it so special was the precise combination of factors. That there should have been such a massive display of public protest, reaching finally into the millions, and that it still remained calm and disciplined instead of degenerating into a looting and burning mob. That unarmed civilians sat down shoulder to shoulder before tanks to protect soldiers rebelling in favor of truth. That their display of courage was able to prevail, that non-violence was maintained, and that the people themselves without foreign intervention were able to bring it all to a successful conclusion. All of this represents to us something for which we know of no precedent. The Filipino people have perhaps made their first great contribution to the world as a whole. In the midst of ever-increasing violence, they have given the world a model for the non-violent overthrow of dictatorship in favor of freedom. It is not a formula that could be applied everywhere. We would not suggest that Poles sit down before Soviet tanks. But there are places where it can apply and will surely at least have influence. We doubt, for instance, that the future of South Korea will be the same as it would have been had there been no such Revolution here. What we have seen restores our confidence in Alfred North Whitehead's conviction that there is genuine novelty in the universe and gives the lie to the old saying that there is nothing new under the sun. For four days in February, there was something very new indeed.

In the aftermath, it is important to keep in mind certain facts. Mr. Marcos did not fall into the Philippines from the Moon. If political life became far more corrupt under his rule, it was already quite corrupt before he ever came to power. Tom can well remember in the sixties how each time a major party lost badly in an election half their members would join the winning party shortly afterwards. The challenge before the Philippines now is whether or not the spirit that prevailed for four days in February can be extended to life as a whole. We have two very good Filipino friends, an old man and his son. Recently, the son was telling his father of some political action that had been done in a corrupt way. When his father, who had been much involved in politics formerly, indicated some disgust, the son said, "Pa, you know how these things are always done". But the old man, who had lived through World War II and perhaps knew better than his son the real meaning of what a bloodbath his country had just so narrowly escaped, said, "No, it has to change, the people in the streets in Manila found a new way and the rest of us have to find a new way too". Filipinos have always been their own best critics. The old man is quite right. If the people as a whole do not find a new way, it will only be a matter of time until the saga of the past twenty years repeats itself. And if that happens, the next time the ending may not be so pleasant. But if Filipinos can find a new way, they may make their second great contribution to the world as a whole, for as we sit at the brink of total planetary destruction, never have all of us throughout the world so badly needed to find a new way.

There are some things you don't turn your back on and walk away from. In 1986, the Philippines is one of them. And we are not walking. We want to expand our work in every sensible way we can. We have, in fact, plans for a completely new project, one that will be more ambitious than anything we have done before. How far we go with these things will depend only on your support.

God Bless the Free Philippines!

September 1, 1986

For the first time in all our years in the Philippines, we have encountered leprosy, or Hansen's Disease, among our feeding program families and the families of our staff. In fact, the first case diagnosed herself after reading a pamphlet we had about Hansen's Disease. Then she told us about three old cases who had been off their medicines; they were her neighbors. Later, after getting all the household contacts examined, five additional cases were found. So we have been trying to learn all we can about Hansen's Disease. We are checking up on the patients to be sure that they go each month for their supply of Dapsone at the government skin clinic. And we supply vitamins and iron for them since the Dapsone often causes anemia. The saddest case is Romeo, a boy in his early twenties who was born out of wedlock and with a missing lower leg with the foot attached on a shortened thigh. He seems to have been passed from family to family and at one time lived with the family of the three old cases of Hansen's Disease. Shortly after he was diagnosed for it, we discovered that

he also has TB. After starting the medicines, he developed a Lepra reaction with purple bumps all over his body. This has subsided now. He is also blind in one eye due to an injury when he was small. It would seem that this young man has had more than his share of life's hardships, but he always has a bright smile when he comes to our clinic to get his medicines.

In addition to making sure the Hansen's Disease patients take their medicines, we are trying to educate the community about Leprosy. Cagayan de Oro, a city of 120,000, has about 250 registered cases. But there are probably many others who are trying to hide their disease. The social stigma is very great. In fact some people were trying to force some of our cases to leave and go to the Leprosarium in Cebu. At Diane's request, the doctor in charge of the skin clinic wrote a letter stating that these patients were regularly attending the clinic and taking their medicines so there is no danger to their neighbors. Unfortunately, when patients try to hide their disease, there is often severe nerve damage and disfigurement before they finally get treatment. But if they are diagnosed and treated early, this can be prevented.

* * *

Our foster babies have had an unusual number of illnesses the past three months. Gabby and Paulo both had almost two months of constant sickness with ameba, bronchitis, tonsillitis and pneumonia. During a lull in the sickness, Diane took Paulo to Cebu for his cleft lip repair. He came through the surgery fine, but immediately developed diarrhea, and by the time they got back to Camiguin, it was diagnosed as ameba. A week later he also had pneumonia. For three weeks after his surgery, we fed him by tube. At the time, Gabby developed ameba and Edmund also had diarrhea. Then Grandpa had his first bout with ameba. He had a very rough couple of days, but the medicine had him feeling fine again in four days.

Now all are fine except Edmund, who is just getting over ameba. Gabby is a husky nineteen pounds at ten months and charging all over the place in his walker or on all fours. Paulo, also ten months, is just thirteen and a half pounds and he is still quite far behind in development. He occasionally rolls over but doesn't crawl or sit up yet. His severe malnutrition in the first four months is surely partly to blame. He also still has some contractures of both middle fingers on each hand. But he has ore movement than before and is able to pick up and hold toys. He is going to need a very special adoptive family.

In spite of the best planning, accidents do happen. We have another child. This is how it came about. Tom had gotten quite lazy and was not doing his share of getting up during the night to change and feed Edmund, the newest of the foster babies, who was sleeping right in our room. Diane started making remarks about it until Tom said, "Alright, I'll get up and take care of him". And so he did. We have no electric through the night here in Camiguin, and so for three nights in a row he held and fed Edmund by candlelight, saw his rich black hair shine in the dark and watched his eyes glow like stars. On the fourth day, he told Diane he wanted to keep Edmund. Diane, who would keep almost anyone or anything, agreed instantly. But we thought that this time all the children should be consulted, so we gathered them together and told them very solemnly that there was an important decision to make, and that if one or

two of them did not want to do it, we probably wouldn't. They could wait until the next day to tell us and they could tell us privately if they wanted to. And then we asked if they would like to have Edmund for their brother and keep him forever. Immediately, there were shouts of "Yes, yes," Marie jumped up and was pounding a table with her one finger, someone was screaming "Gabby too, Gabby too". And so the motion was passed unanimously by voice vote. Our newest son came to us as Edmund and we are keeping that, calling him Edmund Campion Palmeri, after the English Jesuit martyr. He was born into a Philippines that in spite of its many desperate problems is at least free again. We hope he will always be willing to pay whatever price freedom demands of him just as his namesake paid the supreme price for nothing more than bringing the sacraments to those who freely wished them. We hope you all share in our joy.

December 1, 1986

We presently have five parents on treatment for tuberculosis. One is receiving some of her medication from Ministry of Health because she had a positive sputum examination. But we are providing all the medicines for the others since they had negative sputums. Since the Ministry of Health's budget cannot cover the therapy for all TB patients, they are presently concentrating on the cases with a positive sputum since these are the ones most likely to spread TB to others. Two other parents recently completed a year of treatment and X-rays showed they are healed. The Ministry of Health is conducting a pilot study of a new short term six month drug course, which they hope will be just as effective as the longer therapy in curing TB and also more likely to be completed by the patient. It is very hard to convince patients that they need to take medicine for a year, especially when they no longer have any symptoms.

* * *

On Sept. 15, Diane took Angeli from Camiguin to Cagayan and a few hours later on to Manila. There Angeli met her adoptive father from Norway, who had been eagerly waiting for her. She came to us a tiny, sickly four month old. For a time we thought she was deaf and she was very late in starting to sit and crawl. But by sixteen months, she was all caught up. So she left us just before turning two, a pretty, healthy, energetic tot. We really miss her smiles and laughter.

Things should have been a little quieter with only four small ones left, but the three youngest babies always seem to get everything together. In October, they all came down with pneumonia and ameba at the same time. Gabby started first and after several days on oral antibiotics with no improvement, the doctor recommended we give him intravenous (IV) drugs. So they started him on the IV at the hospital and we took him home. Tom had to go to Cagayan in place of Diane. Then while he was gone, Edmund also had to go onto IV drugs because of no improvement. Then on the day Tom returned we put Paulo on IV. His pneumonia wasn't so bad, but he was becoming dehydrated because of his diarrhea from the ameba and he was refusing to drink most of the time. On that day he had twelve stools and ten of them were nothing but water and bloody mucous. With all three babies on IV, their room looked like a hospital ward and we realized that we wouldn't be able to manage it all alone. There were fourteen hours of the day and night that one or more of them had to receive injections of drugs into the IV tubing. And they were also getting oral drugs for the ameba. So we asked friends in Camiguin to radio friends in Cagayan, who then notified Helen, our nurse, to come over immediately. (There is no telephone on Camiguin at all and a telegram could take days.) Gabby and Edmund both stayed on the IV for seven days; Paulo was on for ten days. Even Joey had the same bug and was quite sick for a week. He lost two and a half pounds. When they started to recover, we put all of them on extra food and put cooking oil in each feeding. Joey and Edmund bounced back quickly, but the other two were slower. And then in November, all three got a bad cold and tonsillitis. They are on the mend now.

* * *

We have begun a survey of the entire island of Camiguin to identify all children with handicaps such as cleft lip, cleft palate, eye problems, hearing problems, polio paralysis, birth defects, burn contractures, etc. We are particularly interested in cases where the handicap interferes with the child attending school or limits his learning ability. We are also compiling a list of adults who are blind or have eye problems. We have enlisted the aid of the Volunteer Barangay Health Workers, who are each responsible for twenty households. They listed all the handicapped in their area of responsibility and we are going out to see these cases and interview the parents. After the survey is complete, we will try to find help for those who might be helped. In some cases, we will have to send the patients to Cebu, Cagayan de Oro or Davao, and in others, we hope to invite the appropriate specialists to come here. Diane has already seen over two hundred cases, including many with eye problems, three profoundly deaf pre-schoolers, more than a dozen cleft lip or cleft palate cases, four children with congenital limb deficiencies, many with partial paralysis from polio, three with very severe burn contractures of the extremities and many with partial hearing loss due to chronic infections and perforated ear drums.

On one of Diane's visits to the Rural Health Unit (RHU) of a nearby town, the first patient was an elderly man who is totally blind. He gave a very precise history of when the problem started and how it progressed although he didn't know the cause. Then just as he was leaving, he mentioned that he used to take Dapsone, a drug that is used only in the treatment of leprosy. (Leprosy often leads to blindness.) He had been told by the doctor at the skin clinic in Cagayan that he should take it for life, but he hadn't taken it for the past year (and so was very possibly contagious) because he used to get his supply on the mainland of Mindanao but hadn't been able to go over there to get it. The nurse at the RHU was very upset because this man lived right beside the RHU but had never mentioned this to the staff there, who would have supplied him with the Dapsone. Anyway, now he's back on the medicine.

Another case we saw was Romeo, age three. He has a sharp protrusion from his spine in the thoracic region which appeared three months ago. Formerly, he could walk but now he can't. Diane asked his mother if she had taken him to a doctor, and when she said she had not, Diane asked why. The mother said because it had just newly appeared. Diane suspects TB of the spine with compression of the spinal cord; an X-ray showed a compression fracture of one of the vertebrae and we have sent word to the family to bring him to the hospital, but they haven't come yet. We may have to go to their home, on the other side of the island and four kilometers into the hills, to convince his family of the seriousness of his problem.

* * *

Tom is not teaching English this year at Fatima College, but he offered to help in other ways. When the English teachers there said they would like some assistance themselves, he told them that while he had always taught English, his own field was really Philosophy and he was not sure how to go about it but that he knew people at the Jesuit University, Ateneo de Manila, who were quite skilled at this. As a result, Tom arranged for the Ateneo Center for English Language Teaching (ACELT) to conduct a five day seminar here for almost fifty teachers. Plans are in the works for another five day seminar before the

year is over and then a six week seminar in the summer, with Tom doing follow-up work wherever appropriate. It has become increasingly clear to everyone involved in Philippine education that there is little hope for any academic growth unless there is vast improvement in the students' ability in English, which is ordinarily the language of instruction.

We were wondering how we would end this letter, but there is no time for that now. We just received a telegram we were waiting for. Tom will be taking Joey to Manila and on to his new adoptive parents in Indiana. So it will be a white Christmas for Joey and possibly a very cold one for Tom, who will be staying on in the States for a few weeks to do some fund raising. Joey has been a great favorite of Grandpa, and while Joey will be having lots of toys and excitement, Grandpa will be very lonely without him. Unfortunately, all that we can say to him is "Welcome to the club".

Merry Christmas to all! If you are putting on a Christmas pageant and Tom is in town, get him to play a part. He does a wonderful year-long impersonation of Scrooge.

Tom returned at New Year's from one month in the States visiting friends and fundraising after escorting four year old Joey to his adoptive parents in Indiana.

Typhoons are rare in Camiguin, but weather deteriorates when Tom is gone and a severe one swung north of us in December, knocking out electric for two weeks and destroying sixty homes. The house of one of the children we sponsor in elementary school was split in two by a falling coconut tree, but fortunately no one was inside.

* * *

Three year old Romeo, whom we mentioned in our last newsletter, is now in Cagayan. He had a protrusion on his back and had lost the ability to walk. An X-ray showed TB of the spine with damage to three vertebrae. His father left the family over a year ago and his mother works as a maid to support him and his one year old brother, who are cared for by the grandparents. So we provided the carfare for him to go to Cagayan and we continue to provide milk for him. The specialist who saw him put him on four anti-TB drugs and recommended an expensive (\$150) body brace to prevent further curvature of the spine and hopefully correct some of the existing curvature. An organization was going to help but lacked funds at present and the brace is needed immediately. So we will provide it now and hope to be reimbursed later. Romeo has already begun to gain weight, always a good sign.

Twenty-one year old Pepe had injured his knee at the age of nine years. He was examined in Cagayan and advised to have surgery, but his parents were dead and the two sisters who care for him couldn't afford the surgery. Pepe finished elementary school but was unable to walk the distance to the high school, and the pain when he walked prevented him from working. When Diane told him and his sisters (who live with Pepe, their husbands and their twelve children in one tiny shack) about a group in Cagayan that sponsored such surgery, they were all delighted. Pepe managed to get to Cagayan on his own, but he needed to have one sister join him and care for him while he would be hospitalized. So we provided her with the carfare. Pepe has now had his operation and the doctor found what he strongly suspects was a TB infection in the knee joint. Pepe also turns out to have moderately advanced pulmonary TB, which is now being treated. He will have a permanently stiff knee, but the pain is gone. Perhaps he will go back to high school. In such small victories, we have learned to find our peace.

* * *

We have found many people with eye problems, some of whom simply need glasses but cannot afford them. So we decided to provide glasses for children actually in school. So far ten children have received glasses, two of them high school students whom we sponsor who were having trouble studying because of frequent headaches. At \$15 a pair, it seems a bargain to us.

On March 27, forty of the eighty children enrolled in our Cagayan nursery school will graduate. A few days later they will all go back to class. Unlike other schools, we recognize no summer vacation and few holidays. For small children of the very poor, who are not yet ready to roam the streets by themselves, vacations and holidays are meaningless. There are neither toys nor games in the overcrowded huts in which they live. The three hours they spend with us each day are the most fun-filled time they have. And they need every chance they can get to acquire the skills that will enable them to compete with their more fortunate neighbors.

Our most serious new case in the Feeding Program was Romeo, who weighed only eight pounds at eight months. His mother had given him to her step-mother to raise since his father was gone. And this old woman had been giving him only rice water instead of milk, which she could not afford. Diane was very worried that the Grandma wouldn't be able to provide adequate care to Romeo, even with us supplying milk and oil. But in just one month he has gained three pounds and is free from illness.

* * *

The babies in foster care are doing well. Gabby is husky and very active at sixteen months. Now that he is walking we really have to watch him every minute. We have been giving him monthly gamma globulin injections, which seem to have put a stop to his constant illnesses. Paulo has also grown and had little sickness. But he is still far behind Gabby though they are the same age. Paulo crawls on his stomach and can sit if put in a sitting position and stand hanging on to his crib side. But he never sits himself up or stands himself up. We are exercising his extremities twice a day, which has definitely improved his crawling. His papers are now in Manila and we hope the government will soon be able to find the very special family that will welcome Paulo. Our Edmund is just the opposite, doing everything early. He began crawling, sitting up, standing up and walking around furniture all at once at seven and a half months. Now, at nine months, he is over nineteen pounds and one of the most talkative babies we've ever had.

On February 25, Diane arrived from Cagayan with a two month, eight and a half pound, healthy baby girl. She had been abandoned at birth at a hospital, and the government social workers asked us to take her. She had no first name and we never leave the little ones that way for long. Tom's eighty four year old Dad, who lives with us, suggested Margaret after his wife, but we told him we had a Marguerita once and we never use the same name twice. He then said Theresa after his Mother, who had died when he was only five years old. So Theresa she is. She has gained a pound and a half in one week and smiles and coos in a very petite voice. We won't be surprised if she even becomes a favorite of her new foster Grandpa.

While Diane took our own Jay and Monica (eleven and ten years old) to the States for several weeks, Tom had charge of the rest of the gang in Camiguin. The summer was extremely hot and dry, and the four babies had heat rashes and several bouts of impetigo and boils. So Tom began taking them all in the sea every day, which helped their skin heal. Edmund began walking just before his first birthday. So he and Gabby now have a lot of fun chasing each other around. Paulo, now twenty months, is still very far behind but makes slow progress. He can now walk in the walker and is starting to crawl a bit on his hands and knees. Theresa is doing well on soymilk though her skin remains very sensitive. She began crawling at five months and can float in the sea almost by herself.

* * *

For the first time ever we have had a mother of a child in our Feeding Program die in connection with childbirth. Two of them, in fact, only twenty-seven and thirty years old, and greatly due to their own neglect of themselves. Free pre-natal care is available in the neighborhood, but they refused to bother about it in spite of our constant urging. Both finally consented to go to the hospital only hours before they died. The first of them left four children behind, including the newborn baby. The husband of the second one seems to have gone to pieces and does nothing for the five children that he now has. So an aunt, who is a former member of our Feeding Program with seven children of her own, has been caring for them and providing all of their food. Her two-room house has no place for them to sleep so the older ones go next door at night. Newborn Raymund was getting only rice water because they couldn't afford infant formula, so we are now providing the infant formula for him and extra food and clothing for the other children. Free health care to the poor in the Philippines is certainly very limited. A terribly important question that needs to be confronted, however, is why the minimal care that is available so often fails to be valued and used by people who need it so desperately. Nine children left behind and two young women dead, all quite possibly only because they failed to take the advice that they had heard repeatedly in the classes they had attended with us.

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Romeo is the three year old boy, whom we have mentioned before, who had lost his ability to walk because of the damage to his vertebrae and curvature of his spine caused by his TB. We have been providing his anti-TB drugs and arranged for him to get a special brace. Since starting to wear the brace he is improving. First he was able to stand again and now he can walk several yards. We are hopeful that he will recover full use of his legs. Something to think on: if Diane had not taken him to a doctor, he might never have seen one. Why don't they go?

* * *

The school year here has just begun and so we have been heavily involved in organizing our Sponsorship Program for the coming year. We provide supplies at elementary level and tuition at high school level for especially needy children in four elementary schools and two high schools (out of the fifty eight elementary and ten high schools on Camiguin Island). Because of a slowdown in contributions a year ago, we did not sponsor any first year high school students even if we had been sponsoring them in their last year of elementary. Recently, we checked to see what had happened to that group of forty-two and discovered that at least fourteen had not gone on to high school. Three of the girls had left home to be maids. And presumably many of those who did manage to go on lacked many of the things they needed to study properly. For the ten dollars a year it costs us to sponsor a child, this year we will find a way to keep at least the talented ones going. And there are many of them, for out of the total of 271 children whom we did sponsor last year, forty-nine were honor students, including two Valedictorians and two Salutatorians.

Generally we let the teachers, who are the ones who know the people in their vicinity best, select the children whom they think are most in need. But sometimes we directly intervene. A fourteen year old girl came to us recently with her grandmother. Her parents are separated and have new spouses and do not provide for her at all. (This is a fairly common situation here. When a child is born out of wedlock or when the parents separate and take new spouses, it is almost unheard of for the child of the previous relationship to be accepted in the new household. And so they are simply “dumped” on grandparents or other relatives, who often receive no help in caring for them.) Two years ago, after finishing grade five, at the age of twelve, this little girl went off to Manila to work as a maid. Now she had returned with nothing to show for it except her clothes and the transportation money back to Grandma’s house. She very much wants to finish elementary school, but the grandparents have little and still have two of their own children in school, whom we are sponsoring. So we will also sponsor this bright-looking but shy young lady who has been through so much.

Just how serious is the problem of kids out of school? Hard to say. On the last day of enrollment, Diane went up into the hills to a house where she thought there was a seven year old (the age at which you start school here) who had not been enrolled. The mother had been taken to Cagayan for an operation by her husband and the grandmother, and the five children were left with their grandfather. Sure enough, there was seven year old Amy; but there was also eight year old Annabelle, who is very short and walks with a limp due to polio. And peeking out from another room was eight year old Lela, whom Diane didn’t know at all. She asked who she was and why she wasn’t in school. She was a cousin of the kids Diane had gone to see, born out of wedlock and left, together with her six year old brother, with the grandparents. All of the kids wanted very much to go to school, and so Diane, looking very much like the Pied Piper of Hamelin, led them all down from the hills to enroll.

This school year we are sponsoring 105 high school students in two high schools and 192 children in elementary school. We had expected to be sponsoring children in only four elementary schools, but while making a survey in Barrio Magting, we found two families of school-age children living high up in the mountains. They had left their farms on the big island of Mindanao because of rebel fighting there. None of these five children had ever been to school. So we told the parents we would sponsor them this year. At enrollment time, they told us that it would be closer for their children to go to the Barrio Benha-an school even though they live in Magting, and so we have added that school permanently to our list as it is far back into the hills and the children there are very poor. So fourteen year old Benvenalino and thirteen year old Jesphine and Carlita have begun Grade I. The teacher says they attend regularly and are very interested. Still at home are the two nine year olds; hopefully they will go next year.

In Grade I at Magting, we are sponsoring three children with handicaps. One is Annabelle, whom we mentioned in our last newsletter. She limps because one of her legs was partially paralyzed from polio, and she is very tiny for her age because of malnutrition as a toddler, but she seems to be a good student. Another is Renie. He is a dwarf and did not enroll until he was almost eleven years old. Diane had been urging his mother to send him to schools for years, but his legs had been so short that it would have taken him all day to walk the several kilometers from his house in the hills to school and back again. Now his legs are slightly longer and his mother decided to let him try. The teacher says he is a bright boy and can already read after two months. Finally, Jayness is thirteen years old and also a bright first grade student. His late start was due to spastic paralysis of the legs since birth. We had sent him to Cagayan for evaluation by an orthopedic specialist in hopes that he could have surgery for his foot drop and be fitted with braces. But the doctor said it was not possible since his left arm is very weak (also since birth), and so he would not be able to support his weight with crutches. The doctor recommended a wheelchair, but in the hilly terrain here and with a school that has steps, a wheelchair doesn't seem practical. Jayness has learned to slide around on his bottom with an extra pair of rubber sandals on his hands and a rubber mat made from an old inner-tube to protect his pants. So he is now able to go short distances. And we are providing the carfare for him to take transportation to and from school each day. His parents have even constructed a special outhouse for him at the school since he cannot use the ordinary one that is there. What more could a boy want?

* * *

We just sent two girls to Cagayan to see an orthopedic specialist. Elma is ten years old and has had a rigid paralysis of the left foot since she was one month old, possibly from polio. She walks with a marked limp. Arlie, thirteen years old, fell down at the age of seven and apparently dislocated her hip. She couldn't walk for about a month and then gradually learned to walk again. She walks with a limp since one leg is shorter than the other and she has pain. We're hoping that surgery will at least alleviate her pain. A third child, Marcadita,

was to go along with the other two. She also has a dislocated hip from many years ago. We told the parents that we would provide the carfare to Cagayan de Oro and that they could sleep at our nursery school there and we would provide their meals and handle any medical expenses. So it would seem that there would be nothing to worry about. However, Mercadita's mother returned the travel money on the day she should have gone with the others. The reason? Mercadita's father is quite sickly and so the mother is usually the one going out to look for food each day. If they had had a small amount of food on hand, she could have gone, but since they didn't, she decided she needed to remain and find food each day for her family of seven. Perhaps she will let Mercadita travel to Cgayan with Diane on one of her trips.

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In August, Diane took Paulo to manila for neurological and psychological evaluations so that the Dept. of Social Welfare could have a more exact diagnosis to aid them in finding an adoptive family for him. The verdict is that he is moderately retarded both physically and mentally; at twenty one months he is functioning on the level of a six to eight month old. Unfortunately, this probably means he will have a longer wait for a family. And he needs the attention of his very own family and a special program of mental and physical stimulation right now far more than a normal child in order to reach his fullest potential. Paulo isn't the only child with special needs here in the Philippines who is waiting for an adoptive family.

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If you have seen our financial statement for June, 1987, you may have noticed that our contributions were higher than ever before and that we allowed our cash balance to grow from \$6,797 to more than \$23,000. This does not mean that we have more than we need. We are planning to expand our work in several ways, but what we would like to do most of all is open a completely free elementary level boarding school for children who are the most destitute of all and allow this to serve as the institutional base for our other programs. This would be a major move for us and would involve an outlay of \$45,000 for land and the construction of simple inexpensive native style buildings. We are hoping that some foundation or organization will give us most of this initial amount. But if that does not happen, we many simply push through on our own. Until a final decision is made, we hope to keep seeing that cash balance grow. Anyone who wants more details about the school should ask us for them.

We dropped several children from the Feeding Program recently because their mothers were not bringing them regularly to eat the food and also were not coming regularly on their day for “duty” to help prepare and cook the food. Although it makes us sad to drop the children when they so obviously need help, we know it isn’t possible to help them if their mothers will not cooperate even to the extent of bringing them to the feeding site to eat. At any rate, their places have been taken by new admissions who are just as needy; in our business there is seldom any lack of customers.

We presently have twenty-five children on the “extra food” list. These are children who aren’t making progress in spite of regular treatment of their illnesses, which include primary complex (childhood TB) and parasites. In addition to the two cooked meals and two glasses of milk each day that all of the children receive, these children receive oil to be added to all of their meals and extra milk to drink at home. Our most serious case is two-year old Genalyn. Although she has made progress, she is still twenty-five percent below normal weight. Her growth is severely hampered because of a congenital heart defect. We have been providing her with digitalis and diuretics in order to control her chronic heart failure. The doctor had originally hoped to put off surgery until she was four but now plans to recommend her for surgery as soon as sponsorship can be arranged through one or more private groups here.

* * *

In our last letter, we were very happy to tell you about the eleven-year old dwarf, Rene, who had finally started school for the first time and was doing well in his studies. We are now sorry to report that both Rene and his sister in Grade III have stopped attending. They had nothing to bring for lunch except bananas and live too far away to go home for lunch. Possibly the trip back and forth even once a day was too much for Rene. The Grade I teacher, with the generosity we have so often seen in the teachers here, invited Rene to live with her so that he could continue his schooling. But he was too shy and ashamed to do so. It is just such children as Rene whom we hope to be able to help with the establishment of a completely free elementary level boarding school.

* * *

Over a year ago, we began making regular trips around the Island of Camiguin in order to locate every child with a physical handicap and every person with an eye problem. Although we have certainly missed some (new cases still keep turning up), our tally so far is considerable. We have seen 159 people with eye problems, including twenty-four with cataract, twenty-two with ptergium (a fleshy growth of the conjunctiva), seven totally blind, six with crossed eyes and one hundred with undiagnosed problems. We also identified fifty-six children with post-polio paralysis and other orthopedic problems which hamper their ability to walk and another four who may be candidates for leg or foot prostheses. There were forty-one children with cleft lip and/or palate who had not yet had surgery, seventeen profoundly deaf children, one girl with no external ear opening and two others with

extremely narrow ear canals and reduced hearing. There were five children with serious burn contractures who need surgery.

The good news is that we have begun to find help for some of these patients. We are sending the cleft lip and palate cases to Davao where an American foundation provides completely free surgery for such cases. Missionary priests there provide the housing for the patients after they leave the hospital until the stitches can come out. We provide the carfare for the twelve hour boat and bus trip and the money for their food while there. So far eleven cleft lip and two palate cases have been done. (Three children are too small.) In early November, an eye specialist and a surgeon came from Cagayan de Oro to examine patients we had found. In their two day clinic, over one hundred eye patients were seen and diagnosed and twelve of the ptergium patients were operated on. More than a dozen others, mostly cataract patients, were advised to have surgery in Cagayan de Oro. We hope these patients will be sponsored by another group in Cagayan de Oro. But in many cases, we will again be providing the carfare and in some cases they will be staying at our Nursery School before and after their hospitalization. We have already assisted three people in this way in connection with having their blind and infected eyes removed.

Elma, whom we mentioned in our last letter, has had a tendon lengthening operation on her foot and is now in a cast and back in school. When the cast comes off, she will need a brace for one year. And we got the special shoes the doctor prescribed for Arlie. One shoe is elevated to correct the difference in her leg length. During the summer vacation, she should have surgery on her dislocated hip.

It will take time, but we hope to help all the handicapped children. In many cases, it will just mean helping them to get to places where free help is available, partly by convincing their parents to overcome their fear of going to far off places where they do not know anyone and may not even be able to speak the language. In other cases, our involvement will have to be more substantial. But the smiles we have already seen on the faces of those parents whose children have been made whole have convinced us it is worth whatever it takes.

* * *

On Nov. 9, Tom's father died after just three days in the hospital. He was eighty-five years old and had lived with us for the past nineteen months. While he was here, we tended to think of all the ways in which he was a bother and an inconvenience. Now that he is gone, we find that we all miss him terribly. But he was very old and in great discomfort and longed to die. We console ourselves with the thought that Grandpa will finally be home for Christma

Late spring Tom will bring our sixteen and a half year old Paul to North Carolina where Paul will stay to complete his final two years of high school. After that it will be up to Paul to decide what comes next for him. Next year it will be Chris' turn to go (we don't know just where yet, one of the things Tom may arrange during the trip), and a year or two later Marie, and so on down the line. Before we know it, the nest may be almost empty; that's part of what we had in mind when we decided to adopt our Edmund, who will still be with us for many years to come.

* * *

At the end of every year, our nutrition aide, Joy, weighs children all over the Barrio of Lapasan where we have our Feeding Program. So we now have over thirty new children in the program. Some of the mothers are familiar to us because their older children were in the feeding program some years ago. And in a few cases, we have children of the next generation, grandchildren of the original mothers. It's discouraging to think that our lectures for the mothers on nutrition, food preparation and childcare haven't prevented malnutrition on succeeding children. But the fact is that the primary problem in Lapasan is economic. Some of the fathers are fishermen living from one catch to the next and most of the rest are underemployed. And this urban slum is seriously overcrowded and almost entirely without sanitation. So our nurse, Helen, is kept busy in our daily free clinic treating many preventable illnesses. Only with improvement in family income and living conditions can we hope to see a real decline in malnutrition. Our Nursery School in Lapasan continues to be very popular. In March, sixty of the eighty-nine children enrolled will be "graduated" and go on to Grade I next June. Applicants for new admission aren't hard to find; our usual problem is how to decide which ones we'll have to turn down. We know the stimulation and early learning activities can make the difference between success and failure when the children go on to elementary school.

We have helped six eye patients get to Cagayan de Oro from Camiguin for diagnosis and/or surgery. Two had cataract surgery, one will begin to wear glasses in an attempt to correct her crossed eye, one will have cysts removed, another is under medication and the last is unfortunately almost totally blind due to nerve damage that is beyond treatment. We have also sent two patients with nasal polyps that blocked breathing thru their noses. Not all cases are so easily dealt with, however. Five year old Rebecca was advised to go to Cagayan for surgery because of a rectal opening that is both abnormally small and misplaced. But because the bed space for general surgical cases at the regional hospital is inadequate, she had to wait thirty-seven days before a bed was available for her. During this entire time, we were feeding and housing her and her mother at our nursery school. Then after her admission, there was a delay in scheduling her surgery. After two weeks in the hospital, she came down with the measles and had to be transferred to the isolation ward. It was a very serious case of measles and she had to have intravenous fluids for over a week. Now she is

back home in Camiguin with nothing accomplished and cannot have surgery again until she regains the weight she lost.

We recently found out that several children with post-polio paralysis have dropped out of school. Joselyn was in Grade I last year but dropped out this year. The reason? Her horse died. She has paralysis of both legs and the knees are frozen in the bent position. So she can only crawl. The horse was her only means of transportation to school. We hope to be able to arrange for surgery and braces soon. But if not, we will at least hire a carabao (water buffalo) or horse to take her to school again next year. Maripel and Marichel, sisters aged ten and nine, also both have paralysis of both legs, but they can walk with the aid of crutches. The crutches of both to them, however, were broken. We helped a local carpenter design crutches for them and they are now both back in school. The carpenter may soon have a booming business.

Fourteen year old Rex is the size of a six year old, weighing thirt-three pounds. He has a TB infection of the bone. After providing him with TB medication for four months, Diane flew with Rex and his mother to Manila on Dec. 3 to bring him to the National Orthopedic Hospital. Fortunately, he was admitted even though he is sharing a bed with another child and his mother is sleeping on the floor. Rex's spine is severely curved and hopefully this can be partially corrected with surgery. We are providing Rex's mother with money for her meals and for any medicines that the hospital cannot provide. Rex's lungs are compromised and he has been out of school for years because he was simply too weak to go. We did not realize how weak he was until this trip. Diane had to carry him into the hospital in her arms because he was on the verge of collapse. In late Feb., we sent four year old Romeo and his mother to Manila by boat for treatment of the same problem at the same hospital. And just recently Diane discovered twelve year old Alberto at our local hospital, not a patient, just visiting his uncle who is in the TB room on oxygen. Alberto also has TB osteomyelitis with an even worse curvature of the spine than Rex. We are providing him with medication, since the government barely had enough for what they consider contagious cases, and we'll send his X-ray to Manila.

When Diane brought Rex to Manila, she also brought Paulo and Gabby, two of our foster babies. Paulo needed another neurological evaluation and Gabby needed a visa physical. Our own eleven year old Monica went along to see the orthodontist. We never leave one of the foster babies with anyone else until the actual day of departure for overseas unless one of the adoptive parents comes to fetch them, and so Diane brought Gabby back to Camiguin and Tom took him back to Manila to see him off on Dec. 16. Extra work for us but at least we see the job through to the end. Gabby came to us a tiny premie and left for Iowa a husky, roaring two year old toddler. He should do well in the corn country.

In June, we will be doubling the number of elementary schools where we sponsor children, thereby adding a hundred children to sponsorship. Each of the four new schools is several kilometers into the hills, which will make the delivery of supplies and the checking of grades and attendance more difficult, but the uphill barrios are always poorer and have a grater need. A teacher in one of these schools told us that she brings paper and sells it to those who can afford to pay and just gives it to the others, “. . . otherwise, how could I teach them?”

* * *

A group of doctors came to one of the towns on Camiguin recently and Diane was able to send seventy patients that she had identified to them for diagnosis and/or minor surgery. Public transportation is very poor here and so we drove many of them in the truck we have just had built to help in all the expanding areas of our work. We have sent two cleft lip cases and twelve cleft palate cases, ranging in age from eight months to sixteen years, to Davao for surgery. We have over twenty more to schedule, including four who need to take iron for a few months to correct their anemia before surgery. We have had crutches made for several more children, some who had none and some who had outgrown theirs and were walking bent over. We have also provided glasses for several more school children. Although we are making progress, it seems that new cases are appearing just as fast as we assist ones already known. And now the word is spreading through the ones we have helped and others come right to our house, sometimes from halfway around the island.

* * *

Tom received our newest foster child in Cagayan de Oro on March 28 and brought her to Camiguin the following day. Mimi's mother died of TB when Mimi was just six months old and her father just recently decided to give her up for adoption since she had nearly died of malnutrition. (Her five year old brother did die of pneumonia in a Cagayan hospital on the same day that Tom brought Mimi to Camiguin). Mimi had just spent two months in the malward of the regional hospital where she had gained four pounds, but when she came to us, she was still a little under fourteen pounds at two years and nine months. And she is several inches shorter than our fifteen-month old Theresa. Both of her eardrums had ruptured and had been draining for some months. She had never walked or talked and she was too weak to sit for more than a few minutes, so at first we put her in an infant seater. Our own big kids gave her lots of attention and had her smiling the first day and giggling and laughing the next. She likes to eat and we feed her six times a day. She gained four pounds in the first three weeks and antibiotic injections cleared up her ears. But four weeks after her arrival, she developed an asthma attack and pneumonia and had to be hospitalized for oxygen and intravenous antibiotics. She came home a few days later still on the intravenous and is now much improved and on oral medicines. She chatters a lot and is now beginning to crawl, walk around furniture, ride a little horse on wheels and look at books. But her condition is still quite precarious and she has a long way to go to “catch up”.

Unfortunately, not all of our news is good. In our last newsletter, we spoke about Diane bringing Rex to Manila for surgery on his curved spine. It was really his only chance to survive and it just wasn't good enough. He was in the hospital for three months but never gained enough weight to make surgery possible. Finally, he went to a nutrition center to see if that would help him gain weight. After a few days, he developed a breathing problem and was rushed back to the hospital. He seemed to be improving on medication, but at the end of two weeks he suddenly died. Rex had been a bright looking boy, always full of smiles; we had been trying to think up ways we could help him with his schooling once his health had improved.

Closer to home, our foster baby, Paulo, was found dead in his crib on the morning of May 7. Paulo is the one who was very slow in all areas of development. But he was not sick with anything recently and was on no medication other than his usual vitamins. He slept in the same room with two other babies and our three workers. He was put to bed just as usual. Later, when the workers themselves were going to bed, he fussed a little, which was not uncommon if he was disturbed by something, and in the loving, patient way in which they always dealt with him, one of them told him to hush and go back to sleep, everything was alright. And so he did go back to sleep and never woke again. In the morning, when they went to wake him for breakfast, he was already cold and growing stiff. Possibly he aspirated and was unable to cry out as he choked; possibly something happened that was related to his neurological problems. There is no way to know. Paulo was abandoned when he was born and weighed only six pounds when he came to us at four and a half months. He had been available for adoption for over a year, but there were no takers and for very understandable reasons. He was born with a cleft lip, which we had repaired, and with four fingers that were frozen into a partially bent position. At two and a half years of age, he could not feed himself and he could not walk though we were hopeful that he might soon walk on his own. But he also could not say a single syllable and we were losing all hope that he would ever make any progress with language. He seemed intelligent because he clearly understood what we said to him. Perhaps his mind was a prisoner within a body that was incapable of serving it. Born to no apparent purpose and dead from no apparent cause, Paulo is the epitome of everything in life that remains impenetrable to us. There is a wonderful line in Hopkins' great poem, "The Wreck of the Deutschland", "For I greet him the days that I meet him, and bless when I understand". Surely we do bless when we understand. But here there is no understanding and we have nothing to offer except one thought that insists on being heard, like a lone scrap of evidence on the part of the defense. To those who took time to love him during the two years he was with us, including a special visitor who was here for several weeks, Paulo gave many moments of joy. Perhaps that is the best that any of us ever do no matter how many years we live. For our part, we quietly prepare our home and our hearts to receive soon another abandoned baby.

Tom took Paul, our oldest boy, to the States via Europe last May. It would be impossible to express adequately their gratitude for the wonderful generosity shown them all along the way by relatives, good friends, and even mere acquaintances. In a landscape that often seems bleak, hospitality is still a shining light. Tom brought two teenagers who wanted to spend the summer in Camiguin back with him but left Paul to complete his high school in the States.

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When school started in June, we began sponsorship in four additional schools as planned. Some of the family situations are pathetic. In some cases, one parent has died, in others, the parents have separated and the children have been left with grandparents who receive no support from either of the parents. In Hilda's case, her mother left the family when the youngest of the six children was a baby, so they and their father live with his parents. In the same house are her uncle, whose wife has also been gone for years, and his three children. And also six children of her grandchildren. In Mario's case, his mother died of leukemia in May and his father is blind. He is ten but only in Grade 2 because the family couldn't afford to send him every year. He is the youngest of ten children.

* * *

We have much good news concerning the work with the handicapped. Five year old Romeo went to Manila last February to the National Orthopedic Hospital for treatment of his TB of the spine. In June, he finally had his first operation and in August the second. He will soon be able to return home in a brace. When he first developed the problem in his back, he had lost the ability to walk, but he regained it when put into a brace and placed on TB medicines.

Ariel Casanos is twelve and had been out of school for two years because he couldn't go the distance to school on crutches. Both of his legs are paralyzed from polio. We sent him to Cagayan where he was fitted for braces for both legs. He is still adjusting to the braces so we arranged for transportation to take him to and from school each day. Jocelyn is also back in school after being out for a year. She too has post-polio paralysis of both legs, but she can't use crutches or braces because her knees are frozen in the bent position. She had gone to Grade I on the family horse, but it died, so we loaned her our horse. We hope to arrange surgery during school vacation. Cecil is a second year high school student who was walking with difficulty the long hike to school. She now has below-the-knee braces on both legs. In August, a team of specialists came to Camiguin from Manila and Cagayan de Oro. They stayed five days, examined hundreds of patients and performed many operations right here. Diane sent out notes to over one hundred of her eye patients and we were very happy that many of them came and were diagnosed. Some had their cataract or other surgery. Almost thirty children were advised that they need glasses and we have already provided glasses for thirteen of them. Since our last letter, we have sent twenty-two children to Davao for surgery, half for cleft lip repair and half for palate repair. The only ones remaining are babies too anemic or sick for surgery at their time and a couple of older children who refuse to go.

In the course of a routine X-ray, we discovered that our own fourteen-year old Marie has scoliosis, with a twenty-eight degree lateral curvature of the spine. She has already been fitted for a brace and will soon be wearing it, presumably until she stops growing. Or perhaps she will need surgery. Marie, who has no arms, worked so hard over the years to learn to write with her feet, to swim, to ride a two-wheel bike; presumably all that will be impossible with the brace. Right now we are certain of hardly anything except one thing. Marie has never gone belly up in the water before and we do not expect her to start now.

* * *

On July 15, Lorena came to us for temporary care. She and an older brother had been left with relatives by their parents when she was five months old. The relatives are very poor and could feed her only bananas, so at twelve months she was ten pounds, thirteen ounces. She had many infected sores on her body (alas, it was only later we found the lice in her hair). But she wasn't so far gone as to have lost her appetite. In fact, as she saw us preparing juice for the social workers who brought her, she stretched out her arms toward the glasses. We immediately gave her half a cup of milk which she drained without a pause. And she followed that with oatmeal and ground meat and cried when the bowl was empty. We feed her six times a day and add oil to every meal. She gained three and a half pounds in three and a half weeks. She was smiling the first evening and is full of happy chatter. She has been crawling, standing up in her crib and walking around furniture. When the social workers saw her a month later, they quite literally didn't recognize her.

Mimi, who came to us at the end of March, is doing very well. She is over twenty-one pounds and looks quite chubby. She began walking a few weeks before her third birthday. She still has large holes in her eardrums, which will eventually need surgical repair. This may be part of what has slowed her language development. So far, she says only one word, "boat".

On July 26, Diane picked up one week old Snooky from the hospital in Cagayan where she had been left by her mother. Though a tiny six pounds and six ounces, she is healthy and doing quite well. The following week, Tom took Theresa to Manila for her departure on August 3 for North Dakota. She had come to us at two months and departed at nineteen months, a very perky and talkative toddler whose antics we all miss.

At the end of our last newsletter, we spoke of the unexpected death of Paulo and of the many problems he had and how he had been available for adoption for over a year and was not wanted by anyone. News travels slowly here. It turns out that before Paulo died he had been matched with a family. In other words, there was a couple who knew that Paulo might never say a word and that he might have to be spoon-fed for the rest of his life, but they were willing to take a chance on loving and caring for him anyway. They were never able to help Paulo, but they have helped the rest of us immensely. Just to know that such people exist. The world is apparently a better place than we often give it credit for.

Our work is rapidly growing. We have incorporated locally and obtained almost four hectares of land on the hills not too far away. We have already put in a half kilometer of pipe to bring water to the property and to improve the barrio water system. We'll be proceeding with construction as fast as the typhoons allow us and we hope to be operational within one year. Our first target is the eighteen deaf children on the island. Though we have encouraged their families to send them to school, hardly any of them go. We hope to gather all of these children and at least one person from each of their households together and have someone teach all of them international sign language. In that way they will be able to communicate with their own families. We do not yet know if we will be able to hire someone locally for this or if we will have to look for a volunteer from overseas. In general, working with the deaf will be a new area for us and we would be happy to have you put us in touch with any organizations or individuals whom you think might be of assistance.

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Seven year old Joey was burned on his right arm and face as an infant. The arm developed severe contractures holding it in a bent position. Eight year old Jenalyn, also burned as an infant, had an almost identical burn contracture on her left arm. Diane took both of them to Cebu along with two year old Julieta, who was born with bilateral club feet. All three had free surgery at a government hospital. We provided medicines not available at the hospital and the meals for the parents. Now both Jenalyn and Joey have straight, functioning arms. Joey still has a contracture of his lower lip pulling it downward. We hope this can be operated on when he is older. Julieta is still in casts, and when they come off, she'll need special shoes.

Maripel and Marichel, aged eleven and twelve, both had polio as toddlers. Although they learned to walk with crutches, they could never wear shoes or slippers because when they stood up their feet collapsed sideways. We sent them to Cagayan where both were fitted with braces, Maripel on one leg and Marichel on both legs. So for the first time, they are wearing shoes and able to go to school even when the road is very hot from the sun.

Four year old Emelita was brought by her mother from her home high up in the hills on the other side of the island to see the eye specialists who came to Mambajao in August. The diagnosis for this child who was almost totally blind: congenital cataracts. Though we have been actively looking for children with eye problem for two years, no one had ever reported this child to us. We arranged a date for surgery with the doctor in Cagayan at the government hospital. Again, we provided the medicines not available at the hospital. She will soon be fitted for glasses to enable her to see clearly for the first time in her life. Later, the other eye will also be operated on.

Although most of these cases have been more costly than previous ones, they seem to be well worth it. We have also provided eyeglasses for ten more school children, sent three

children with cleft lips to Davao for surgery and helped four people, two of them children, to get artificial eyes.

* * *

Our fourteen year old Marie is now wearing a Milwaukee brace, which we hope will correct her scoliosis. Happily, she can still feed herself while in the brace. Writing with her feet is more difficult, but she can manage it. Dressing herself is impossible with the brace on, but everyone pitches in and helps her with that. Best of all, she can still sit on a high stool at the kitchen sink and wash the dishes with her feet; that's how she manages to earn her keep.

Here on the Island of Camiguin, we seldom experience more than a few days of rain from the typhoons that regularly pass further north of us, but Typhoon Ruby (Unsang) was quite strong and not as far to the north. We awakened at two in the morning to the roaring winds and the sounds of falling trees, including two coconut, two frangipani, one papaya and ten banana trees in our own yard. At dawn, the road to town was blocked by fallen trees and electric posts. The fishing communities on the other side of the island were hard hit since the wind was coming from the sea there. Many of their houses were washed away. Thanks to donations of used clothing we have received, we were able to provide several cartons of clothes for the families who lost almost everything. Two weeks later Typhoon Skip (Yoling) roared through on a path similar to Ruby's. Skip's winds seemed stronger but they didn't last as long. Long enough, however, to knock down more trees, one of them killing two children and more electric lines (the electric had just been restored to full service the day before). It also tore off about a third of the metal roof over the public market. We and our house are fine, but for the hundreds of families left homeless, this holiday season will not be very pleasant. The reindeer, tinsel and Macy's Parade, of course, were all a rather late addition. It all began with two weary travelers who had no place to stay. Perhaps the homeless people of Camiguin are closer to the real Christmas this year than they know. We hope their love for one another will help sustain them.

Construction of our property at Mapa in the hills continues to progress. Long term it will be an excellent site, but at present the road that leads to it is in poor condition and we are continuing to have an unusual amount of rain for what should be the dry season. Consequently, it is difficult to deliver the building materials, which we are doing in our own truck, as fast as they are needed. We hope to have some agricultural experts visit us soon to advise us and to take soil samples. We have also had a number of responses to the remarks we made in our last newsletter about working with deaf children, and we will be following up on them soon. We keep thinking of more and more valuable things we can do with the facilities we will have in Mapa and we are very anxious to get started.

* * *

The assistance to handicapped children continues to keep Diane quite busy. It's a rare week in which she doesn't see new patients. Some she finds in the barrios all over the island and others come right to our house. Nine more children with clefts have been sent to Davao for surgery, three for their lips, the other six for their palates. We have also provided eyeglasses and artificial eyes for several children. While checking on students needing eyeglasses at one of the high schools, one of the teachers told Diane that the father of one of her students had very poor vision and was unable to do any real work because of it. When Diane saw him, she found that he had had cataract surgery on both eyes two years ago, but he had no money left to buy the glasses. Without the proper glasses, these patients are almost as blind as they were before surgery. So we sent him to Cagayan for measurement for the glasses and soon he will be wearing them. Then perhaps he can get a job again to support his six children.

We have helped two boys with fractured thigh bones. Tom brought one of them down from the hills on New Year's Eve when he was on his way home from our property. The other boy was already there at the hospital. Both had to be transported to Cagayan de Oro since the doctor who handles such cases was on leave and the X-ray machine was out of order. We assisted with the transportation and the materials for their traction and casts. Their expenses amounted to nearly a month's salary for a public school teacher or a nurse (about 85 U.S. dollars) and would have been completely beyond the means of their farmer fathers.

Some cases are not as easily handled. At present, most orthopedic cases needing surgery must go to Cebu. Diane had hoped to take fourteen year old Alberto to Cebu in January. His spine is bent in a Z shape from TB in the bone. But Alberto's mother still has a one-year old on the breast and his father had just gotten out of the hospital with hepatitis. So neither could go with him and his trip had to be postponed. Instead, Diane took thirteen month old Fe, who has one club foot. And Joey, who had already had surgery on burn contractures on his arm, went along to see a plastic surgeon for the contractures that pull his lower lip downward, making it impossible for him to close his mouth. Three-year old Analiza also went along. She too has a curvature of her spine with TB in the bone. They all left by

overnight boat from Camiguin straight to Cebu. Analiza didn't seem to mind the boat ride, but she had rarely ridden in a jeep or taxi and had never been in a real car before. So every time she got in a jeep or taxi in Cebu, she screamed and buried her face in Grandma's dress and Grandma would cover her with a small blanket. (Grandma had to come with Analiza because her unmarried mother is mildly retarded and also has a small baby on the breast.) The doctor decided Analiza does not need surgery since she has no apparent nerve damage and recommended a Milwaukee brace. So Diane and Analiza and her grandma took another overnight boat to Cagayan de Oro where Analiza no longer screamed on the jeeps. She just grabbed her little blanket and threw it over her face. Finally, she even began peeping out from behind the blanket to see what was going on. Analiza was measured for the brace a couple of days later. When the brace maker said they could come back in a week for the fitting, her Grandma said, "No" she was "through with traveling". So the brace maker generously delivered the brace to them here.

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Our foster babies are doing well. Mimi, now three and a half, is talking much more. But she does still have sizeable holes in her ear drums and may have some hearing loss. She enjoys playing with her tea set and just loves books, as does our own two and a half year old Edmund. Both of them are being toilet trained with only moderate success. Seven month old Snooky is a real cutie and gets spoiling from everyone. She scoots around on her tummy and now sits up too. Both she and Mimi seem very prone to boils, especially on the head, but everything is healed up right now.

Our eighteen month old foster baby, Lorena, returned to her father on Jan.25. He was eager to try to keep his family of three children together in spite of the fact that his wife had abandoned them for another man. Lorena departed a talking, smiling, walking toddler, a far cry from the emaciated ten pound one-year old who came to us last July, too weak even to stand. We hope her father will find some way to care for her and his other children.

SUMMER, 1989

During April and May, which is the school summer vacation here, we have tried to assist some of the school age children with post-polio paralysis. Three, who each had paralysis of one leg and were walking with difficulty, received long leg braces. But some of the cases need surgery before braces. Nine year old Pacita was such a case. The polio she had as a toddler left her with paralysis of both legs and part of her right arm. And then she developed contractures at her hip joints and in her right ankle. Since her hips were frozen in a bent position, she could sit but could not stretch out her legs in a standing position. And she could only move around by sliding on her bottom. At Diane's urging, her parents enrolled her in school last June (a year late for starting school), but her father had to carry her to school each day. Pacita had surgery in Cebu on both hips and her ankle. She came home in a cast from her chest down both legs. In two weeks, the cast will come off and then she can be measured for long leg braces. We hope that this year she will be able to walk to school.

We mentioned seven year old Joey in our last letter. When he was four months old, the kerosene lamp was knocked over by the cat and set his mosquito net on fire. It fell flaming over his right arm and his face and the right side of his head. The arm developed severe contractures at the elbow and wrist. We sponsored the surgery on his arm last January and he now has a functioning arm. But his lower lip was also contracted downward by the scar tissue, making it impossible for him to close his mouth. Therefore, he couldn't talk well and he drooled constantly. His right external ear is completely gone and he keeps his hair long to cover it. Well, Joey had surgery in Cebu by a plastic surgeon. A skin graft was taken from his abdomen and now he can close his mouth, talk and eat better, and best of all, smile. We and his parents are delighted with the results and it will certainly make it easier for him when he starts school in June. When Joey and his auntie were riding a jeepney on their way to our house after their return from Cebu, Joey said, "Auntie, tell Ma'am Diane I want an ear".

It's amazing how some things happen. Twenty year old Elvira limped with her one crutch onto our property one day, accompanied by her mother and eleven year old brother. She went right up to Tom, who was reading by the sea, and asked him to send her to college because she couldn't afford to go. Tom told her we weren't big into that these days. Then she asked for work as a maid in the house. Tom had her walk back and forth a few times and pick up our Edmund and try to carry him. It was very difficult for her. He told her that the work was long and hard and we couldn't have people dropping babies on the cement floor. He asked about her condition and she said it was from polio when she was small. He told her to come back and see Diane; maybe something could be done so she would not need a crutch. As they were leaving, he asked what was wrong with the young boy, who had been squinting the whole time. Bad eyes since he was two, they indicated, headaches and very hard for him to see at school. Bring him too, Tom told them. The result if it all is that the boy needed glasses quite badly and now has them. Elvira was sent to Cagayan de Oro where she had a month of physical therapy, which straightened her leg sufficiently for her to be fitted for a brace without the need of surgery. So now she walks without a crutch, and when there was an

opening, we hired her. As she left the breakfast table the other day, carrying a tray full of dishes, Tom said, “ She’s limping rather badly still, even with the brace; that can’t be very good for her back”. “No, it isn’t, “ Diane replied. “Can’t we do something about it?” Diane said, She’s had polio. We can’t make her like it never happened. We do what we can.”

When school started in June, we expanded our school sponsorship to two new schools for a total of ten public elementary schools here in Camiguin. Diane interviewed almost one hundred parents whose children are being sponsored for the first time. Most of the fathers are fishermen or tenant farmers relying almost entirely on coconuts. Many of them cannot afford rice on a regular basis, and so they subsist on bananas and root crops, with a little salted fish. So coming up with notebooks, pencils and various other school supplies is extremely difficult. We are sponsoring 329 children from 289 families for this school year.

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While Tom was gone on his trip to the States with Chris, Diane was kept very busy with the work with the handicapped. Two special groups visited Camiguin. The first was a group from Cagayan de Oro which has just set up a brace and artificial limb shop there, with the assistance of an international group that helps train technicians in making braces and artificial legs with local materials. Their goal is to make low cost aids for indigent patients. Diane had sent out letters to all the orthopedic patients and was delighted that thirty-three patients were evaluated by the orthopedic specialist, occupational therapist and two technicians. Later, eight of these patients went to Cagayan, two for short leg braces, two for shoe lifts, one for casts for bilateral club feet, one for special shoes and two cerebral palsy cases for teaching the family about exercises and simple aids they can make for these children. Patients needing long leg braces or prostheses will be scheduled over the next few months.

The other group that came to Camiguin was a medical/surgical team from the Philippine General Hospital in Manila. This group included eye surgeons, general surgeons and a plastic surgeon. Some of the cataract cases could not have surgery because of other medical problems, but we were delighted that seven patients did have their surgery (more than double the number that Diane had been able to schedule in Cagayan de Oro over the past year). On the morning after the surgery, when the dressings were removed, the smiles of the doctors and Diane were almost as big as those of the patients. They could see again. Three children with cleft lips and another three with cleft palates also had surgery. Two of the lip cases were five year old Mildred and nine year old Rore. Diane had sent their parents many letters offering to send them to Davao for surgery, but they had never responded. This time they finally came. We feel sure they would never have gotten the surgery if it hadn't been available right here. Their parents were just too frightened by the idea of traveling a long way to a place they had never seen before.

As always, when such missions come to Camiguin, some new cases showed up. Fifteen year old Enrico was born with estrophy of the bladder, meaning the bladder is open through the abdominal wall and continuously dripping urine. Such defects are quite rare and

are usually treated during infancy. All were amazed that Enrico had survived to this age without severe kidney damage due to repeated infections. It has been a terrible burden for him and his family. He wears a dress because of the constant urine flow and he never went to school at all because he was ashamed. The doctors did preliminary tests and felt confident they could help him with surgery in Manila. Enrico's father is a fisherman and they couldn't afford the expenses of the trip to Manila, let alone the pocket money for his mother's meals and perhaps some medicines. So we agreed to help them. Then Enrico's mother said she has a relative with a five year old son with the identical problem. Both boys are now in Manila and about to have surgery.

* * *

On July 10, we said our sad-happy farewells to Mimi. Our midwife, Gigi, took her to Manila where her new parents from Maryland were waiting eagerly to meet her and take her home just in time for her fourth birthday. Mimi came to us severely malnourished, barely able to sit up, with chronically infected ears, and a scar on one eye from vitamin A deficiency. During her fifteen months with us, her ears cleared up, she learned to walk and talk, and she gained fifteen pounds (thereby more than doubling her weight). And although she will always have the scar on her eye, what we won't forget is how her shining eyes rolled from side to side with her giggles.

On July 19, five and a half year old Aura joined us. Actually, she is one of the handicapped patients. She was burned along her left side and arm last September when her dress caught fire as she leaned over an open kerosene light. She went home in December but still had a large unhealed area. Diane visited her, bringing vitamins and milk, and she received daily dressing changes at the nearby health center. But by late February, the open area was infected, and Diane and the doctors convinced her mother to readmit her to the hospital. The wound got smaller, despite continuing infection. In June, we sent her to Cagayan to get a culture done. Then the doctors asked her to go home and continue as an outpatient because they had many infection cases, such as meningitis, and were afraid she would get something in her compromised state. We took her in for temporary care, hoping to fatten her with lots of extra food and get the wound cleaned up so she could have surgery to release the contractures that are bending her spine and holding her arm fast to her side down to the elbow. She did gain four pounds during her six weeks with us, but the wound did not heal. It seems there is a fistula between the two main wounds, and two new ulcers have appeared. We have sent her to a specialist in Manila.

Our next arrival was six month old Franklin, who came on August 23. His family relinquished him for adoption. He arrived a healthy, husky fourteen pounds but loves to eat and has gained one and a half pounds in just two weeks. He is a happy, friendly baby with smiles for everyone.

The two boys, mentioned in our last newsletter, who have estrophy of the bladder, a congenital defect resulting in a bladder that is open thru the abdomen and continuously dripping urine, have both had several operations in Manila. Fifteen year old Enrico is back home and able to wear pants for the first time in his life. He has lost a lot of weight and we are hoping to fatten him so he can go back for a final operation. His five year old cousin, Ricardo, is still in the hospital in Manila.

And little Aura with the unhealed burn of over a year and severe contractures also had her surgery in Manila, and so now her arm is once again free. We hope to see her back here very soon. But she still surely needs further surgery later on because, as she grows, she will develop further contractures. She is a very bright little girl and we are glad we could help her before she starts school next June.

Although we have seen over twenty children on the island of Camiguin who appear to be profoundly deaf (and we hope eventually to be able to help these children by teaching them sign language), we did find one boy who seemed to have some hearing. We sent him to Manila where his hearing was tested and a hearing aid was prescribed. We provided the hearing aid and he is now beginning to learn to talk. He is doing Grade I for the second time and we hope he can make it this time. But we have warned his parents and teacher that it will really take time for him to learn to imitate the sounds he can finally hear.

We are very happy to report that a physical therapist working for an international organization that helps train technicians to make braces and artificial legs is now regularly visiting us here in Camiguin. Diane contacts the patients and has them ready and waiting for the therapist's arrival. During the most recent one-day visit, twenty patients were seen. Many are high school and elementary children with post-polio paralysis. Some are measured for braces, others have check-up of the braces they have already received, some get crutches. This woman therapist from France also has much experience with cerebral palsey cases. Formerly, we didn't know what to do for these children and young adults who seem to abound on our small island. But seeing the results of about fifteen minutes teaching to the auntie of one child has convinced us that even these children can be helped in small but meaningful ways. Eight year old Christopher had never been able to sit up. But with the advice of the therapist on exercises and stimulating activities and a very interested and committed auntie, Christopher was sitting up two weeks later. And the auntie had made special chairs for Christopher upstairs, downstairs, outside in the wood-fire kitchen and on an old tricycle so that Christopher could go with her wherever her work took her all day long. The therapist makes regular visits here precisely because we are here to arrange things in advance and to follow-up the patients she sees. We are very happy to be able finally to help all the children who need braces. There are a number of children who will need surgery

before they can be helped by braces, but all of them are in school so we want to wait for the summer vacation in April of next year.

Another child with cerebral palsy affecting both legs with severe spasticity and one arm with weakness was beyond help from braces or surgery, since even if the legs had braces, he would still need to use crutches, and the weak arm would make that impossible. So he has been going to school by sliding along on his bottom with rubber slippers on his hands and a piece of old inner tube under his bottom. The doctors had recommended a wheel chair as the best solution. But wheel chairs from hospital supply companies are very expensive, far beyond anything his family could afford. This same therapist gave specifications to the faculty at a trade school in Cagayan de Oro, and now fifteen year old Jayness rides to school in a wheelchair made to order for him with bicycle tires for wheels and a cost of only one hundred dollars.

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Our newest baby, Franklin, is now nine months and over eighteen pounds, but he has been almost constantly sick with a recurring urinary tract infection. Diane took him to Cagayan de Oro so that a urine culture and sensitivity report could be done, and at the same time he was circumcised. On the basis of the sensitivity report, we gave him an injectable antibiotic for ten days. He is now on oral medicine and the infection seems to be gone. None of this has slowed him down the least bit. He is already taking some tentative steps alone at just under nine months. Snooky, now sixteen months, is still with us but due to depart any day. We can't help envying her lucky adoptive family having this curly-haired, almond-eyed cutie to share the holidays with. We have told the social workers we are ready to take in another foster baby, hopefully a tiny one. When we arrange our creche under the tree, we always like to have a real baby in it.

SPRING, 1990

Enough construction has been completed at our elementary boarding school in the hills for it to be used. In February, we moved in the staff, including an agriculturist to head up the farm, and on March 5, the first nine children arrived. They range in age from eight to fourteen years; only two of them had ever finished Grade I and that was the most they had done; they were all out of school at present; they all come from dire poverty and more than half of them are missing at least one parent. We took the eight year old as an exception because of her very poor eyesight. The children are all quite small for their ages and they ate their first meals like refugees from a war zone. They will soon be joined by ten more and we

expect to fill the class by the end of March with children from only two of the island's five municipalities. There are some rough spots to be worked out, but we are very pleased with the staff we have put together and we now know that the need we only suspected before is really there. We are underway. (And we can use lots of used clothes for elementary age kids.)

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Due to several delays, little Snooky did not go "home" for Christmas. Diane took her to Manila and saw her off for the States on January 20. Then on January 25, Diane picked up our newest foster baby, Cleofe. At two months, she was a fairly healthy eight and a half pounds, but she has had a lot of problems. From the very beginning she seemed to have a lot of cramps and gas pains, and switching her from cow's milk formula to soy formula hasn't helped much. She also had tonsillitis followed immediately by ameba, which she may have brought with her from Cagayan. She has a thick head of silky black hair. Unfortunately, we only found the lice hiding there after a couple of weeks and by that time several of us had them too. Although she smiles and coos, we are concerned about her development and the fact that she doesn't look at us when we talk to her.

Franklin is a husky twenty two pounds at thirteen months and into everything. If there is one thing in the room he shouldn't play with, that is the first thing he heads for. He is a very bright boy and knows how to charm us into forgetting his mistakes.

* * *

Fifteen year old Enrico has gone back to Manila for a final operation to correct the birth defect involving his bladder. Along with him went twenty nine year old Gemma, whom we only recently discovered, with the same defect. She had surgery as an infant right here in Camiguin, but the suture line partly reopened. She has therefore had frequent infections and one kidney is quite damaged, but the doctors hope to correct her defect.

Ten year old Jose was born with the front part of both feet missing. Despite this, he learned to walk and run and is attending school. But walking on gravel roads and asphalt hot from the sun was painful. We sent him to Cagayan to the group that makes braces and artificial legs. They asked us to get him some high-top basketball shoes to which they added padding to protect his feet and hold on the shoes. When all was adjusted, the technician asked Jose to lace up the shoes. Only then did she notice that he is missing all but the first piece of each of his fingers. She was quite upset and was ready to go right out and buy him another pair of shoes with velcro closures. While she and the staff discussed this, they turned to see Jose rapidly and deftly lace up the shoes despite his incomplete hands. He wanted those shoes. And when he went home wearing shoes for the first time in his life, he was the envy of all his friends, most of whom can afford only rubber sandals.

We have hoped that someday we might, as Tom puts it, "clean up" all the handicapped cases on Camiguin. But that day seems further away all the time. We seldom go out to the barrios without finding new cases. In recent weeks, we've seen two school-age cleft lip or palate cases and a twelve year old boy with post-polio paralysis who cannot walk

at all and tried to go the one and a half kilometers to school sliding on his bottom but finally gave up.

An American volunteer who is visiting us for a few months and knows sign language has begun weekly classes at two locations for ten deaf-mutes, ranging in age from four to twenty nine, some of their friends and several of our staff. We are very pleased with what they are accomplishing and the enthusiasm shown by all involved. We are looking for ways to continue this work indefinitely.

SUMMER, 1990

Our Feeding Program is busy as usual. We have a number of new participants, including another set of twins. Sadly, one of our “old-timers” died. Two and a half year old Hector had been in the Feeding Program since he was six months old. He started out weighing half of the norm for his age, and although he gained weight, he remained at the 50% level. We tried everything we could think of: Oil added to each of his feedings to increase the number of calories, extras food to take home in addition to the two daily meals at the feeding site, and high doses of Vitamin A twice a year. We aren’t even sure what caused his death. He had fever and then a convulsion and apparently just stopped breathing.

* * *

Over the school vacation we have been sending many of the school age children with post-polio paralysis for evaluation. Some need only braces or special shoes. Sixteen year old Lorenzo needed surgery first for his foot drop. We were able to arrange for it in Cagayan de Oro. Half a dozen others are awaiting similar surgery. The doctor who generously provides his services free to charity cases can do only so many cases at a time. So we also expect to send other similar cases to Davao. There have been a number of braces to repair or lengthen for kids who have grown.

We were very happy to have a visit from a medical-surgical team from Manila to the hospital here in Mambajao. Eight of our cleft lip and cleft palate cases were done by the team. They also did several of our cataract cases. And thanks to their visit, we were able to find out the cause of the enlargement in five year old Bryan’s leg, which was causing him to limp. The biopsy showed it is a hemangioma, a tumor of blood vessels. He is now in Cebu for arterial studies and hopefully surgery to remove it.

When Maricris’ mother brought her to Diane at the age of two weeks, we immediately made plans to send her to Cebu. She too had a hemangioma, but hers was the

size of a tennis ball and hanging from the under side of her upper lip, and blocking her mouth so she couldn't suck. Her mother had been feeding her by dropper. The surface of the growth sometimes bled and looked like it might already be infected. With any bump or scratch, she could have bled to death. Again, thanks to a generous plastic surgeon in Cebu, she had surgery to remove the hemangioma. When her mother brought her back, Diane hardly recognized the now normal baby in her arms.

* * *

Fifteen month old Franklin departed with Diane and our Erlinda on May 14 for Manila and later Colorado and his new family. The house is very quiet without this active non-stop boy. Of course, there is always an empty feeling to the house when one of the babies leaves, no matter how many are still here.

Our school at Mapa has received its Permit from the Dept. of Education. Its official name is FAMILY TO FAMILY CAMIGUIN SCHOOL AND FARM; its nickname is Little Sparta. We have twenty-five students, all quite small for their ages. In fact, nine year old Lourdes is just a couple of inches taller than our own four year old Edmund and at thirty-three pounds she weighs less than he does. But she likes to eat (we are very sure her family never had enough at home) and has gained nine pounds in two months. Completely untutored, she told Diane, "I'm getting fat because I eat vegetables now". One wonders how many of these kids became school drop-outs in Grade I and Grade II simply because they never had enough to eat to give them the energy to go to school.

They have also been deprived emotionally, and in many cases, have had very little order and discipline in their lives. A couple have come from situations of physical abuse. All come from extreme poverty, some with only the clothes they were wearing and not even a pair of rubber sandals for their feet. Yet despite the hardships of their backgrounds, they are a friendly, out-going bunch. They love to entertain visitors in the evening with a "program" of solo and group songs. And when they go home for the week-end, they proudly bring their papers and art work to show their families.

AUTUMN, 1990

This school-year we are sponsoring 318 children in ten public elementary schools. Each of these children receives a complete set of school supplies, including notebooks, paper, pens, pencils, crayons, paints, scissors, rulers, paste and art paper at the beginning of the year. Pens, pencils, paper and paste are replenished monthly. All of the children are very poor and some are missing one or both parents. Mila is a new one being sponsored in Grade V this year. Most Grade V students are eleven years old, but Mila is seventeen. She didn't start school until she was ten because her family lived eight kilometers from the nearest

school. Her fourteen year old sister, Genie, is also in Grade V. Both are good students and the teachers are giving them extra help so that they can take a placement exam and perhaps be advanced directly to high school next year. Sixteen year old Paulino is being sponsored in Grade VI. His mother died when he was eight after giving birth. Last April, his father just collapsed and died in their house. He and his youngest brother now live with his uncle, who has six children of his own ranging in age from three months to eleven years. His middle brother, fourteen year old Edwardito, had never finished Grade I, so he is now in our Mapa school.

We have added two new kinder classes to the one we already had last year in Camiguin. There are sixty two children in the three classes. The mothers each take turns serving as teacher's helpers. Most of the children are from poor families and we provide their supplies. The few from families who can afford it provide their own supplies. Our experience is that these kinder classes help the kids to do much better in Grade I where the class size is commonly forty to fifty students.

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Nine month old Cleofe is our only foster baby at the moment, though we may soon have a couple of additions. Ever since she came to us at two months, Cleofe has been a poor feeder and her weight is not what it should be. She seems to have allergies that cause a constantly running nose and probably enlarged adenoids. She also sometimes arches her back and neck. So Diane took her to Cagayan to have this checked. The doctors there found all of her reflexes a bit too fast and strong. So she will need tests in Cebu or Manila. About ten days after the trip to Cagayan, Cleofe developed a high fever and diarrhea. The next day a stool exam showed ameba and we began treatment. But the high fever continued. Then she developed a cough and stopped drinking. The doctor found early broncho-pneumonia and oral and intravenous antibiotics were started. On the fifth day, the measles rash appeared (she had not been immunized because he wasn't old enough yet). The cough became worse and croup-like, and so she was hospitalized and put on oxygen, and another antibiotic was started. We had to send one of our workers to Cagayan to buy additional antibiotic and cortisone. She improved dramatically once the cortisone was started and made steady progress after that. But her voice stayed quite hoarse for another week. She is now back to crawling, smiling and chattering.

* * *

We continue to have monthly visits from a Cagayan group who make low cost braces, artificial legs, crutches and walkers. On a recent visit, two youngsters received repaired braces, one child received new braces and one was measured for larger braces. All are post-polio cases. Also, two children with cerebral palsey received walkers. Sixteen year old Arlet was born with defects of both lower legs and hands that have only thumbs and one finger each. But she is a courageous girl and went to school on her knees. She has now been fitted with a short artificial leg on one side to match up with the partial foot on the other side, which was fitted into a special shoe. So now she will be able to get about without the hot pavement bothering her.

* * *

If you have seen our most recent financial statement, you may have noticed that we spent more than the previous year but took in sufficiently greater contributions to end the year with an even larger closing balance. That is how we had hoped it would be. Less than two years from the purchase of the property in Mapa, we have converted what was underutilized coconut land into an elementary boarding school and farm. We have a permit from the Dept. of Education for our Grade I class, which has twenty seven children. Next year we should be adding another regular grade and there is a good possibility that we might have a group of deaf children forming another class. This would triple our operating expenses for what is our largest project. Moreover, it is the kind of project that involves a long term commitment. And so we would not want to be forging ahead without adequate funds in reserve. As for the school and farm itself, we are pleased with the progress being made. The first vegetables are being harvested, a great many fruit trees have been planted, an irrigation tank is catching more than enough used run-off water from a nearby public faucet though we had been told we would never have enough water. In the classroom it seems strange to watch a fourteen year old learn to count and to write his own name, but that of course is precisely why we started this school, because we knew there were kids that age who could not. Attendance is excellent and that is encouraging since it is just what these kids never did before. A couple are slow, but they are getting extra tutoring from our very dedicated teachers. The first grading period just ended and all are passin

WINTER, 1990

Fourteen year old Marton's grandmother brought him to Diane because she had heard that she had helped another boy in their barrio with a similarly bent spine. Marton did indeed have the same thing as his neighbor, tuberculosis of the spine with collapsed lumbar vertebrae. He also had TB in the lungs with a cavity and TB calcifications scattered thru his abdomen and an abscess over the spine. He is receiving free triple drug therapy from the Department of Health, and we are providing a fourth drug on the advice of the orthopedist we sent him to in Cagayan. This doctor also prescribed a brace to stabilize his spine and

hopefully prevent further curvature. It is too early to tell, but we are hopeful that Marton will improve and perhaps he can return to school next June.

Elvira had also been seen by the eye specialists last March and had been told she needed a corneal transplant because of scarring on the cornea. We know this would be very difficult to arrange since there are few donors. But Diane went to visit her to see if it was one or both eyes. She found that only one eye was affected, but the cornea had deteriorated and was now bulging so much that she could barely close her eye, and the whole eye was inflamed. We immediately sent her to Cagayan where the doctors removed the eye in order to save her other eye. She should soon be fitted for an artificial eye. And hopefully she will be able to start high school next year.

* * *

On Nov. 12, Super-typhoon Rufing passed our way. Its center was far to the north and normally we would only have had rain and overcast skies, but with center winds over two hundred kilometers per hour; even the edge of it did more damage here on Camiguin than we had ever seen before. We spent a restless night, listening to the howling winds and the thud of falling trees, and dodging the leaks as our nipa thatch roof was battered about. At dawn we found our rest house by the sea blown into the sea and many trees bent or fallen, but our house was intact. Tom and Paul headed off to Mapa, chopping their way through trees across the road, driving right over a fallen electric line pole since they are too valuable to chop, and in one place rebuilding the road where it had washed away. Our elementary boarding school in Mapa had also survived the night without any damage although almost everything inside the buildings was drenched from the rain. We were without water at home for three days and the electric is still out. But we consider ourselves lucky. Over three hundred families lost their houses completely and over 50,000 people on the island suffered damages to houses or crops, especially banana trees, which so many depend on for food. Other islands further north, in the main path of the typhoon, are devastated. Cebu City, second only to Manila, is apparently without electric, water and telephone and will remain so for some time.

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John Mark joined us on Sept. 21 straight from the hospital where he had been admitted for severe malnutrition. He had improved a lot while in the hospital but was still only seventeen and one-fourth pounds at a little over two years. He had never walked but could talk up a storm. Soon he was crawling all over and walking around the furniture. The plan was that once he was improved he would go back to his grandmother who had been caring for him. But then his mother came from Cagayan and decided to take him back to live with her. So he went home with his mother on Oct. 17 after only three and a half weeks with us.

Two and a half month old Joy arrived on Oct. 3, a healthy-looking eleven pounds. Her unmarried mother had left her in the care of the grandmother in order to go back to Cagayan to work as a maid. The grandmother had a stroke and was paralyzed and there was no one left to care for her. The social workers are trying to find the mother. Joy is a doll and a very chubby fourteen pounds now. She has a big beautiful smile.

Diane picked up six and a half month old Jason on Nov. 20 while in Cagayan. His unmarried mother had relinquished him to the social workers ten days earlier because she could not provide for him. He is severely malnourished, really just skin and bone, and weighed seven and one-fourth pounds when Diane brought him home the following day. But we are hopeful since he demands food eagerly every three hours, plays with a rattle, and most important of all, still smiles. He has gained three-fourths of a pound in only four days.

* * *

It has been a rough year for the Philippines, a severe earthquake, coup attempts, constant bomb blasts in Manila, a falling peso and soaring fuel prices, and finally a super-typhoon. This holiday season we are grateful for the things we so often take for granted, a roof over our heads, running water, food and clothing. And on Christmas day, if we have no electric lights on our tree, we will have the shining eyes of tiny Jason at the foot of it to remind us of what Christmas is really all about.

SPRING, 1991

Our eldest daughter, Marie, will be seventeen on April 4. In mid-June Diane will be taking her to the States to complete her final two years of high school just as Paul and Chris did. (The following year it will be Jay's turn). Marie will be staying south of L.A. with a Filipino couple who adopted one of the babies we had in foster care many years ago. The wheel has finally turned full circle.

* * *

As we reached the end of the first year of operation of our elementary boarding school and farm for the kids who were not going to school, we are pleased to report that it has been more of a success than we had ever expected. Of the twenty-seven kids who began the school year, twenty-five are still with us. One had serious medical problems and had to stop but will probably return next year. Another failed to comply with our strict attendance and so we dropped him. Apart from their progress with the academics, the kids look far healthier than at the beginning of the year and show an amazing spirit of self-confidence. They have learned how to take almost complete care of themselves, doing their own cooking, washing, etc. They have worked on the farm and brought in plentiful harvests of vegetables. Best of all, the kids have asked for seeds to take home with them to their many villages, and the people in our neighborhood have also begun asking for seeds so that they too can grow the vegetables they see us growing. The staff has done an excellent job in a very demanding situation; probably never before have these kids received so much attention. Recruitment for the coming year has been easier than it was last year. We will again start the new kids in a summer camp right after Easter to see who is really interested, and by June we should have a solid group of thirty ready for the next school year. While the ease of recruitment is nice for our project, it is sad to know that there are really so many kids out there who need the kind of help we are providing. Our limit is thirty per class and we expect to start the coming year with a waiting list for the following year.

* * *

We are happy to report that there are now two orthopedic specialists in Cagayan de Oro to whom we can refer children with post-polio paralysis, club feet and other problems. These doctors provide their services, including surgery, for free to our indigent patients. Six-year old Wendie, who has spastic cerebral palsy, had only recently started walking and one foot was frozen in tip-toe position. She has now had surgery to correct the foot's position and to make her walking much easier. We hope to schedule several others over the summer vacation (April & May) so they won't have to miss a year of school.

While out looking for children who have dropped out of school, Diane checked at a hospital on the other side of the island and was told by the nurses that there was a child who had something wrong with his eye. They thought perhaps he was cross-eyed. They also mentioned he was quite malnourished. It was late in the day and time to head home and the child's house was in the opposite direction. But malnutrition and an eye problem always make us think of Vitamin A deficiency, and any delay in treatment could mean permanent blindness. So Diane went to the house of three and a half year old Darwin. His eyes did look crossed but they continually rolled around searching for light because he has bilateral congenital cataracts. Unfortunately, this searching for light may mean that it is too late to save his eyesight by removing the cataracts. But his more immediate problem was a large swelling behind his right ear, mastoiditis, which he had had for over a month. Diane urged the mother to bring him to the hospital in Mambajao and told her we would provide any medicines he needed. The mother was reluctant at first because she had never been to Mambajao (the capital town on our twelve mile long island). Diane gave her directions and told her she would meet her there. Darwin is now on intravenous antibiotics and a special diet. He weighed only fifteen pounds. As soon as we clear up the mastoiditis, we will refer him for cataract surgery.

* * *

Jason, the six and a half month old seven-pounder we took in for foster care in November, is our wonder boy. He gained three pounds in the first four weeks and has now doubled his weight. At ten months, he is still behind in development, just starting to inch across the floor on his tummy and to sit for short periods. But he is very bright and alert, plays with toys and chatters all day. He seems a bit hyperactive and still cries several times most nights, but he is quite a charmer.

Joy, now eight months, is still our chubby one. She is crawling and sits well and smiles for everyone. Fifteen month old Cleofe went to Cebu with Diane to see a neurologist and have an EEG. It showed abnormality, so a CT brain scan was also done. Happily, it was normal. So there is nothing to do for now except observe her, and according to the very practical doctor there "feed her well and love her". She takes four or five steps alone but just doesn't seem interested in walking. She does have a horse she can maneuver into every corner of the house with lightning speed. All three babies are teething at present and chewing on everything they can get their hands on.

SUMMER, 1991

The school sponsorship program continues to be quite successful. This year, out of 318 sponsored in ten elementary schools, ninety-five students received honors at their closing programs. Without sponsorship, many of these kids would not have been in school or would have lacked paper, pens and other materials to an extent that their learning would have been severely hampered. The teachers are also very happy with this program because we insist upon regular attendance.

* * *

This summer has been one of our busiest yet. Diane has been trying to get as many of the school-aged kids who need surgery done before classes resume. She and Luz, one of our nurses, took five patients to Cebu via overnight boat. Six-year old Loderick had a cyst on his eye removed the following day. Eight-year old Bernie had surgery to release the burn contractures on his hand a week later. Two other orthopedic cases and a boy with a growth in his calf are still there in the hospital. We also sent two post-polio paralysis cases to Cagayan de Oro. But hospital bed space there is very limited, especially for elective surgery. Cedric waited two weeks, and when he was finally admitted, the anesthesiologist was on leave. Then when all was ready, the day before surgery he came down with a fever and cough. So all was postponed and he returned home. Now he is back in Cagayan again, awaiting surgery in a few days. Renato also spent several weeks awaiting bed space, and then when there was a space, he came down with chicken pox. Each of these boys is in high school and has great difficulty walking because of a severely twisted foot.

We have had a large number of eye cases and ten children who have been seeing a specialist twice a month. Five of them are severely near-sighted but had never had glasses. As a result, the retina became very thickened and their vision became even worse. One had

dropped out of school and the others had to hold their papers almost to their noses to see. Medication has gradually improved the retina and four of them are now ready for glasses, but we are not sure we will be able to get the glasses here because of the very high correction they need. If they had had the glasses here the thickening of the retina might never have occurred. Their parents are delighted that they can now see again. Four of these kids are from one family and their mother thought they were all going to be permanently blind.

We've had one child with hare lip operated on in Cagayan and a couple more in Davao. We also had half a dozen broken arms and legs, including a boy who broke both arms and another who broke both legs, almost all the result of falls from trees.

Three-year old Darwin, whom we mentioned in our last letter, didn't respond to the antibiotic treatment for his mastoiditis and so we sent him to Cagayan where he had an emergency radical mastoidectomy. He is doing fine now and due to go back for surgery for his bilateral congenital cataracts. Vicente, an eighteen year old high school student, had what appeared to be an abscessed tooth, but the swelling grew rapidly and didn't respond to intravenous antibiotics. We sent him to Cagayan for biopsy and it was cancer. It was enlarging so fast that by the time he had surgery he could no longer swallow. The surgery was radical, taking part of the upper jaw bone, cheek, eye and bone around the eye, but the doctor was optimistic that he "got it all", and there was no sign of spread to the glands. Later we will help Vicente to get an artificial eye and something like a denture to replace the missing teeth.

* * *

All is going well at Mapa, our elementary level boarding school in the hills. We again have an agriculturist on staff and a large area has just been cleared for planting fruit trees when the rains begin. Four of the kids who did not do quite well enough last year were kept on for summer tutoring. Some of the best kids from last year came back as Camp Leaders. And four of the better kids went for a three week seminar in organic farming at Xavier University. It was the first time they had ever left the island (or been to a movie theater or seen a department store, since there are none such here). The group of enrollees for the next Grade I is full at thirty and they have just finished their summer camp. They range in age from nine to seventeen. About a third of them are missing one or both parents. There are many special problems, but the bottom line on all the kids is extreme poverty.

One new kid worth mentioning is the oldest, Ramil. He has had a seizure disorder since early childhood. He stopped going to school during Grade II because the teacher refused to have him in class because of the frequent seizures. They are less frequent now, but he has partial paralysis of his left arm and leg, and walks with a limp. Luz, our school nurse, has been teaching the kids about first-aid and has included seizures and what to do when one occurs. Ramil has already had one seizure while with us. This seems to us to be what Mapa is all about. Instead of sending Ramil away and pretending he does not exist while we get the kids back to the serious business of memorizing the export crops of Nepal, we are giving the kids serious academic instruction about what is real in their lives. And in the process they are learning to help someone in need. Mapa is about learning through experience. Theory and practice come together concerning what is immediately relevant. We expect to find no end of opportunities to explore the world with that approach.

* * *

Chris, our own second-oldest, has just returned from a successful final two years of high school in the States. Diane will soon take Marie to do her two years, and Jay is spending his final year here at a better school in Cagayan to prepare him for his turn. Paul, our oldest, returned a year ago to vacation with us for several months before going back; he was pre-enlisted in the U.S. Marines. He was here with us during all of the Gulf Crisis, but it didn't seem to phase him. Mom and Dad were glad the war was over before his date to report. He should be finishing his basic training just about now. In 1973, when he was a little guy less than two years old, he went with us to Saigon and really did help us take care of fifty babies at a time that were the worst cases we could find in the orphanages. He knew each and every baby by its cry. And when some of them stopped crying for good, he knew about that too. Now he is finally on his own. He left a small sticker with us that his recruiting sergeant had given him. Amazing how these guys can read your mind. It's just the Corps' emblem, the eagle, globe and anchor, and around it the words: PROUD PARENTS OF A U.S. MARINE. Indeed we are.

AUTUMN, 1991

There was little activity with handicapped patients while Diane was in the States and for a couple of weeks after she returned until word got around that "she's back". Although she keeps telling Tom that the number of handicapped patients should be decreasing since we have already assisted most of the kids who had post-polio paralysis and birth defects, there seems to be a steady stream of patients coming down our road to see her. Of course, new children are being born with birth defects such as cleft lip and cleft palate and club feet. But it also seems that older children are around that we just haven't found yet. Three year old Cristy is one such case. She lives near one of the schools where we sponsor children, and yet Diane had never seen her. She has bilateral congenital cataracts for which surgery should ideally be done at one year. We sent her off to Cagayan and she had surgery on both eyes at the same time. After the eyes are fully healed, she will need glasses.

We also see a lot of accident cases, especially fractures, who need help to buy the plaster of paris for their casts. Lately, accidents involving eyes have been common. Twelve year old Danillo and fifteen year old Arnel each lost an eye due to accidents and dropped out of school because they were upset about how they looked. We helped them both to get artificial eyes and both are now back in school. Anabelle, aged two and a half, had one eye accidentally poked by a knife, and an infection had developed before her parents brought her to the doctor. The doctors feared they might have to remove the eye to protect the other eye from also getting infected, but the oral medicines and eye drops saved the eye though she has some loss of vision over the scarred area.

Eight-year old Roel had a far more serious accident. As he fell from a mango tree (it's hard to keep the kids out of the mango trees when the delicious ripe fruits beckon), a twig about as big around as a pencil went five inches into his abdomen. The doctors here sewed up the wound and admitted him for observation. Within hours, he showed signs of peritonitis, and they advised the parents to take him to Cagayan for emergency surgery. The father said he had no money to take him to Cagayan and very possibly would have sat watching his son die. But the doctors told him to see us. A few hours later Roel was on his way to Cagayan. He had surgery to repair three holes in his intestine and he made a rapid recovery. The bottom line for his medicines, transportation to and from Cagayan, and meals for his parents was ninety-two dollars, a small amount to most of us for saving a life but huge to his farmer parents. His mother came back with tears of joy to thank us.

* * *

Our Grade I and II classes at Mapa are going well. We had a PTA meeting and were pleased at how many parents came. They expressed a desire to help the school. Here it is quite common for people to contribute labor since they seldom have cash. So the parents decided to come on a regular basis to help with the farm work. We are delighted at this development because we still have a lot of land to prepare for cultivation, but also because we want the parents to see the farm technology we are using—composting, contouring the slopes, spraying home-made herbal pesticides, using leaves as mulch instead of burning them—all things they can practice themselves.

One of our new Grade I students is nine year old Fernando. He dropped out of school last year at least in part due to an injury he got from falling off a horse two years ago. He didn't tell his parents about the injury for some time and then they never consulted a doctor. He walks with a marked limp as one leg is about an inch shorter than the other. X-rays and a visit to a specialist in Cagayan revealed he has a dislocated hip and the head of the femur (thigh bone) is being worn away. The doctor advised a lift on his shoe and the use of crutches so that he won't be putting full weight on that leg. It won't be easy convincing this very active little guy to use crutches when his hip seldom hurts and it will probably be impossible for him to crutch walk up several kilometers of fifty degree slope to his home high in the hills. But we will try our best to prevent further erosions of his bone.

* * *

We have begun providing advice and technical assistance to the Department of Social Welfare & Development's home for abandoned and neglected children in Cagayan de Oro City. The home averages fifty children, over half of them infants and toddlers, from all over northern Mindanao. The children range from premature newborns to malnourished toddlers and whole families. We will be advising in areas of child care, hygiene, sanitation, nutrition and mental feeding, and certain medical problems in the hope of helping the child care workers, who are all just high school graduates, provide the best possible care for these children. The social worker in charge is very energetic and open and dedicated to improving things. To further help them out, we have assigned a nurse from our staff to work there full time. She is training the workers in child care and helping with the many medical problems

that you encounter when you have such a large group of children coming from all kinds of desperate backgrounds. We hope having this nurse on hand will also help us identify other ways in which we can assist the home. We are pleased with the results so far.

WINTER, 1991-92

Nine year old Pritzie's problem was unusual and it has taken us over two years to help her. The doctors and dentists we took her to in Cagayan de Oro and Cebu all said the same thing, "I've never seen anything like this before". At three years old, Pritzie's gums began to enlarge for no apparent reason. By the time we saw her at six years, the entire upper and lower gums were enlarged to about triple the normal size. All of her teeth, both baby and permanent, were buried under the gums with only the very tips showing. This made chewing difficult. And since she couldn't close her lips over the huge gums, her speech was affected. As a last resort, Diane took Pritzie's X-rays and pictures to the Philippines General Hospital in Manila. The dental department there advised her to bring the patient; they had seen such cases and they thought they could help her. Next we had to search for a place for her and her mother to stay in Manila as she would be seen as an out-patient. After almost a year, we finally found a group of sisters who had housing for transient patients. Pritzie's mother, speaking no language used in Manila, was terrified to go there alone and cried tears of joy when she reached the chapel of the hospital where Diane told her she would meet her. After over two months of X-rays, laboratory tests and biopsy of her gums, she finally had surgery to remove all the gum tissue. So dramatic was the change in her appearance that Diane didn't recognize her when she came home. And now when her lips part in a big smile, you can see her beautiful white teeth.

When checking at the schools of Jocelyn and Pacita, Diane found that both girls had dropped out. We had sponsored surgery and then braces for both of them as they have paralysis of both legs due to polio. They can't walk at all without the braces. When we checked at their homes, we found that both had outgrown their braces. And the parents seemed content to have them sit at home and babysit their small brothers and sisters. Diane told their parents she would assist them for new braces (something we are always prepared to do) but only if they went back to school immediately. The parents agreed.

Handicapped cases like Pritzie's, where we can provide assistance one time for surgery and effect a permanent improvement in the child's ability to function, are the kind we prefer. We do not normally provide medicines for common illnesses such as pneumonia, diarrhea and skin infections. However, it is sometimes hard to draw the line. Rey's was such a case. Six years old and severely malnourished, he was admitted to the hospital with tuberculosis meningitis. The government hospital had a free supply of two anti-TB drugs, but a third drug, which was far too expensive for his indigent parents, was needed. Semi-conscious, unable to talk or swallow, and with paralysis of his right side, the doctors were

worried about his survival, let alone a return to normal functioning. But if there was hope, it depended on that third drug, Rifampicin. We gave him the drug. And very slowly he began to improve. A month later, he was sent home just barely able to swallow food again and moving his right arm and leg a bit. Now after six months, miraculously to us, he is talking normally and walking with only a slight limp. We continue to provide his triple drug treatment and hope he will be fully recovered by next June when he should start school.

* * *

Our Mapa School and Farm finished the first semester with field trips and a sports festival. Though Camiguin is small enough to drive around in two hours, most of our students have never seen the various hot springs, cold springs, waterfalls and historical sites of the island. So the field trips provided both the fun of picnicking and swimming with some geography, geology and vulcanology. One grade visited a hot spring, a waterfall and a seismographic station while the other went around the whole island to a cold spring and saw the ruins of a seventeenth century church destroyed in a volcanic eruption over a hundred years ago.

The sports festival provided an opportunity for almost everyone to participate, with everything from volleyball and badminton to checkers and horse racing. The horse race was won by Fernando, whom we mentioned in our last newsletter. Because he is supposed to avoid weight-bearing on his dislocated hip, he now rides the family horse to school each week. And though he is a very tiny nine years old, he beat all the big boys twice his size. He was also a runner-up in the dance contest. It is rather funny to watch him come into the room on his crutches, lay them against a bench and then explode into dance. We hope he is putting most of his weight on his good leg. Actually, it looks like both feet are off the ground most of the time.

* * *

On September 25, Tom flew with sixteen month old Jason to Manila where his new parents were eagerly waiting. Two days later, Jason was off to his new home in New Zealand. In his ten months with us, he went from a starving, newborn-sized six month old to a bright, inquisitive, walking, talking toddler. The house is very quiet without him.

SPRING, 1992

We have had nine fractured arm cases that needed assistance. One of our Mapa students, Rudy, fell from a mango tree over the Christmas holidays and broke both arms. Unfortunately, two of the cases were brought to us only several weeks after the injury and the parents had had a hilot (traditional healer) massage the injured part first. In both of these cases, the bones were already knitting in the wrong position and so nothing could be done.

Nine children were assisted for cleft lip or cleft palate surgery. Six were sent to Davao and three to Cagayan de Oro. One was a fifteen year old boy who was really just

visiting relatives here on Camiguin. But we were happy to help him get his lip repaired. Another twelve year old has been living here for two years, but Diane found him only recently. Eighteen year old Cydric had surgery on his foot, which had been badly twisted by polio, and is now walking well with a brace. And nine year old Lindon had surgery on his hip twice to correct a dislocation he developed after a fall several years ago.

Thirteen year old Jojith was brought by her mother because of a badly infected big toe and thumb. The toe had been that way for twelve years, the thumb for only about a year. She had dropped out of Grade V this year because it was so painful, but in all this time they had never gone to a doctor. They were just using herbal treatment. Diane sent her to a skin specialist in Cagayan, thinking it might be a fungal infection or even Hansen's disease (leprosy), but the doctor said it was just an "ordinary" infection. One month of penicillin cleared it up, but it started coming back after a week. Another two weeks of the same drug again brought improvement which didn't last. She is now on another antibiotic. But if this doesn't cure her, Diane is thinking the infection might really be into the bone. We are hoping to get her cleared up by the time school starts in June.

* * *

Recruiting for the next class for Mapa has been much easier this year in that Diane seems to stumble over children who are drop-outs everywhere she goes. One day she went to a small barrio to look for a boy who had been reported by the teachers and found six more boys and girls within a one block radius. And again in another barrio, while looking for one, she found a handful, including two boys, aged ten and seven, who apparently never knew their father and whose mother walked out on them a month earlier, departing for another island to live with a new husband. Kind-hearted neighbors took them in. as usual, many of these drop-outs come from families where one parent has died or the parents have separated. Although it doesn't speak well of the conditions here, it does look as if the services of our free boarding school will be needed for some time.

* * *

Twenty-seven month old Cleofe still waits for an adoptive family nearly a year after her papers were sent to Manila for matching. Diane recently took her to Manila for evaluation of her abnormal EEG and hyperactive reflexes. According to the doctor there, the EEG abnormality indicates that we can expect her to develop a seizure disorder eventually. Her motor development has been normal except that she walked a little on the late side at sixteen months. But she does have a speech delay as she says only a few words at present. She does understand everything we say to her and responds quickly to simple requests, such as "pick up the toys". She plays much as any other toddler and seems quite bright and inquisitive. She especially likes books and loves music, dancing immediately to any lively tune she hears. If you know anyone who would be interested in adopting this special almond-eyed beauty, please have them contact the International Adoption Office, Dept. of Social Welfare & Development, 389 San Rafael, Manila, Philippines, and copy their letter to us. If anyone wants to adopt her, we assume she is theirs for the taking. If not, sixteen years and fifty-two foster babies down the road we are finally going to get the answer to the question that some wise soul asked us long ago, "What do you do when you have a foster baby that no

one else wants?" Not that there was ever really any doubt. Cleofe was abandoned once; it will not happen again.

SUMMER, 1992

Tom very much enjoyed his trip to the States, the highpoint of which was the Brooklyn Prep dinner at which he was Alumnus of the Year. He also left our son, Jay, to complete his high school and visited our daughter, Marie, in sunny California.

* * *

When the school year came to a close just before Easter, ninety-two of the 315 students whom we sponsored were honor students. There were four Valedictorians and four Salutatorians. Classes have just resumed after the summer break and we are again sponsoring the poorest students in ten public elementary schools by providing all of their school supplies throughout the year.

Over the summer we tried to get a number of school age kids needing surgery taken care of to avoid their missing a lot of school. Marie Anne and Serbello are siblings in our own school at Mapa who both had bilateral congenital cataracts. They each had surgery a few days apart with lens implants. Serbello, whose cataracts were only in the center, now has very good vision. Marie Anne's vision is improved, but since her eye had only limited light reaching the retina for so long, there is some irreversible damage. Our teachers say her school work has definitely improved. Their surgery had many delays since their father is very sickly and was hospitalized for several months with tuberculosis and a collapsed lung.

We sent nine year old Armando off to Manila since the eye doctor in Cagayan said a corneal transplant might salvage vision in one of his eyes. Both eyes have damage from Vitamin A deficiency. And we had just heard that there was one hospital in Manila which receives donor eyes from the U.S. every two weeks. After weeks of waiting, Armando was finally scheduled for surgery. But just before he was to go to the operating room, they found that the donor eye was defective. The surgery was cancelled and Armando became so discouraged he stopped eating and begged to go home. When he continued his hunger strike for three days, his mother reluctantly brought him home. We hope to hear some news soon that there is a donor eye for him. He very much wants to go to school if he regains his eyesight.

Three year old Bryan was hospitalized here with a urine infection and then passed a large stone which damaged his urethra. He spent several months at home with a tube thru his abdomen to drain his urine. During this time he had to go to the hospital for daily dressing changes that were very painful. Finally, he had surgery in Cagayan to reconstruct the urethra

and he is fully recovered. He even greeted Diane with a big smile the last time she visited him.

We have been able to assist two men in their early twenties to get prostheses from an organization in Cagayan that makes low cost artificial legs and finds sponsors for those who can't afford them. Anders lost his foot when he was cut by the boat propeller while fishing. He hopes to get back to fishing again to support his wife and two children instead of being dependent on his parents, who are poor themselves. Virgilio had an above the knee amputation after he was severely burned when an acetylene tank blew up in the shop where he was working. He refused to return to his home town for over a year because he was afraid to face his friends. When Diane told his mother we could help him to get a leg, she finally convinced him to come home, and now he has his leg.

* * *

A severe drought over most of the Philippines has left many areas with diminished water supplies and this includes our own elementary boarding school at Mapa. This tested the energy and enthusiasm of our teachers and students during our summer classes for thirty-three new students and twenty old students who were there to help initiate the new ones and get some remedial help for themselves. But Tom is an expert at turning near disaster into fun. Since there was barely enough water for cooking and washing dishes, he sent all the kids on a daily hike to a natural cold spring with a pool where they had a refreshing swim and bath. The kids greatly enjoyed the swim despite the fact that in order to fit everything into the day they had to rise at 4:30 am and get their hike and swim in before breakfast. There are reasons why the nickname for our school is Little Sparta.

* * *

Twenty month old Joy went with Diane and Erlinda to meet her new parents in Cagayan on March 14. They had come all the way from Seattle and said they had an extra day and very much enjoyed getting to know Joy's new Mom and Dad. Joy, who was usually quite shy, seemed very relaxed and happy with them from the beginning. They made their departure the next day with misty eyes on both sides. That leaves only Cleofe, who has been hard to place, with us. It is the first time in seventeen years that we have had only one foster child in our home. When everything else calms down a bit, we expect to have more.

AUTUMN, 1992

We now have sixty-seven students at Mapa, thirty-three of them new this year. Broken homes and missing parents continue to account for over half of the students. Sixteen year old Vidal was raised by his grandmother after his parents separated. He had dropped out of Grade I many years ago and Diane had been trying to convince him to come to Mapa ever since she saw him living with an elderly widow who had taken him in when his grandmother died. He finally agreed to enroll this year. He was living with an uncle at the time, but just

recently the uncle died and he has moved to another uncle's house. He seems never to have had a permanent home.

Ricky is nineteen and apparently had polio when he was seven years old. Although he can walk, it is very slow going since his feet flop over so that he is walking on his ankles. He never went to school because the other kids made fun of his feet. He really came to ask for help for his feet, but the school year was just starting and he said he would be happy to go to school. So now he sits in Grade I. During the semestral break we will send him to an orthopedist.

Nine year old Maribel is so small that Tom accused Diane of bending the rules. (Nine is the minimum age for acceptance). Her mother died when she was an infant and her father remarried a much older woman who had two children from her first marriage. Diane met Maribel and her sister, Georgietta, aged fifteen, on the day they had run away from their stepmother to their grandma's house. It seems that the stepmother had been abusing them verbally and physically and had kept them home so often from school to work that they had both finally dropped out of Grade II. When Diane talked to the father and stepmother later that day, they were very willing for the two girls to go to Mapa, and no need to come home on weekends according to the stepmother. Both girls attended the summer camp, but when regular classes started, Georgietta had been taken off the island to work for the stepmother's daughter as a maid. The old fairy tales take on new meaning here. Someday when we're walking through the woods, we're probably going to run into a gingerbread house.

* * *

In July we opened our newest project, classes in sign language for the deaf. Three teachers from the U.S. have come as volunteers. Jan is hearing and an experienced teacher from the Iowa School for the Deaf in Diane's hometown. Ray and Kathy and their two children are all deaf. They are teaching our local staff so that we can continue the program when they leave early next year. And at the same time, they are teaching a class of deaf students from all around the island of Camiguin.

We have started with twelve students, ranging in age from eight to twenty-nine. But we will gradually add more students. Most of them stay from Monday thru Friday. The older students are fairly easy to handle and it is amazing how quickly they have picked up the sign language and gratifying to see how eager they are to learn. But the half dozen eight year olds were quite spoiled by their parents, and so we saw many tears and tantrums in the beginning. But as they learned sign language and began to use it, their tears stopped and they became more cooperative, not only in the class setting but also when doing chores or just playing. As at Mapa, the children do all of the work, supervised by the staff.

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Once the deaf classes got settled down and other things seemed to be on an even keel, we decided to take in another foster child. We thought it would be nice to get an older baby, but when Diane went to the Dept. of Social Welfare's orphanage in Cagayan, the baby that seemed most in need was Jemlette. We guess her name means tiny jewel, and tiny she was,

just four and one-fourth pounds at seven weeks. But she didn't look much like a jewel with her wrinkled up, old man's face and sagging skin on arms, legs and bottom. She had been a little over three pounds at birth while her twin brother had been six and a half pounds. They had been given up by their young unmarried mother. The boy died of pneumonia after a week in a hospital. Jemlette, or Jemma as we call her, was in the hospital twice for diarrhea and was discharged just the day before Diane brought her to Camiguin on August 14. She is difficult to care for, but she is gradually improving.

In between stories about the presidential candidates having their pictures taken with as many "family" members as they can crowd in, Tom heard the Voice of America announce that twenty-seven percent of babies born recently in the United States (no mention of the ones killed before being born) were born to unwed mothers and the average child had only a fifty percent chance of living with both parents. Sometimes we get the feeling that the whole world will soon be underdeveloped.

WINTER, 1992

We now have seventeen deaf students, ranging in age from eight to thirty-three years. And we hope to add a few more. It is sometimes hard to convince the parents to allow their children to attend, especially the older boys. Rolando's parents depend upon him to do work, such as making charcoal from coconut shells, even though his father seems to be able-bodied and can usually be found sitting idle. We finally convinced them just to bring him for a hearing test, which we can do thanks to a recent donation of an audiometer. Rolando's hearing test showed profound hearing loss. We had already guessed as much because he has the obvious features of Waardenburg syndrome, a shock of blond hair in the center of his forehead and one blue eye and one brown eye, widely spaced. It took his mother some minutes to realize that all the other young people she saw were deaf like her son. And then she said she had thought he was too old to learn at twenty years. She ended by agreeing to let him stay.

* * *

We had a very rocky first few weeks with Jemma, a combination of dysentery and allergy to cow's milk. She improved on soy milk but still had lots of gas and colic. But despite this, she steadily gained weight, two pounds in one month. She is now nine and a half pounds and sporting a double chin though very petite for five months.

We seldom become involved in finding adoptive parents for the children in foster care, but when almost a year had passed and none of the agencies had found anyone for Cleofe, whom we had mentioned in our newsletters, we decided to do something. On his trip to the States last May, Tom spoke about her at a Sunday mass in Ohio and had a family in

New York for her the same day. On November 7, Diane turned her over to her adoptive mother, who had come to fetch her in Manila. Cleofe had come to us at just two months and at almost three years of age she still did not speak and may well have other problems, but she is a beautiful child with a wondrous temper and a great love of animals. We think even the dogs miss her.

* * *

Things are going fairly well at our four-hectare (ten-acre) elementary level boarding school and farm at Mapa for kids who had dropped out of school. We are in our third year of operation and have three grades of students. A long spell of dry weather has finally given way to seasonal rains and the farm is again producing a wide variety of vegetables. We are using the organic approach to farming, avoiding artificial fertilizers and pesticides. We are also trying to follow the best principles of sloping agricultural land technology. Almost all of Camiguin is mountainous and our own property is entirely gentle or steep slope. We have also tried to integrate the academic and the practical as fully as possible. In class, they study about nutrition, health and agriculture. Outside class, they do almost all the work in the compound, planting and harvesting the crops, preparing and cooking their meals, and cleaning up afterwards. The teachers, rather than separate house-parents, are the ones who live with the children and everything is geared to teaching them as much as possible. We think it is very important that these children, who have been so deprived, become as independent as possible.

Unfortunately, we have had the first death among our students. Though it did not happen at the school, we were all quite shocked. Ten year old Fernando had stayed at home because he was sick. Then he returned to school feeling alright. But soon he developed headaches and looked pale. Then a bit later he started having diarrhea, fever and even labored breathing. Our nurse brought him to the hospital and he was admitted. Lab tests showed ameba and a very low hemoglobin. He was given an amebicide and IV antibiotics and a blood transfusion. Though no disease anyone could think of explained all of his symptoms, he slowly improved and was sent home after nine days, apparently cured. He was fine at home for a few days, but then a relative came to our house to tell us he could no longer walk. We told them to take him to the hospital immediately. It was some hours before they got him there. Three hours after admission, he had a cardiac arrest and died. No one knows the real illness behind it all. Fernando was the boy we mentioned just one year ago when he had won the horseracing and been runner-up in dancing even though he walked on crutches to try to save the head of his right femur because of an old dislocated hip. The image we will always keep of him is that of a boy hobbling into a classroom, tossing his crutches aside and dancing out his days. We are glad we were there to make it possible for him. Mapa is about more than learning how to read and write.

SPRING, 1993

Little Gemma continues to grow and develop very well. She scoots and rolls around on the floor chasing her toys. And she almost sits up. Just a word or two from any of us and her face blooms into a big smile. She's a great baby to have around the house

* * *

In January, we were able to assist twelve cataract cases in getting the surgery they needed. Another nine patients were eliminated at the time of the pre-surgery check-up due to heart problems, TB and elevated blood pressure. Two private ophthalmologists who do a great deal of charity work volunteered to come to Camiguin to do the surgery and another charitable agency in Cagayan provided most of the medicines. Teodoro, aged seventy-seven, had been blind in one eye from an injury when he was a toddler and was nearly blind in the other from the cataract. When Diane went to see him, he asked if his eighty year old sister, who had been blind from bilateral cataracts for some years, could also be accepted for surgery. And then asked if his sister's husband, Felix, could also be included. All three came for check-ups and the sister was found to have a heart condition, so she could not have the surgery. But Teodoro and Felix both had surgery, Felix on both eyes. When the doctor removed the bandages the next morning, a few tears trickled down Felix's cheeks. He could see again! Thirty-nine year old Teresita had had surgery on one cataract and complications developed so she has only light perception in that eye. The other eye had a cataract and other damage from the first eye. The doctors told her they could operate on the second eye, but the vision might not be any better. However, without surgery her vision would definitely get worse. She was nervous but finally agreed to have the surgery. And we were all delighted that the next morning she could definitely see better. The one thing that keeps us from arranging more cataract surgery is the high cost of the eyeglasses that are needed later.

Diane thought that we had pretty well "cleaned up" all the cleft lip and palate cases. But then three newborns were reported to her, one with bilateral club foot as well. And two older kids also turned up. Their surgery has to be postponed for now since the anesthesia machine for pediatric cases at the government hospital to which we send them is presently broken.

Fifteen-year old Ronald developed a small pimple-like boil on his shin. Unfortunately, a hilot (local healer) massaged his leg several times, apparently driving the infection into the tissues. He was brought to the hospital on Christmas Eve with his whole lower leg swollen. Despite IV antibiotics, the infection continued and caused loss of skin and muscle. When the family was advised to bring him to Cagayan for culture of the wound, we assisted them. The doctors in Cagayan are still trying to bring the infection under control. Later he will need skin grafts and other reconstructive surgery. We continue to provide his very expensive medicines in the hope of saving his leg.

* * *

This is the time of year we recruit for the coming school year since we start all our new students with summer camp in April and May to give them a chance to learn about living at Mapa and to see if they really want to be there. And this gives our teachers a chance to evaluate them and see what grade level they belong in. We regularly find students who have completed Grade III or IV but whose actual abilities are at the Grade I or II level. The recruiting seems to get easier every year, which is to say we are finding more and more elementary drop-outs. We receive referrals from town mayors, teachers, social workers and our present students and their parents. But we also go around the barrios on school days and stop any kids we see who look like they should be in school.

At our closing program this year, we are giving for the first time what we hope will be an annual award for outstanding generosity. All of the children in our school came from extreme poverty. The mother of one of them has her own family of six children. She has also taken in two teenage orphans, the children of her husband's deceased brother. And this year she has taken in for weekends and holidays one of the teenage boys at our school who simply has nowhere to go. Over the Christmas holidays, this boy came down with pneumonia and she brought him to us. We had him hospitalized and provided the needed medicine. But she saw to it that someone from her family stayed with him all the time (which is quite essential here) and took care of all his other needs. The story of the Widow's Mite is as true today as the first day it was spoken. It is easy enough for a wealthy person to send us a check. And it is easy enough for us, who have never gone hungry a single day in our lives, to do the work that we do here. But when those who do not have enough even for themselves are still willing to share what little they have, it forces us to pause and marvel at what human life can be. These are the people who have kept the Philippines going in spite of all its disasters. It is unfortunate they so seldom make the headlines.

SUMMER, 1993

Diane and our fourteen year old Erlinda picked up our newest foster baby from the government baby home in Cagayan on March 20. Ten month old Mark was fairly healthy looking, but his right leg is thinner than his left and shows weakness when he stands. They immediately took him to an orthopedic specialist, who said the weakness and atrophy are almost certainly the result of a polio infection, and that the leg will always be smaller and shorter and he will eventually need a brace. In the meantime, we are doing passive and active exercises and encourage him to crawl, rather than stand and walk. Mark has big bright eyes

and makes lots of funny faces. At first, he was quite fussy and hated to be put down in his crib. But with lots of holding and rocking and a big porch to crawl around on with his toys he is much more contented. He had never had any solid food and was used to drinking small amounts of milk every four hours around the clock, but he is now polishing off a whole bottle with meals of cereal, vegetables and meat, and he sleeps all night. He is a bright, inquisitive boy and loves to explore every corner of the house. We expect that it may be difficult to find a family to adopt this charming little guy. So if you know anyone who is interested, please have them contact us.

Mark is the first new case of paralytic polio we've seen in years. And we are puzzled since he had received four doses of oral polio vaccine while at the government baby home. Perhaps the vaccine hadn't been kept properly cold, or it might not have taken effect because he was having diarrhea on at least two of the days he received vaccine. What is really scary is that it is quite likely he got the polio while in the baby home, which averages twenty-five babies in two adjoining rooms. So some of the other babies probably had polio too. So far, none show signs of paralysis.

Jemlette went to Manila with our nurse and left for her new family in Colorado on April 24. She came to us a tiny, shriveled-up two month old and we won't forget those first few days when we were all so scared because she was so frail. But she left us robust, yet petite, and always smiling, one of the happiest babies we've ever had.

* * *

Over the school vacation we are helping a number of school age children have surgery for things such as burn contractures, hernia and hare lip. And four teenagers whom we helped to get braces have had repairs done or new braces made. We also are seeing the usual fractures. It seems that everyone goes and climbs a tree as soon as school closes. And a lot of them fall out. Maybe there should be a course in tree climbing.

* * *

The summer camp for new students has gone very well. Beyond the students whom we had originally invited, others have come trickling in each week. If they are appropriate for our school, we let them stay. Some though turn out not really to be drop-outs, or are under nine years old. Those we send home. One seven year old came in with a neighbor who is already enrolled. We told him he is too young, but we let him stay for the week since he didn't know how to get home by himself.

Although our usual students at Mapa are drop-outs, nine years and above, we have now added a new category of student. It all started when Diane and one of our teachers were going around the island looking up school drop-outs and seeing handicapped patients. They drove into one small community to deliver TB medicine for a child who had had cleft lip and palate surgery. When they arrived, a crowd of kids came over to the jeep, including the boy who needed the medicine and another boy with his arm all tied up with leaves. (Placing crushed leaves of various kinds is a common herbal treatment for bruises). Diane immediately suspected a fracture needing reduction under anesthesia when she saw how

swollen the entire elbow joint was. And since the hospital is presently without an anesthesiologist and an X-ray technician, she gave the mother money to go to Cagayan where our nurse would get them to a hospital. She also put a splint on the arm. Bu this time, a crowd of adults had gathered and they pointed out a boy, named Bryan, who had a sore on his ear from a bite by a younger sister. Diane asked them to tell his mother to take him to the health center. They replied she was a step-mother and didn't care what happened to him. So Diane suggested they ask his father to do it. Then they said the child was regularly beaten by both parents, and they suggested she take a look at his back. She did and found he had many bruises, which shocked everyone there. Then they went on to say that Bryan's older brother, Jerry, who was off somewhere at the time, had run away a few times. So his father had deliberately burned his feet with a piece of burning firewood. Diane went directly to the government social worker's office and reported the case. She told them we could accept the two boys at Mapa. The social workers and the police took Bryan into protective custody the following morning, but Jerry was not around. Diane met them at the hospital where Bryan was being examined. He had fresh bruises on his bottom and the soles of both of his feet had burns, one second degree, one third degree, which were already infected. Three days later, the social workers found Jerry and brought him to our home. He didn't have many bruises, but he did have identical burns on his feet. So both boys are now enrolled at Mapa and come to our home on weekends. Although we have a few students who stay at Mapa on weekends, we feel these two need some special tender loving care.

AUTUMN, 1993

Mark, now fourteen months, is doing very well; he never seems to get sick. Despite his right leg and foot being weakened and small (presumably from polio), he has been standing and walking around furniture for several months and is now very excitedly taking his first steps alone. We hope his papers will soon be sent to Manila and that a special family will come forward for this bright, active charmer.

* * *

We now have 105 students in Mapa in Grade I thru IV. Fifty-five of them are new this year, and there are more older boys than in previous years. Sandro, who is eighteen,

came in on his own during the summer session and seemed very interested in the chance to complete elementary school. He had dropped out of Grade III some time ago but had remembered enough from his early schooling that we were able to put him back in Grade III. Having these bigger students is an asset in terms of expanding the farm, which we are eager to do so we can reduce the cost of feeding this small army.

Jocelyn, fourteen, and Pacita, thirteen, are also new students in Grade III. They both had polio as toddlers. We sent both of them to Cebu four years ago for surgery on each of their legs for contractures, Jocelyn at the knees and Pacita at the hips. And since then they have been walking with bilateral long leg braces. But their braces often broke and their parents (apparently happy to have them stuck at home so they could babysit) wouldn't bother to inform us until they had missed so much school they couldn't go back. Now we will know as soon as there is a problem and they can continue in class since their classroom, the sleeping quarters and the bathroom are all near enough that they can just slide along on their bottoms if necessary.

When Maribel, now ten, started with us last year in Grade I, she was having a very hard time and just couldn't keep up with the others. Since there was some question of neglect by her family, we didn't just want to send her home. So we kept her at Mapa but had her attend the Kinder classes in the school nearby where we provide the teacher and the materials. Even in the Kinder she was very slow. Now she is back in our Grade I and seems to be doing much better. Perhaps the year of consistently good food and the extra stimulation from our teachers was all she needed. We are certainly happy we didn't give up on her.

* * *

During the past fiscal year, the handicapped program provided diagnosis and/or treatment to 188 patients. Of these, ten were found to be beyond help and twenty-three decided they didn't want surgery, mainly elderly cataract patients who were afraid. One hundred and fifty-five actually received treatment or surgery and our total expenditures were 10,500 dollars or an average of about sixty-eight dollars per case. Of course, some of the cases require far less, such as casting material for a child's fractured arm, which could be as little as seven dollars. And some require much more, especially cases needing intravenous antibiotics, which might run sixty dollars a day. Although we provide carfare to get the patients to a place where they can get diagnosis and treatment and money for food while there, the major expense is the medicines.

* * *

During the past fiscal year, we spent considerably more each month than we took in. We are now cutting costs wherever we can in all of our projects, but that alone will not be enough. Eventually, we must even expand the school at Mapa to the full six grades. Some of our projects, such as Mapa and our work with the deaf, are institutional, involve many employees, and can not be easily stopped and restarted. Other projects, such as school sponsorship and the foster care, do not cost enough to make much difference. Unfortunately for the many disabled kids scattered around the island, our assistance to the handicapped is costly and can be turned on and off like a faucet. And so we have decided to suspend that work completely until we can find a new source of funding precisely for it from outside our present small pool of contributors. So if you know of any organization that would be

interested, please inform us. But beware. It is very difficult to get any agency to provide ongoing operating funds. The current jargon is all “income generating” and self-sustaining”. Give a man a fish and you feed him for a day; teach him to fish and you feed him for a lifetime. And the desire of the agencies is to be in and out in a year or two with “clean” projects, no further responsibilities and the feeling that they have solved some problem. Well, maybe you can teach a man to fish in a few days, but a fourteen year old boy who has nothing and can’t even read, write or count needs years of instruction. Almost every individual handicap case, when taken by itself, is income generating and completed in a year. But the stream of new cases of birth defects and new kids falling out of trees is endless. We visited a friend recently with whom we had worked in Vietnam in 1969 and she remarked “You certainly have hung in there”. And that’s true; one can question what we’ve accomplished, but we definitely have “hung in” for nineteen years worth. And we are very much of the opinion that real accomplishments, wherever they happen, are very much the result of hanging in rather than flitting about.

* * *

Although we had already decided to suspend our handicap program, we took one last new case. Jocelyn, who is almost four, lives very high up a mountain in a remote area and apparently hadn’t been seen by other people in their barrio for some time. But her mother brought her down to a health station on National Immunization Day, when every child under five was to receive a polio booster. And a woman who knows us noticed that Jocelyn seemed to be blind, “took pity on her” and brought her to us. Diane suspected bilateral congenital cataracts, and since the surgery to correct this should have been done earlier, at one year, to prevent permanent damage to the retina, we sent her immediately to Cagayan. The doctor confirmed she had cataracts and surgery was done the following week with lens implants. So Jocelyn can now go out and explore her world instead of being kept isolated in her house.

WINTER, 1993

This year we are having a very good rainy season, lots of rain at night and sun during the day. And this has been perfect for the farm. The planting has been staggered so that we have a more continuous supply of a wide variety of vegetables, including yellow squash, string beans, eggplant, tomatoes, green peppers, okra, upo, mungo beans (a legume), zucchini, amplaya (a bitter gourd), seven varieties of edible green leaves, carrots, etc. And the grafted fruit trees we planted three years ago have started bearing fruit. So far, the students have had mangos, santol, guyabano and black berries. And we have one rather amazing tree that bears a fruit that looks and tastes like a lime when green, but if left to ripen

and turn yellow, looks and tastes just like a lemon. The first time we've ever seen a lemon in the Philippines! So we are also beginning to make preserves and marmalades. We also regularly harvest bananas from our more than one hundred banana trees and these are used for breakfasts and snacks.

In addition to their regular academic work, all of the students work on the farm, and they are now the only ones working on it, doing everything from preparing the soil to harvesting the crops. Some of the bigger boys are also working on the construction of the Grade V and VI buildings, making the cement hollow blocks, preparing the reinforcing bars for the floors and footings, doing basic carpentry and putting up the nipa thatch roofing. They will participate in almost all the tasks under the direction of the few skilled workmen whom we still employ. This is another aspect of learning by doing that we hope will prepare our students for life.

* * *

Our informal classes for deaf mutes continue at a house not far from our home. And these students are a vivacious and inquisitive bunch. They too have started vegetable farming on vacant land that the owner kindly lets us use. And this growing of things seems to be very enjoyable for them. We are hopeful that they too will eventually be able to produce most of their food.

* * *

Our house seemed rather empty when Diane returned from the States in July. Our five oldest kids are now in the States, Erlinda attends high school in Cagayan de Oro, and Edmund is off at school all day at Mapa. Our only foster baby was Mark. So on August 17, Diane went to the government baby home and told them we could accept another foster child. The immediate response was, "Oh, we have twins—two sets of them". This was funny because Diane had discussed the possibility of twins with Tom before she went to Cagayan. So in she went to look at the twins. One set was just a week old and quite tiny; the other set was ten months old but quite small for their age. Diane decided on the ten month old Arlene and Arnel. (Getting up at night to feed one tiny newborn is one thing, but two at a time would be something else). They had come to the baby home severely malnourished a month earlier. Although they had gained weight, they were still behind, with Arnel weighing fourteen and a half and Arlene only twelve and three-fourth pounds. Neither of them sat up and Arnel was just starting to crawl a bit on his tummy. Both would fold their legs in the fetal position whenever they cried and we suspect they had spent a lot of time in the typical cloth hammock people use for babies here. One thing they could do was hold their bottles. But we thought it would be good to hold the babies while they drank their milk. However, being held and talked to was apparently such a novelty that they would stop drinking and smile and babble. So we let them drink on their own and saved the holding and cuddling for other times, otherwise they might never have drunk. They hadn't had solid food before but ate it eagerly from the first day. So they have gained weight very well despite chronic middle ear infections with perforated ear drums. Now at thirteen months, Arnel walks around the furniture and Arlene is trying hard to stand up in her crib. Both of them sit and crawl.

Mark didn't take the new arrivals too gracefully for the first week. But then he found that if he laughed and made noises, they would giggle and laugh with him. And since Mark

loves to be the center of attention, he regularly keeps them entertained. Mark is now eighteen months old and getting into everything. He can crawl up and down stairs and lately has been climbing up on everything in sight. He is a very bright boy and also quite handsome. He is doing more at his age than most babies we've had despite his weak right leg and foot. He now has special shoes and a strap to help support his foot and maintain it in the proper position. And we continue regular exercise on his leg. Unfortunately, Mark is still waiting for a family.

We have been afraid that Christmas might be lonely this year, but Erlinda will be back from Cagayan and Edmund will be home all day and now we're back to three babies. And then, of course, the two boys who stay with us on weekends because they had been abused will be here. Erlinda, who has always been so good with our foster babies, was not very happy the last time she was home about having the two boys around. They can be quite hard-headed and they're not very civilized yet. But we explained to her that they're not here because we like them. They're here because it's good for them and because they have nowhere else safe to go. We hope she understand that that, and not the bright lights on the tree, is what Christmas is all about.

SPRING, 1994

Our Christmas present was the finding of an organization that works exclusively with handicapped children in many countries, including the Philippines. They do it through individual mediators, on a case by case basis, thereby eliminating all sorts of administrative expenses. We have become mediators for them. The bottom line is that they will reimburse us indefinitely for all the direct costs of helping disabled children, even covering some forms of longer term assistance that we never attempted before.

The first cases to receive help as we restarted were urgent ones. Five year old Vincent had a rapidly enlarging cyst behind his knee which could have blocked the blood flow to and from his lower leg. He has since had surgery to remove the cyst and his parents were taught exercises to help get his knee joint back to normal. Charisa, almost three, had had a white pupil in one eye since birth, but the parents sought help only when they noticed it seemed to be getting larger. The doctor advised removal of the eye since it was beyond salvage and might be a tumor or old infection, which could affect the vision in the other eye. Her surgery was done, and when all is well healed, we will help her to get an artificial eye, which may have to be replaced once or twice as she grows.

Six-year-old Bryan needs surgery for a cleft palate. But when his grandmother, who has raised him since infancy, brought him to us, he was very thin and had been coughing for over three months despite several courses of antibiotics. Diane sent him to the hospital for a check-up and he was placed on an antibiotic and also a TB drug since he had enlarged glands

in the neck, a symptom of primary complex, the childhood form of tuberculosis. Two weeks later he was still coughing and a new antibiotic and a second TB drug were added. And the grandmother was told to avoid all allergenic foods. (He had eaten a lot of shrimp on Christmas day and been up wheezing and coughing the whole night). His cough is finally gone and his cheeks and thin little arms are filling out. We hope he can go for surgery in another month. We will continue him on the TB medication for a year.

Jolito was born with an imperforate anus and had had surgery on the mainland at two days. But the opening made at that time gradually got smaller. We were making plans to send him to Cagayan when suddenly his case became urgent because he was unable to move his bowels at all. He is now in Cagayan.

* * *

The teachers at Mapa and Diane have been busy recruiting new students for next school year. It still requires a lot of leg work, going from barrio to barrio and asking local residents and school teachers about drop-outs, then going to the homes of the drop-outs and inviting them to visit our school. So far, we have over fifty who have visited and indicated they want to enroll when we start our summer classes in April.

Sometimes the recruitment brings us a new handicapped child. Such was the case with Salinor, age twelve. She is an orphan girl living with her uncle. She attended Grade I for a short while but stopped because the other kids made so much fun of her. She has crossed eyes. We are sending her for evaluation and hope to help her with glasses or surgery, if indicated, before the summer program begins. As a matter of fact, about ten percent of our present student body have some sort of handicap, ranging from seizure disorders to severe post-polio paralysis to missing thumbs and fingers (usually accidental amputations from trying to open coconuts with a bolo at an early age).

* * *

We now have three toddlers who are climbing into everything. Arlene, at seventeen months, has finally come to like our cat, but she still throws herself down on the floor with a shriek and hides her face ostrich-like whenever a stranger approaches. Her twin, Arnel, is a great music lover and often sits directly in front of the stereo and rocks from side to side to the music. Mark, who will be two years old in May, is getting tall and grown-up looking. He says a few words. Actually, his first word was the sound made by the many geckos we have in the rafters of our house and the trees outside, but he uses it for the small house lizards when he spots them on the walls and ceiling. His second word was “bye-bye” and he loves to go anywhere. Diane had to take him to Cagayan to get measured for new special shoes since he had outgrown the old ones. He watched intently during the entire hour-long boat ride and constantly shouted “bye-bye” to all the jeeps and people he passed while traveling. Mark is still waiting for a family willing to accept him despite a leg weakened by polio. If he does not go soon, Tom will market him on his trip.

SUMMER, 1994

We hosted a two-week live-in seminar at Mapa that was conducted by two staff from the Ateneo de Manila (Jesuit University) Center for English Language Teaching. It was for twenty-eight elementary teachers, roughly one third our own and two-thirds from the public schools on the island. Our willingness to do this reflects our concern for improving basic education on the entire island in any way possible. It went very well and we hope to do more next summer.

* * *

Three brothers in one family all needed surgery. Six-year old Gene and seven year old Albert both had crossed eyes, which have now been corrected by surgery. This problem is a common cause of kids dropping out of school because they are continuously teased. The boys and their parents are all delighted with the results. Their twelve-year old brother, Genciano, dropped out of school because of a disfiguring swelling of his lower jaw. The abnormal portion of the bone has been removed and we are hoping that the pathology report will show it was benign. His face is almost back to normal and he should be able to go back to school in June.

Eight-year old Analiza is a very courageous young lady. She attended school this year despite a hugely enlarged abdomen caused by congenital megacolon. It was her second time in Grade I because numerous absences the first time caused her to fail. Diane first saw Analiza when she was four and a half and sent her to Cagayan for diagnostic tests. But at that time her father refused the surgery recommended by the doctors. He had been told by people at the food stalls outside the hospital that several other children with the same problem had all died after surgery. As the years went by and Analiza's condition worsened, she came to realize surgery was her only hope. And her mother mentioned this when she brought an older brother who had an eye injury. So we sent her off again to Cagayan and she had a colostomy.

Analiza came to visit after the surgery and grabbed Diane's hand and brought it to her forehead in the traditional Filipino sign of respect and said, "Salamat para sa imong pagtabang" (thank you for your help). Then she proudly related that she didn't even need oxygen to wake up after the surgery and was up walking the next day. Her abdomen was already visibly smaller and she was full of smiles. She will have more major surgery in six months to remove the portion of bowel that doesn't function and then a third operation will close the colostomy and she should have normal bowel function.

Within days of Analiza's return home, we sent off two newborns with very acute symptoms of the same disorder. They are both being evaluated and will probably need the same surgery. We have also seen five new cleft lips and cleft palates and one new congenital cataract. It seems that the challenges are multiplying, but we are grateful that we can once again offer these children help.

* * *

We recently went to Manila to complete in a contest for the most outstanding and inspiring foster family. We came in second. First place went to a Filipino family in Manila that has fostered many children over the past ten years. One child, who came to them as a baby, is now eight years old. He turned out to be brain damaged and was never placed for adoption. He was with them at the awards dinner, sitting between the husband and wife, being spoon fed by one of them and gently prevented from knocking over everything on the table. They bear a burden that we do not envy though they themselves carry it so lightly you would hardly know it's there.

AUTUMN, 1994

We now have over one hundred students in Grade I thru V. They range in age from nine to twenty-one. Ricky, the twenty-one year old, came to us two years ago, seeking assistance for his feet, which were damaged by polio. He had been to school for only a few days when he was seven because of his great difficulty walking. Unfortunately, nothing can be done for his feet, but when we invited him to attend our school, he eagerly accepted. Half way through Grade II, he took a special exam given by the Dept. of Education and did very well, so now he has skipped to Grade V and continues to be at the top of his class.

We have a lot of new students this year who are older. It is encouraging to see these young people who are high school age willing to go back again and try to get their elementary education. But truly amazing to us are two brothers, Rogelio and Antonio. Aged seventeen and sixteen, they had both been graduated from the public elementary school in their barrio. But they came and asked to be accepted in our school. Rogelio had enrolled in high school but soon found his reading ability was too poor to begin to study the high school subjects. Antonio didn't even try high school since he knew he couldn't read. They both wanted to learn to read "even if it means going back to Grade I". We accepted Rogelio into Grade II and Antonio into Grade I. At the end of the first grading, they are both doing well. In fact, we have moved Antonio up to Grade III.

* * *

Remy and Ric John were both reported to Diane within a couple of weeks of birth, both with symptoms of congenital megacolon. We sent them to Cagayan where a biopsy was done to confirm the diagnosis. Then they each had a colostomy done, the first of three operations they will need to correct their problem. They are both doing well, growing plump on mother's milk.

Ten-year old Clifford's mother came to see us late one rainy afternoon nearly in tears. Clifford had been burned down the back of both legs some ten days earlier, when he lit a lamp which he had filled with gasoline instead of kerosene and it exploded. He was brought

to the hospital immediately, but the family had no money to buy the needed antibiotics and special dressings. So after a week in the hospital, they took Clifford home. Now his wounds were infected. Diane told the mother to meet her at the hospital the next morning with Clifford. He was readmitted and we supplied the intravenous antibiotics and special dressings. With this treatment, the burns healed rapidly and he was able to go home in ten days. Now he is back in school, and though he has scars, it looks like he will not develop any contractures.

We have very good news for everyone on or near Camiguin. An ophthalmologist who was born on Camiguin, practiced for a number of years in Cebu City and then for twenty years in the United States, has come to Camiguin to “retire”. But this retirement is special. He is setting up free eye clinics in three locations around the island. And he and his niece, also an ophthalmologist, have already started doing surgery on some of the numerous cataract cases we have here. We are delighted, as are the patients. One of the early cases done was a woman who had been blind for several years with cataracts in both eyes.

Unfortunately, not all the eye cases have a happy outcome. The first child we referred to him was two-week old Rannie, who had never opened her eyes since birth. Sadly, she has no eye on the left and only a tiny remnant of an eye on the right. The doctor gently told her mother to accept that she will never see and accept her as a special child, a gift from God, who needs her special attention. We can help to send her to a school for the blind later on when she is old enough.

* * *

On August 23, the adoptive parents of the twins, Arlene and Arnel, arrived from Norway. At first, the twins fussed and cried but gradually they relaxed and began to play with their new parents. It helped greatly that the parents stayed three days before they started their journey back to Norway on August 26. At twenty-two months, the twins departed chubby and healthy, far different from the tiny ten-month olds who couldn’t even sit up when we got them a year ago. We shall miss sitting with those two bundles in the rocking chair.

That leaves only twenty-seven month old Mark, who has been accepted by a family in the United States. We are just waiting on the final paperwork.

WINTER, 1994-95

We continue to have a steady stream of new children with birth defects. Cleft lip and palate are the most common. The mother of two month old Ricbert brought him to us for the first time because of a cough, but his real problem is marasmus, severe malnutrition. He

weighs less than he did at birth. His cleft lip and palate undoubtedly contributed to the cough since aspiration pneumonia is very common in these children. We advised immediate admission to the hospital for his pneumonia and urged the mother to stay on in the malward until his weight is up to normal. He is also very anemic and might need a blood transfusion. Another cleft palate baby, John Rey, is also presently in the malward, despite the fact that we had been providing some of his infant formula since he was three weeks old. At seven months, he weighs only nine pounds. We are hoping to get him in shape for surgery by the time he is one year old, which is the earliest the anaesthesiologists in Cagayan will agree to do the surgery.

We are also seeing a lot of intestinal malformation and some of these require emergency attention. The relatives of four day old John Patrick came early one morning after he had been admitted to the hospital during the night because of constant, agonized crying. The doctors found he had an imperforate anus. So we assisted in the transportation to Cagayan and medicines for the surgery, which was done the following morning. The colostomy saved his life. Later, when he is about one year old, a second operation will be done to try to connect everything up, but it may be difficult since he is missing a large portion of the large intestine.

* * *

We have been joined for a year by an American volunteer from Diane's hometown, Council Bluffs, Iowa. Marianna Hawley is hearing but she was raised by deaf parents and is completely fluent in sign language. She is helping us evaluate what we are doing and working directly with our deaf students and their two trained Filipina teachers to increase their signing ability. We were recently visited by a Filipino who has a degree from Gallaudet in the U.S. and works with the deaf in Manila. Based on what both he and Marianna have told us, we are pleased to be able to say that both the teachers and the students have made a great deal of progress in the two and a half years we have doing this work.

The facility we were renting for our work with the deaf became less and less acceptable as the owners of the house moved a herd of cattle into the yard right outside the windows. To get away from the filth, we decided to move the entire operation to Mapa where we have our elementary boarding school for drop-outs. The more we reflected on the move, however, the more we saw how many benefits it would bring. First, no more rent. Then, the deaf students will have their separate Mapa classes in sign, but otherwise they will be completely integrated into the regular Mapa operation, living and eating with the hearing students. This will provide greater socialization for them. They can work on the farm and share in the games. Many of the other teachers and hearing students are interested in learning sign and Marianna has already started classes for them. So far, every aspect of the move seems to be a positive.

* * *

We recently hosted a one day refresher for the teachers who had taken the two week basic seminar conducted at Mapa last summer by the Ateneo (de Manila) Center for English Language Teaching. Two trainers came from Manila to review progress and to plan for the future. We are hopeful that next summer we will host two or three of the two week basic live-in seminars. It is greatly appreciated by the public school teachers, for whom so little is

done. And it gives them a vivid experience of our own operation, thereby encouraging them to find the drop-outs from their own schools who would benefit by coming to ours.

* * *

We have just bought a brand new used army style jeep with four wheel drive to add to our fleet. The other two vehicles have given us good service, but our old jeep was well used when we bought it eleven years ago and it does not have four wheel drive; and the truck has hauled all of our construction materials into the hills. They are both falling apart and the old parts that are needed become harder to find. It's gotten like the Battle of Britain here; every morning we get up and see what we can put into the air. One of the main uses of the new jeep will be for Diane to visit her handicapped patients in the most remote places without fear of getting stuck. Now that we have secure funding for that work, we are pursuing it aggressively. Which is why we have also rebuilt and enlarged the shed in our yard where she meets and examines the steady stream of patients who straggle in at all hours each day. Welcome to life in Camiguin's fast lane.

SPRING, 1995

Our handicapped cases often seem to come in groups of two or three. We recently found two infants with hemangiomas within a couple of weeks of each other. Three month old Eveny's hemangioma on her cheek near the lower eye lid was growing rapidly up toward her eye so the doctor recommended immediate surgery. But two days after her admission, she came down with the chickenpox so there will be a delay of several weeks. Six month old Retchelie has a large hemangioma on the top of her head, but since it isn't likely to cause any serious problem, we will just watch it for now. At the same time, we will try to improve her nutritional status. She is small and thin for her age, mainly because her unwed mother left her in the care of the grandmother so she could go back to work as a maid and so Retchelie isn't being breast fed.

Two newborn infants were hospitalized in Mambajao with severe jaundice. After initial observation and testing, they were both sent to Cagayan to rule out the possibility of structural abnormalities of the liver and bile ducts. Ultrasound showed no abnormality and the final diagnosis was neonatal hepatitis. Hepatitis B is rampant in the Philippines and it is quite likely both babies contracted it in utero.

Getting our various handicapped cases to surgery has been greatly hampered in the past few months because so many of them have scabies. This is caused by a microscopic mite that burrows into the skin, causing intense itching. The kids scratch and soon have infected skin lesions all over their bodies. Of course, surgery cannot be done until the skin problem is completely cleared up, which is no easy chore. We make a herbal lotion with sulfur powder and cooking oil, which is quite effective and cheap, but all the family must be treated at one time and all the clothing and bedding must be boiled or ironed to prevent reinfection. We won't be surprised to see fatalities due to scabies when children from poor families, who

can't afford to buy antibiotics, develop massive infections. The whole island of Camiguin is in the middle of a scabies epidemic and we seldom see a toddler who doesn't have it.

* * *

This is the time of year for recruitment of new students for the school and farm. So Diane and our teachers have all been going out to the various barrios in search of school drop-outs. Camiguin has no local newspaper or radio station so the main way we find drop-outs is by going out on school days and looking for kids who aren't in school. This is tiring and time-consuming, but it works. And we often turn up new handicapped kids in the process. We recently found an eleven year old who is deaf and mute that we hadn't known about before.

Our new used jeep with four wheel drive is Diane's delight as it makes the recruiting a lot easier. She can now climb right up steep, boulder-strewn roads which she never would have attempted before. Somehow, Tom doesn't find this entirely reassuring.

* * *

On January 20, 1995, we took in six month old Ronie, a case of apparent neglect, which the social workers are investigating. He was the eleventh child in the family and his mother died of post-partum hemorrhage just hours after his birth. He arrived weighing eight and one-fourth pounds, having had little more than rice water his whole life. He had a solemn, pinched-looking face and the body of a thin newborn. But he had a ravenous appetite and gained weight faster than any baby we've ever had, over a pound and a half in the first week and over four pounds in four weeks. After two days, he was smiling, but it was two weeks before he could lift his head up while on his stomach. Now he is an entirely different looking baby, roly-polly, with a fuzz of new hair, playing with rattles and babbling contentedly

At two and a half, Mark has accepted our newcomer very well. His first comment was, "Baby crying". He likes to fetch Ronie's toys, put the cap on his bottle and pat him gently when he cries. He also knows that though we may be busy feeding Ronie, we can talk about the pictures in his books at the same time. So feeding time for Ronie has become reading time for Mark. After two families withdrew their acceptance of Mark, he has now been accepted by a third, who had previously adopted another of our foster children with special needs. Though Mark's tight leg is weakened from polio, it doesn't slow him down at all. He imitates Edmund's kick-boxing and karate. And every table serves as a trapeze from which he swings by his arms, bringing his feet right up to his shoulders.

* * *

April 3 will be the twentieth anniversary of our arrival in the Philippines straight from Saigon. It will also be just about one year since we got our telephone. The phone has proved a great convenience. It's a brand new system, touch tone, very modern; we can call almost anywhere in the world in seconds. Of course, there are many towns in the Philippines that we can not call because they are not interconnected. Apparently, when the systems were installed, no one thought that anyone would want to call outside of town. And there is an odd

feature to our phone. We can not call any operator, and so no collect or person to person calls or information. And the brand new phones, that are from Northern Europe, can not take the high humidity here near the sea. When you press the buttons, sometimes nothing happens. But we have discovered you can dry the phone out with thirty minutes under a hot lamp. So we just bunch our outgoing calls and start drying the phone a half hour before we want to use it. Some years ago, a friend of ours was going nuts from the heat during an especially bad summer. He finally calmed down and said, "What am I complaining about? I came here for the challenge, didn't I?"

SUMMER, 1995

The new students for the coming school year have been attending our six week summer session to see if they are really interested and to give our teachers time to evaluate them. Though many of them have finished Grades IV and V, their reading and math abilities show they need to go back to Grade II or III. One boy who told us he had dropped out of Grade VI can add fairly well but can't subtract at all. So he will have to go back to Grade I. Though it looks strange to have a twenty year old in Grade I, we are willing if the student is willing. And what kind of future does he have if he can't do even simple subtraction?

The school has also hosted a two-week live-in seminar run by AGELT (the Ateneo de Manila U. Center for English Language Teaching). Participants came from the public elementary schools on the island and from our own staff. On our isolated island, this is a special opportunity for these teachers who would normally have to travel some distance and spend a large sum of money for a similar training program.

* * *

Burns, burns, burns! Usually school vacation brings fractures, but this summer it has been burns. Some healed up with minor scarring. These were the older kids where the cause had been hot water. But two infants were not so lucky. Maricar was burned when a sibling accidentally knocked the kerosene lamp onto her. Her little six-month old body was covered in bandages when Diane saw her at the hospital. The burns on her left arm and right foot were the worst and she already has a contracture of the fingers and elbow and has lost one big toe. She will need surgery as soon as the open area has been healed for three months. Eight-month old Mylyn was burned when she crawled over to the kerosene lamp which had been left on the floor. (Her family didn't realize she could crawl). Only her face and hands were burned. Though the burns have healed, she has thick scar tissue on much of the face and her right eye cannot close all the way. Her mouth is also twisted by the scars and one wrist has a contracture. How happy we would be never to see another burned child! But knowing that isn't too likely, we have left a supply of the special burn ointment, Silver Sulfadiazine, in the hospital emergency room so these kids can get the proper treatment from the very start.

* * *

Ronie, now ten months, has gone from eight and one-fourth to fifteen pounds in his four months with us. And he has also gone from the helplessness of a newborn to crawling, sitting, standing himself up and walking around furniture. He is a happy baby except when meal time is near when he lets us know very loud and clear it is time for his bottle.

Our newest foster child, Junisa, started out as a handicapped case reported by the government midwife. On her first visit to the family, Diane found a severely malnourished girl about four years old with an obviously dislocated hip and sores on her upper lip. Junisa almost smiled when tickled, but otherwise made no sound or movement. Subsequent information from relatives gave a picture of a child chronically abused by both of her mildly retarded parents. And further visits to the child saw no improvement despite the food and vitamins we had given the parents. Diane arranged for the child to be cared for by her grandmother temporarily (the grandmother was due to leave the island the following month). In six weeks with the grandmother, she went from nine and a half to fifteen and a half pounds. But more than two months after Diane had reported this abuse case and just days before the grandmother expected to leave, the case study had not been completed, which is the first step in arranging for institutional or foster care. We took over her care on May 4 and brought her to Cagayan for medical evaluation. Her hip is a congenital hip dislocation for which she will need a special harness for well over a year. Her bone age is that of a two to three year old and she still has an open fontanel, but her thyroid function is normal. So it seems the only explanation is severe, chronic malnutrition. At first she just sat wherever we put her and wouldn't even pick up a toy if we were looking at her and she never uttered a sound. But now she moves around by rolling or crawling on her stomach, plays with toys, babbles and laughs, and is starting to hold her cup and spoon-feed herself. We are hopeful that speech will follow. We don't know what her future holds, but we know there is no way she is going back to her parents.

AUTUMN, 1995

The school year got off to its usually busy start. Juliet, age twenty-five, is new this year and the oldest student we have ever taken. She wrote Diane a long letter saying she had finished Grade IV ten years earlier and had been unable to go on to another school for Grade

V because of the three kilometer distance and lack of public transportation. Juliet had polio at age two and has paralysis of one leg and a badly twisted spine. She walks only with the aid of crutches. She wanted a chance to finish elementary school. We phoned neighbors of Juliet who had the only phone for miles and the following day Juliet hiked an hour to the same phone and called us. It was obvious that she was very eager for a chance to go back to school. So Diane drove to her mountain-top home, almost an hour each way, and brought her to Mapa. After evaluation, she was placed in Grade II because she had forgotten most of her math. She is working hard and received Second Honors at the end of the first grading period.

We've been having plentiful rain, mostly at night, and sunny days, perfect weather for the farm. Lately, we have been harvesting lots of yellow squash and okra. Soon to follow are string beans and winged beans. Our calamansi and lemon/lime trees are bearing fruit and the avocados are ripening. And the mango trees we planted four years ago now have young fruits.

In addition to fruits and vegetables, the farm has produced some romblon, the grass-like plant that is used to weave sleeping mats. So a woman from the neighborhood has come in and taught our students how to weave the mats, including dying some of the strands and making colorful designs. So we soon expect to be self-sufficient in terms of sleeping mats and the students will have a skill they can use in their own homes as well.

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Seventeen-year old Jonie is one of our Mapa students. At the end of last year, his teachers said he seemed to have a vision problem. We sent him to the eye specialist here on Camiguin and were shocked to find he had congenital cataracts. The cataracts did not cover the whole lens so he still had vision around the sides. Diane went to his home to make arrangements with his family to get him to Cagayan for surgery. His mother then told us Jonie's brother, Ricky, age twenty, and his sister, Gemma, age twenty-three, had dropped out of high school and college respectively because of vision problems. We sent all three to Cagayan and, sure enough, Ricky and Gemma had congenital cataracts too. Having never seen normally, these three youngsters had no idea how severely limited their vision was. Jonie and Ricky have finished surgery with intra-ocular lenses on both eyes. Gemma was delayed because of chicken pox so only one eye has been done. The first time Diane visited Ricky after his surgery, he grabbed her hand and brought it to his forehead in the traditional Filipino sign of respect and thanks. He was so delighted with his new-found vision.

Though we rarely encounter girls who have fallen from trees, two did recently. Eleven year old Maravic, sustained a very large fracture of the occipital bone (back of the head). The doctors here advised she be brought to Cagayan for close observation, so we assisted the family to get her there. But after a few days with no complications, she went home. And she seems to be doing fine.

Fourteen year old Elvie is a student at Mapa. Against very explicit orders to stay out of our fruit trees, she went up after the ever attractive mangos and fell. Our nurse and staff transported her by blanket stretcher to the highway and on to the hospital. And X-ray showed a fractured shoulder, but her main complaint was abdominal pain and the doctors were worried about internal bleeding. While we awaited the arrival of her parents from the other side of the island (these accidents always seem to happen at dusk when public transportation comes to a halt), Tom went out in search of blood donors with her blood type. Though he found many willing donors (they get paid a three days' wage for the blood), most of them were drunk. He finally came up with two. Fortunately, she got no worse during the night, so we sent her to Cagayan the next day. Late that evening, exploratory surgery showed her liver was bruised but no other bleeding. A cast was put on her shoulder and she went home a few days later. Happily, everything healed quickly and she is back in school.

* * *

On August 4, Diane and our sixteen-year old Erlinda left Manila with our three-year old foster child, Mark. After visits to relatives in California and Iowa, they delivered Mark to his adoptive family in the mountains of North Carolina. Then Diane left Erlinda with friends in Greensboro to do two more years in high school.

Meanwhile, back on Camiguin, Tom rode herd on a much quieter house. Ronie, now fourteen months, is quite chubby at eighteen and a half pounds. He is nearly ready to walk and gets into everything. He makes lots of silly sounds and funny faces and entertains all of us. Junisa, at four years, is also a hefty nineteen and a half pounds. She now has a walker in which she can get all around the house. It also gives her a chance to play without Ronie crawling on top of her and stealing her hair clip. She now wears three cloth diapers over her clothes to keep her dislocated hip in position. Despite this, she can even slide across the floor in a sitting position and she really goes full speed when we tell her it's dinner time.

WINTER, 1995

Since its first class six years ago, our school and farm has accepted students only from the island of Camiguin. Now we seem to have pretty thoroughly contacted all the drop-outs on Camiguin and they have either gone back to school or can't be convinced by us or their parents to do so. So we have opened our admissions to the whole of Northern

Mindanao. We already have two new students from off the island. Rolie is around sixteen. Actually, he is an orphan and the aunt he was living with in Cagayan de Oro doesn't know when he was born. He had dropped out of Grade I many years ago so he is starting at the beginning. But that doesn't bother him; he always seems to have a smile on his face. Christopher is from Balingasag and severely crippled from polio as a toddler. At twenty, we doubt that anything can be done for his withered legs. But he is a gumptious guy, and despite having to get around by sliding across the ground in a sitting position, he went to Cagayan de Oro to get vocational training in sewing backpacks. Now he wants to learn to read and write. He even gave up smoking in order to enroll in our school. We are sure there are other courageous youths like Christopher looking for a chance to get their elementary education. So we are now aggressively recruiting such young people, starting with Christopher's home town of Balingasag. We are also recruiting additional deaf students for our sign language classes.

We are at what we hope will be the end of a measles epidemic among our students. One Monday, six students arrived for class with fevers, and a couple of days later, some of them had the rash and all of them had pneumonia. The following week, three more were added and the following week another three. We turned one of the sleeping cottages into an isolation ward since we didn't want to send them home with their high fevers. (Most of them would have had to hike part of the way and would have found little or no medicine at the end of their journey.) Almost everyone who got measles also developed pneumonia and had to be treated with antibiotics. One group of four siblings seemed to have the worst cases and two of them, Lena and Crisostomo, did not improve on oral antibiotics. So we had to have them hospitalized. Unfortunately, all five of their younger brothers and sisters back home had the measles by this time, including the seven-month old baby, who is being breast-fed. So the grandma came to the hospital to care for Lena and Crisostomo. We gave all of the measles cases large doses of Vitamin A, not only to protect their eyes, but to improve their resistance to other illnesses. And since all of them lost a lot of weight, we are giving them two extra meals a day.

We used to immunize any of our students whose parents said they had not been immunized for measles and had never contracted the measles. But for people who have eight to ten children, it is hard to remember the medical histories of each child, and we also have many students who have no parents to ask. Since the vaccine is quite expensive, we stopped providing it. (Free vaccine from the Dept. of Health is only available for children from age nine months to one year). We assumed that our students, most of whom are in their teens, would have already been exposed and contracted measles if they hadn't been immunized. Apparently, we were wrong.

* * *

The two babies who were burned last March had both developed contractures. Maricar, now one and a half years, had a thick web of scar tissue at her elbow, which held it bent, and several fingers were curled up tight. She has now had surgery with skin grafts and her arm can extend fully. She will wear a splint for a year to prevent a recurrence but may yet need more surgery as she grows. Mylin had a contracture at her wrist and a corner of her mouth was pulled up by scar tissue. She too had surgery with skin grafting.

Remy, aged one and a half, has finally completed three operations to repair her birth defect of congenital megacolon. We and her parents are delighted that her colostomy is now closed and she has a normally functioning bowel. There are four more children with congenital megacolon or imperforate anus who need similar surgery.

And we have a long line of cleft lip and palate cases. Many of them have been delayed because of constant colds and even bouts of pneumonia. And if we manage to get them healthy and send them off to Cagayan, they seem to pick up the first bug they meet in that dusty crowded city. This means another course of antibiotics and another postponement. In the last six months, we've been able to get only one case done.

* * *

At almost one and a half, Ronie now walks all over and crawls up and down stairs. So he follows us everywhere. He could probably climb out of his crib too, but we aren't telling him that.

Junisa has finally started coming out of her shell. She chatters baby-talk and even says a couple of Visayan words now. She is full of smiles and laughter and seeks our attention for tickling, a ride in the stroller and most especially food. She loves to be read to and laughs gleefully when we imitate the sounds of animals in the stories. Quite a change from the somber child who wouldn't move or make a sound when we looked at her just half a year ago.

In October, we were joined not by another foster baby but by Tom's brother, John. He is retired now but wants to keep busy and is helping us with many aspects of our work. The boys are enjoying being back together. And it's a new experience for Edmund to have a real live uncle in the house (they share a room). People have often thought of us as having made lots of sacrifices to do our work. We ourselves have never felt that way about it. But if sacrifices have been made, they have been made by our children. And one of the biggest would have been their seldom getting to see their extended family, especially at holiday times. This Christmas will be a little more like the real thing.

SPRING, 1996

Many parts of the world have been having severe extremes of weather and that includes our island of Camiguin. The rainy season that normally ends in December has actually intensified since the end of December and there seems to be no end in sight. It rains

six days out of seven and the island's numerous springs and creeks are bursting with water. It has hampered many aspects of our work and so we hope it will soon end.

* * *

We presently have four children with club feet under treatment. All came to us early, so they were able to be treated with serial casting. Four-month old Jobert started the casting two months ago. Eleven month old Jomar had four casts with each one gradually moving the foot to the proper position. Now he has special shoes attached to a splint to maintain the position. Rey Lester and Julito, both going on two years, went thru the casting and splints and have now graduated to wearing high-top sneakers on the wrong feet. These children need to be followed for several years to make sure the feet stay in the right position. We are always happy when they come to us in early infancy because it often means they don't have to have surgery.

Several of our patients went to Cagayan in January for surgery on cleft palate, cleft lip, or congenital cataract. But they all soon returned. The operating room at the government hospital we send them to was flooded. It took several weeks to get it cleaned up and ready for use again. This is the second time this has happened when we had patients about to be admitted for surgery.

Three new cleft lip and palate cases were reported to us in one week recently. They are literally being born faster than we can get them to surgery. Two were newborns and one was two months old. Diane is always glad to see these babies as soon as possible so that she can teach the mothers about feeding. Unless they are fed very carefully, they often develop aspiration pneumonia. We provide all the cleft palate cases with a large medicine dropper to use for feeding instead of an ordinary bottle. We also urge the mothers to express their breast milk and feed it to the babies with a dropper. However, without the stimulation of the sucking, their milk production usually stops. Then they have to use expensive infant formula. We provide a little milk each month because otherwise they never reach the weight needed to be accepted for surgery.

* * *

We have continued to look for new students on the mainland of Mindanao and now have thirteen new students from just three of the more than a dozen towns along the coast facing Camiguin. Our teaching staff have also been making the rounds of the barrios here on Camiguin, often hiking thru the rain, to visit the homes of children who were reported by the public school teachers to have dropped out this year. The number of drop-outs seems to be a bit larger this year. Perhaps this is due to the increasing cost of everything, but especially food and school supplies.

The continuous rain has made getting food and supplies up to the school a real challenge. There have been many days that even our four-wheel drive vehicle couldn't make it up the badly deteriorated road. Then we have to go up another road and hike across a creek and up a hillside for about a half a mile. This isn't so easy when carrying large baskets of vegetables and dozens of eggs. And several times the creek has been too full and strong to cross. But so far, the one hundred and twenty students and staff haven't missed any meals.

* * *

Junisa, now four and a half years, went for check up and we found that her congenital hip dislocation isn't improving despite maintaining it in the special position prescribed by the doctor. So she will probably be having surgery in a couple of months. She has learned to crawl and she stands for brief periods. The social workers will soon complete her papers and then they will be looking for a special family who would like to adopt Junisa. If you know someone who is interested, please have them write us.

* * *

In early December, Tom had a very mild stroke and was hospitalized for the first time in thirty years. The doctors had great difficulty in diagnosing it because all the tests were showing him to be in excellent health, low blood pressure, pulse, cholesterol, etc. They finally concluded that the cause was entirely mechanical, habitual sharp twisting of the neck that tore the inner wall of the right vertebral artery, which caused clots to form and then break loose and travel to the brain. His recovery has been very rapid and he is hoping it will be complete. The main advice was to avoid any activities that bounce the head and neck around and so he stopped riding to Mapa on the horrible road and started hiking in; good exercise he figured. But a few weeks ago after days of rain, when he started walking down a steep and sodden grassy slope, he went flying through the air, landed on a rock, and broke his upper left arm clean through. A closed reduction was done and a cast put on after a miserable trip to Cagayan de Oro. He is optimistic about complete recovery here also.

He is able to get all the essential work done, but he feels like he's flying with two engines gone and just barely clearing the tree-tops. Fortunately, he is right-handed and so can still sign checks. The show will go on.

SUMMER, 1996

Tom's two downed engines have sputtered back to life. The busted arm is as good as new and the blood flow in his right vertebral artery is almost normal. So he back flying in formation. As for the destroyed part of his brain, he has relatives who claim he never used much of the brain God gave him anyway.

* * *

The summer vacation here was a time to get some of our school aged children to Cagayan for surgery. Ten year old Cila Mae had surgery for crossed eyes. And nine year old Levy went back for a check-up on her eyes. She had previously had surgery for congenital cataracts. The doctor found cloudiness had developed on the posterior lens capsule and so she had a laser treatment and also got eyeglasses. Twelve year old Aura Crystal went for surgery to correct a burn contracture at her underarm. She has had surgery for this before, but it returned as she grew. She must now wear an airplane splint which keeps her arm straight out at shoulder height for a year. We hope this won't keep her from going on to high school this year.

Two of our new Mapa students also needed medical attention. Gomercindo applied for school with us in February, but he had an open wound on his wrist. He had had an open fracture of his arm back in December, 1995. After a month in the hospital in Cagayan, he was sent home with a still draining wound and an antibiotic was prescribed. The family couldn't afford the medicine so he only took an occasional capsule. We started him on another antibiotic and sent him to an orthopedic specialist in Cagayan. An X-ray showed the bone was infected and had not healed together. Three months later, the bone is now healing and the wound on his wrist has almost closed. But we will still have to watch for a possible recurrence of the bone infection. Roselyn came to our summer camp from off the island and we were rather shocked to see this teenager had a cleft lip that had never been repaired. We sent her to Cagayan, and a few days before she turned sixteen, her cleft lip was closed.

The success of our handicapped work is largely due to the many private doctors and dentists in Cagayan and Camiguin who provide their services for free to our indigent patients.

* * *

On March 23, 1996, we held the first graduation of our elementary boarding school and farm at Mapa. It was a very special day for Tom and Diane, seeing this school to give drop-outs a second chance for an education come to completion. There were only five graduated as some students had taken a government exam and been accelerated directly to high school, some had needed to repeat a year, and some had dropped out along the way. All five graduated burst into tears after singing their graduation song. They seemed to realize that they were finally leaving the place that had become a home for them. And they had finally accomplished something they had perhaps given up all hope of long ago. We are grateful to our teaching staff, who not only helped enlighten their minds but also gave them the care and concern that many of them lacked at home. These teachers truly make the students feel a part of Family to Family.

Twenty-four year old Ricky was the Valedictorian. In his speech he said, "If it weren't for this school, I would still be illiterate". Ricky had polio just before he should have started school and his hands and feet were affected. He walks with difficulty and couldn't hike the distance to school. He started Grade I with us when he was nineteen. We consider him a very courageous young man. Fifteen year old Madelyn was the Salutatorian. She missed several years of school when her father became sick and finally died. Two years ago she came on her own with three younger brothers to ask if they could attend our school. We

are assisting some of the graduates to go on to high school. Both Madelyn and Ricky are living with us in order to be near their high school. As a result of taking the government exam, Madelyn has gone straight to third year and Ricky to second year.

Because teaching and supervising our students around the clock is such a demanding job, we have a lot of staff turnover and so right after graduation we began hiring some new teachers. Applicants visit the school, do a teaching demo, and turn in a writing sample, mainly to see how good their English is. But sometimes the content is quite interesting. A recent applicant wrote:

I believe in dreams and am hopeful that they'll come true. Although some may not be ours for some special reasons, most of our dreams do come true, especially if we work hard to attain them. I have lots of dreams in my life. One is to finish my studies and be able to live and practice my profession. Another is to be in a place like this, serene and calm. A place where I feel so near to nature and God. As I wake in the morning, many dreams just fade away. But some stay for a long time until they become realities. Some dreams even take us away from our loved ones. Some would make us happy while others would make us sad. But one thing is really true, dreams will be dreams forever unless we take the risks to make them come true. It may wound our heart or tear us into pieces or even throw us apart, but risking is the beginning of a dream come true.

We hired that applicant.

AUTUMN, 1996

With the start of the school year, we again gave out supplies for the 290 students whom we sponsor in ten public elementary schools. Ninety-five of these students were honor students last year. The school supplies for the year for one student are a little under twenty-five dollars, quite inexpensive by American standards, but very expensive for the Philippines. Originally, most of our sponsorees' fathers were tenant farmers or fishermen. But now many of them are landless and just work as day laborers, which is not steady, full-time work. The salary for such work is about four dollars a day. This will barely provide the food for a small family, let alone the families of ten or twelve that we so often see. We quite frankly don't know how they manage to survive. Though the Philippine economy has improved and business is booming with shopping malls sprouting up in many major cities, the lot of the farmers, fishermen and landless seems to have worsened. We hope that aiding in the education of some of these indigent children will give them a chance for a better future.

* * *

Sixteen year old Charlie was helping his father repair an inner tube on their motorella (a small motorcycle-powered passenger vehicle for short trips around town) when the burning patching material got on his hand. He suffered severe burns to the entire hand. The father asked for help for the dressing materials after Charlie had been discharged from the hospital. We could see that Charlie's fingers were already curving and we feared severe contractures. So we sent him to a plastic surgeon in Cagayan. She taught his mother how to dress the burn, keeping the fingers well separated and using terry cloth strips, which the mother could wash, disinfect and reuse. The doctor also prescribed a dynamic splint, which keeps the fingers fully extended when at rest, but which Charlie can move to exercise his fingers. Charlie's Mom did a great job with the dressing and the burn soon healed. He will use the splint for a year.

Our oldest son, Paul, once told Diane he would not want to do the work she does with her "fractured children" because it would be too depressing. Sometimes it is depressing. And sometimes these children are "fractured" emotionally as well as physically. Seven year old Dimboy was brought to Diane by one of our Mapa students who has a repaired cleft lip. We were surprised to see a boy so old with an unrepaired cleft lip, but the family was new to Camiguin. So we made arrangements for him to go to Cagayan for surgery. None of us ever saw a smile from this somber boy, not Diane, nor our nurse in Cagayan, nor the doctor there. Then, after the surgery, Dimboy got a look at himself and broke into a big smile. When asked why he was smiling, Dimboy said, "I'm not a cleft lip anymore". Yes, working to help children with birth defects or accidental injuries can be depressing, but sometimes a child's whole outlook on life is changed forever and then it is pure magic.

* * *

We started the new school year with over 150 students. After the expected drop-outs, we are now at 125. It is still the largest number we have ever had. And we will soon be recruiting more to bring the number back to the 150 for which the school was intended.

We have five new deaf students, four of them from off the island. And three old students who were out all of last year, mainly due to family interference, returned. So we now have thirteen in the sign language classes, ranging in age from ten to twenty-one, and we will be adding a few more. We are also training a new teacher in sign language.

AWARD

Diane was greatly honored recently when her Alma Mater, Abraham Lincoln High School made her a member of their Alumni Hall of Fame. She was unable to attend the ceremony because our own first graduation took place at the same time, but she sent a message to the students. It was simple. Always have a dream and never let it go.

WINTER, 1996

Fifteen year old Jennalyn came to us because of a very large mass in her lower jaw, which had been growing steadily for a year. She had already been advised to have surgery, but her tenant farmer grandparents had no money even for the medicines she would need. A

biopsy in Cagayan showed it was not malignant but would keep growing. A special x-ray of the whole jaw was needed to see the extent of the growth, but the city was out of film, and then when the film arrived, the machine wouldn't work. So we sent her to Cebu by overnight boat to be x-rayed. Finally, she was ready for surgery and two doctors, a husband and wife team (orthopedist and plastic surgeon), who have assisted many of our patients, removed half of her lower jaw and replaced it with a rib, her jaws were wired together for almost two months, during which time she could only drink liquids. Jennalyn is back home now and the bone graft is healing well. She is happy to have a more normal looking face again and hopes to go back to high school next June.

Analiza was first brought to us over six years ago and diagnosed in Cagayan as having congenital megacolon, which usually requires surgery in three stages to correct. But her father was afraid the surgery would kill her. Four years later, her mother came to tell us she was much worse and that her father was now convinced that only surgery would save her. So two years ago, she finally had the first stage, a colostomy. She was to have second stage surgery after six months, but due to complications, she had three more minor operations and then finally had the second stage major surgery last June. Now she has had the final operation to close the colostomy. During all this time she couldn't go to school because walking even a short distance caused her colostomy to prolapse. But this spunky little girl almost always had a smile. She bragged about waking up quickly from the anaesthesia, and despite the pain, she was always up in a chair the day after surgery. Now, at eleven, she is back in school and enjoying all the things a little girl should enjoy. She never fails to grab Diane's hand in a gesture of thanks for our help.

* * *

We are halfway through the school year and the students are busy, both in the classrooms and on the farm. We have been harvesting lots of beans and yellow squash of late. And this is the time of year when we begin recruiting students for next school year. We hope that eventually we will be well enough known that potential students will come to us on their own. And that is actually beginning to happen.

One such case is Julito. A woman came to our house and told our son, Edmund, she had a child she wanted to give us to adopt. Diane went out, expecting to see the usual infant of an unwed mother. But instead there sat sixteen year old Julito. He had run away from home in Bukidnon because of an abusive step-father and had been taken in by various people as he roamed from place to place. Then he injured both ankles on bicycle pedals and no one wanted to be responsible. So someone brought him to Camiguin, vaguely knowing that we helped kids over here. He had finished only Grade III and is interested in going back to school. First, we will have to clear up the sores on his ankles, which are so painful he can barely walk.

* * *

Junisa, now five, and Ronie, two, are great playmates. Ronie is talking a lot and has helped Junisa to begin talking more. She is also much more out-going and less afraid of strangers. She started Kindergarten in July and loves going to school. She is walking now with the aid of special shoes, but when she is older, she will definitely need surgery on her congenital hip dislocation. She can not be placed for adoption in the U.S. because she has

two living parents, even though they abused her and she can never go back to them. But we are hoping for a special family in an English-speaking country to adopt this little one and give her a new start in life.

On Oct. 16, Tom's brother, John, former U.S. Marine sergeant, Korean War Veteran, and recent helper in our work here, died of cancer, less than nine months after leaving here. Diane was in Cagayan at the time, picking up a six week old baby boy who had been abandoned at birth without a name. She brought him to Camiguin the following day. We have named him John. It has been quite some time since we have had a small baby in the house. They bring a very special joy with them. So we already have the only gift we shall need this Christmas. May each of you have such a gift this year that will fill some empty space in your heart.

SPRING, 1997

Three kids with fractures were all brought to us within a two week period. Six year old Jay's arm was hit by a falling coconut, knocking him down. Whether the coconut or the fall was the cause, the result was a broken upper arm. His parents didn't even have money for an X-ray as the mother had just had her twelfth child by Caesarian section a couple of weeks earlier. Twelve year old Eugene was thrown by the family horse when bringing it back down from the mountains. Both bones in his right lower leg were broken. And then thirteen year old Olivia fell off a bicycle, breaking both bones in her lower left arm. We are grateful for the assistance of two orthopedists in Cagayan de Oro as we know how important it is to get the fractures properly treated in order to prevent complications later on. They are also presently assisting two boys who had open fractures and developed infections in the bones of their forearms. One of them, John Anthony, will soon have a second operation to clean out dead and infected bone.

Sixteen-year old Denise had something unusual for a girl, a hernia. At first it was small, but later it became large and painful. She is also a profoundly deaf student at our school. We sent her to Cagayan during the semestral break; after waiting a week, she was admitted to a government hospital. The next day her work-up for surgery was done, but the operating room was flooded that day by heavy rain. So Denise sat for fourteen days, waiting for the fumigation of the operating room. It was very frustrating for her since she couldn't communicate much with the nurses and was missing class at our school. After surgery, she mended quickly and was back in class the next week. Denise isn't the first of our patients to be delayed in getting their surgery done because of this flooding. It happens every few months.

* * *

We mentioned sixteen-year old Julito in our last newsletter. He was brought to us to "adopt" because he ran away from home some months earlier and roamed from place to

place until he injured both ankles on bicycle pedals. Without any medical treatment, he had developed deep ulcers and could hardly walk. And he was an elementary drop-out who wanted to go back to school. So we brought him up to the school and began antibiotics after getting X-rays done to be sure the infection had not gone into the bones. But after two weeks there was very little improvement so we had him hospitalized for a surgical debridement and intravenous antibiotics. Then the wounds began to heal rapidly though it was still another six weeks before they were entirely healed. Long before this, even though it was still painful to walk, he pleaded to go to class. And so he has been sitting in on the Grade I classes.

* * *

Our new baby, John, now six months, is thriving after quite a battle, including four courses of medicines, with the amebic dysentery that he brought from Cagayan. He is a happy contented baby, cooing and laughing and playing with his rattles. And we have been delighted to see how affectionate Junisa is with John. She gently pats his head and “helps” hold his bottle and she loves to sit and talk to him. With her background of abuse, we weren’t sure how she would react to a new baby. Ronie also is very loving and runs to tell us if John drops his rattles or falls asleep in his seat.

All three babies have seen a great deal of Mom and Dad since we have spent weeks at a time without helpers. Finding household helpers has become increasingly difficult. At one point we had two elementary drop-outs in their late teens. (We hoped to replace them so they could go to school at Mapa). But we found it very difficult since they couldn’t tell time or read and write. So timing the boiling of the baby’s bottles or following a recipe to bake bread was impossible. It made us realize quite vividly just how important an elementary education is and what a benefit our school at Mapa is to youngsters.

* * *

We are pleased to report that in the first month of our third fiscal quarter we took in our millionth dollar. That may sound like a large amount, and from one point of view, it certainly is. But it is also what we have run all of our work on for more than twenty years. In the unending debate that rages in America about what to do with and how to pay all the unwanted children that people insist on having anyway (we speak only of the survivors, those who were not terminated before they were born), Newsweek mentioned that, “at Chicago’s Mercy Home it costs 59,500 dollars a year to care for one child”. That means that we could have taken care of seventeen children for one year instead of what we have done. Well, we guess Chicago is not our kind of town. In the humble sheet we use in place of a fancy brochure, it says that Tom knew “that an enormous amount of good could be done (in the Philippines) with comparatively few U.S. dollars”. Apparently, he was right.

SUMMER, 1997

In our last newsletter we mentioned three children who each had fractures. But eight year old Sammy out-did all of them. He broke all three bones in his left upper and lower arm.

He had climbed up to the roof of his school building, and as his teachers frantically told him to get down lest he fall, he fell. Sammy was living with relatives since his parents had separated and were each living in different cities in Mindanao, so his teachers brought him to the hospital and stayed with him until his father arrived. The next day we sent him to Cagayan where he had surgery to pin the bones together. His mother met them there after traveling some eight hours from Davao.

Diane went to visit him later at home and found his arm well mended though he still needs exercises to get back full movement and muscle mass. She asked to take a picture and Sammy rushed around to get dressed in his best clothes. Diane noticed a refrigerator in the house, which seemed odd since they had no electric connection. And then she was even more surprised when Sammy seemingly stopped getting dressed to open the fridge and then the freezer door and reached in to pull out a nicely scrubbed pair of shower slippers to complete his attire.

Not only did Sammy's arm mend, but this crisis brought his parents back together and they have both returned to Camiguin to live with and care for their four children

A group of surgeons and anesthesiologists from Cagayan de Oro came to the hospital in Mambajao to perform surgery over a weekend. We were delighted that four of our cleft lip cases and two hernia cases were included. Eleven other cleft lip cases couldn't be done, some because they were coughing and others because their clefts were bilateral and so need to be done in Cagayan where blood would be easily available if needed. We also still have four children with cleft palates that need surgery. And in the space of one recent week, three newborns and a thirteen year old, who had just moved to Camiguin, all with cleft lips and/or palates, were reported to us. Our big problem has been getting bed space in the hospital in Cagayan. The doctors who came saw that we have many cases and are now trying to help us arrange to have them done in small groups in Cagayan.

* * *

At our second graduation ceremony we had six graduates, two young ladies and four young men. The two girls, Jocelyn and Pacita, are actually old enough to be graduating from high school, but they both have legs paralyzed by polio. They started school late and missed a year when we sent them for surgery in Cebu. They also dropped out of their barrio schools two years in a row because of broken braces. They can only walk with the aid of bilateral long leg braces and crutches or a walker. Pacita gave a very fine address during the program. It was a poignant moment for Diane because, when she first saw these girls at their homes many years ago, they could only crawl on the ground.

Lyndon, another of the graduated, is also handicapped by a traumatic hip dislocation for which he had two operations, but which still causes him to limp. We expect to help these three, and perhaps some of the other graduates, to go on to high school.

* * *

Ronie, soon to turn three years, was matched to a Filipino couple who live on the mainland not far from Cagayan. We are quite happy to see that more local families are now adopting. This couple came to meet their new son and take him home with them on May 14,

1997. Ronie came to us the size of a newborn at the age of six months, but grew rapidly into a robust, energetic and very talkative toddler. He was also very much into everything, (In his last month with us he managed to block up both of our toilets by throwing toys into them). It is a great understatement to say the house is not the same without him. We all miss him, but Junisa, who has been his constant playmate for two years, probably misses him the most. She will be going back to Kinder classes in a few weeks, which she dearly loves.

John, now eight months, is crawling everywhere and promises to follow closely in Ronie's footsteps.

* * *

With the aid of a local Philippine charitable organization, we have purchased two computers and a printer. One is for us to use in various aspects of our work and the other will be used by some of the handicapped high school and college students we are assisting on a continuing basis. Computers are in a boom stage here in the Philippines and this type of work would seem to be ideal for people who need a sedentary job. But first we ourselves need to learn. So we asked our daughter Marie, who had just finished two years of computer studies in the States, to come over and help us get started. This newsletter is one of the results of her help.

AUTUMN, 1997

We had the usual busy start to the school year in June. Most of the newly enrolling students had been in our summer camp, but we also had walk-ins. And some students who had stopped returned to try again. Amongst the brand new students are three new deaf students for the beginning sign language class. We also have deaf students in Grades I thru III this year.

And we have several new students with physical disabilities. Sixteen year old Gilbert has cerebral palsy, which has left his right arm with contractures. And his weak right leg causes him to limp. His speech is also affected. Last year he attended a signing class in the public school in Cagayan de Oro, but since he is not deaf, we have him in the regular class. His teachers had trouble at first but are now able to understand him. He is an eager student. And his grandparents, who have raised him since his parents separated and went on to new spouses, are happy that he has a chance for an education.

Nine year old Mary Ruth is very tiny and frail. She very much wanted to go to school, but could not go back and forth each day to public school in her town because she is crippled from polio she had at the age of two years (despite having been immunized for polio). She can only move along the ground in a squatting position, literally at a snail's pace. The polio may have affected her arms also as they are very thin and undeveloped. But she is so thin in general it is hard to tell if it is the result of polio or just malnutrition. We told her parents we would give her a chance, even though she needs the assistance of other students to get to the bathroom. (We usually require that any student we accept be able to handle the usual daily

activities independently). But we explained that we could only guarantee her a trip home once a month since she cannot hike in and out like most of the other students.

In the first weeks, she often cried with homesickness, but she stuck it out. We have her on a high calorie diet with extra snacks and she is gaining weight. She started out at fifteen kilos. We also have her doing regular exercises to strengthen her arms and shoulders and to stretch her contracted legs. If we can get the arms strong enough, we hope surgery and braces will enable her to walk with crutches. But for now she is enjoying learning to read and write.

* * *

Fifteen year old Roldan is actually one of our Mapa students in Grade VI. During the summer break he was standing on the highest bridge on the island and somehow fell over the side. He actually doesn't quite know what happened. He fell some twenty feet and landed face down on the shallow river. His formerly repaired cleft lip was reopened, six lower front teeth were broken off and he had a large cut over his right eye. He also fractured both bones in his left arm. He was unconscious when his mother got to him and she thought he was dead because of all the blood, but he came to at the nearby hospital. After a couple of days, he was stable enough to be sent to Cagayan to the orthopedist. Only while he was on the way with one of our teachers did he mention that he had had no vision in his right eye since the fall. Though skull X-rays didn't show anything, a CT scan (which we are grateful is now available in Cagayan) showed three cracks in the bone around his eye. The doctors assume that there must have been a blood clot due to the fractures, which permanently damaged his optic nerve. So he will never see out of that eye again. Once his mouth had healed, we sent him to the dentist to have the broken roots removed and a partial denture made so he could speak clearly and eat normally. Roldan seemed rather down-spirited until he got the denture, but now he is smiling again. And so are we since he is our senior Sergeant at the school.

Our school nurse and teachers helped Roldan on his several trips back and forth to Cagayan. His father died about a year ago of tuberculosis, which was quite a blow to Roldan, and his mother is now more interested in her new husband.

* * *

Junisa turned six years shortly after starting back to kindergarten. She has added a few new words to her vocabulary, but still uses very little oral language. She loves going to school and sometimes gets rather put out with us when Saturday morning comes and we tell her she isn't going to class. She loves books and playing with doll dishes and play food. But her favorite activity is still eating. Not unusual in a child who has suffered severe malnutrition.

John decided to do everything when he turned ten months. In the span of about two weeks, he cut his first three teeth, started standing himself up, sitting up and walking around the furniture. He still does his crawling down on his stomach, called, "commando crawl" here. He is a happy baby full of smiles and baby chatter. He loves his solid food and says "num-num" the whole time he is eating it. He will make a delightful son for some very lucky family.

WINTER, 1997

This year, the students have been assigned vegetables plots near their sleeping buildings to plant and take care of as a part of their agriculture subject in class. And we no longer have any paid farm workers. The students do all the farm chores under the supervision of their teachers. Although, like many parts of the world, we are beginning to see less rain due to the El Niño weather pattern, the groups who planted squash, amplaya (a green gourd-like vegetable) and eggplant recently brought in a good harvest. The groups who planted mung beans, a legume, were disappointed because their plants died, mainly due to the dry weather.

We also are harvesting a good crop of calamansi, a small citrus fruit, from grafted trees we planted about seven years ago. The calamansi makes a nice drink similar to lemonade. And, as a part of their home economics class, the students have learned to make a delicious marmalade with the calamansi.

Another plant that serves partially as perimeter fencing is Romblon. When it matures each year, the students cut and dry it. Then it is woven into sleeping mats with the older students teaching the younger students this simple but practical skill.

Construction at the school ended at the end of July and has been officially replaced in our accounting with “repairs” though, in fact, repairs have been going on for some time. The buildings are made mainly out of local materials and require some attention. The roofs are made of nipa (folded leaves basically) and it is a continuing miracle to us to see how these leaves, when properly installed, provide total protection from the torrential rains that we often get. But the nipa requires ongoing patching here and there and eventual complete replacement. Learning how to do that plus replacing damaged bamboo walling and fixing screens and chairs and tables all involves skills that will be valuable to our students when they live on their own some day. As of now, all of the paid workmen have been let go except for one part-time handyman. Almost everything is done by the students themselves under the direction of the teachers.

* * *

In addition to the fifteen handicapped students who are in class at Mapa, we are assisting other handicapped youths to continue their schooling beyond elementary with the aid of a Dutch organization. Dondon, who has cerebral palsy, and Gellan, who is extremely near-sighted, are both taking post-high school classes in electronics. Ariel, a polio victim, is in college and hoping to study computer. And five others with polio and orthopedic handicaps are in high school. All of the families of these students contribute some sort of

counterpart, though for most it is quite small since most of the fathers are tenant farmers or laborers and their families are large.

Ronald is twenty and in fourth year high school, (the usual age to finish high school is sixteen). His elderly father died just as the school year started and we frankly don't know how the family gets along for food, let alone anything else. So, we provided Ronald's enrollment and school supplies and a soldering iron for his practical arts class. Ronald has a permanently weak leg from a severe infection that went from the skin down all the way into the bone. He very nearly lost the leg. But he doesn't like to just take handouts. So on his own initiative, he has come to our house on several weekends to rake leaves and chop firewood. He also brings us bananas or lanzones from the trees his family looks after. He is a good student and we hope to help him in further studies so that he can eventually have a sedentary job and be self-supporting. This, of course, is our goal for all of the handicapped young people we are assisting. Some of them are quite capable of college level work and others are more suited to vocational training, but we hope to help all of them become independent and productive.

SPRING, 1998

Our students returned re-charged from a two-week Christmas vacation as did our staff of fourteen teachers. It is often hard to get things started up again and students all over the country frequently extend their vacation by a day or two. So we reward those who show up in time for the first class of the new year with a new outfit of shirt and pants or dress thanks to donations of used clothing from a couple of friends overseas. Though it doesn't seem like much, this is a great treat for our students and very much looked forward to and appreciated. Those who are not there the very first day do not get anything.

We had been trying to get seventeen year old Rex into our sign language classes for several years. He had gone to regular public school, but despite the hearing aid, which we got him when he was seven, his speech was too poor for the teachers to understand. After seven years spent to get up to Grade III, the teachers told his parents it was useless for him to come back. But still his father resisted sending him to our sign language classes, claiming he was worried other students would bother him. Finally, Rex appeared at our school. When he went home at the end of the first week, his father was delighted because Rex was talking more. It seems the father's fear all along had been that Rex would give up his speech if he learned to sign. What he didn't realize was that we use an integrated approach and encourage the students to use whatever speech they have and develop it as much as possible.

Twenty-two year old Bernel is another of our deaf students. We got him a hearing aid and his speech has improved. He also had polio, which damaged his left leg and foot.

Surgery has helped make walking less difficult and painless. The doctor prescribed high top tennis shoes with a lift. Bernel was thrilled with the shoes and showed them off to everyone. Thirteen year old Menchu, also deaf, asked her teacher if she couldn't have some shoes too. Menchu has an ataxic gait due to cerebral palsy. We explained that the doctor had ordered the shoes for Bernel and the doctor had told us that shoes or a brace wouldn't help Menchu. However, our son Edmund had just outgrown a pair of shoes that were still in good shape and they happened to fit Menchu to her delight. And though her walking isn't any easier, the shoes do protect her feet from the many bumps and scrapes she used to get.

* * *

We mentioned Mary Ruth in a previous newsletter. She was a new student last June and we thought polio was the cause of her weak and contracted legs. But a check-up with two specialists brought bad news. This nine year old does not have damage from polio, but an inherited and progressive disorder called spinal muscle atrophy. One of the doctors said, "She won't be with us long". There is basically nothing to be done for her except to try to improve her nutritional state, and treat her frequent bouts of pneumonia. She is prone to respiratory infections since she can't cough effectively. When her mother learned of the diagnosis, she wanted Mary Ruth to stop school for a while to "rest". But despite her mother's tears, Mary Ruth insisted on going back to our Mapa school even though she has been having a hard time keeping up in her Grade I class. So we will let her continue class for as long as she has the strength to do so.

On a happier note, Jay Ann was brought to us when she was just one week old. Her grandmother is a barangay health volunteer and knew Jay Ann's club foot needed early attention. So she hiked down from the mountain some eight kilometers with the baby. We sent Jay Ann to Cagayan the next week for serial casting and after two casts, she was ready for a special splint. At five months this big chubby baby (she is breastfed) had outgrown the splint. So we sent her back for measurement for a new one. We hope the splint and later special shoes will enable her foot to grow normally. But club feet are unpredictable and surgery may yet be needed.

Gobert also has bilateral club feet. But serial casting and brace were only partially successful and so he needs surgery. But he was found to have Primary Complex, the childhood form of tuberculosis infection, and needed to have treatment for that first. He will soon complete the six month course and hopefully be cured and ready for surgery.

We have been assisting Maricar, now three and a half, ever since she was burned at the age of nine months. One of her brothers knocked over a kerosene lamp and she suffered second and third degree burns to her face, left arm, chest, thighs and feet. The arm developed contractures at the elbow and hand. So five months after the burn she had surgery and skin grafting. However as she grew, the contracture at the elbow returned. So she has just had more surgery with skin grafting. It's nice to see her arm fully extended. But she will need to do regular exercises and we expect she may need more surgery later on. It doesn't seem to slow her down at all. When Diane visited, she was out playing with neighbor friends despite the post operative cast.

SUMMER, 1998

We had four graduated at our third graduation ceremony this past March. Roldan, aged eighteen, was the Valedictorian. In his speech, he talked about a boy who had dropped out of school (himself) and refused to go back despite his father's discipline. Then he went on to talk about his years at our school and how the teachers had helped him through the sorrow of his father's death after many years of illness. And he recounted how we and the teachers again came to his aid when he fell off a bridge, fracturing his arm, re-opening his cleft lip scar and suffering a head injury which resulted in a permanent loss of vision in one eye. He ended up by saying that our teachers hadn't just taught him how to read and write and multiply, but they also taught him "how to survive life".

Sitting in the audience at the graduation was nine year old Dimboy, (this unusual name is not a slur about his mental capacity but his actual name). He spent the last week of our school year at the school, having been brought by his two older sisters and brother, who are our students, because "there was no one to look after him at home". Dimboy received our assistance to have his cleft lip repaired at the age of seven. Then he entered Grade I at the public school, but the other students made fun of him because of his scar so he stopped. He went back the next year, but stopped again for the same reason. Then just recently, while the whole family was away at a fiesta in the next barrio, someone set fire to their house and it burned to the ground with all of their possessions. Some days later, someone told Dimboy's father who had set fire to the house. The father apparently went and stabbed the man to death, and is now in jail awaiting trial. Dimboy's mother has been mentally ill for some years and in the father's absence the children look after her rather than the other way around. So Dimboy will enter our Grade I in June and we hope that our teachers will be up to the tasks of teaching yet another boy how to survive life.

Our summer camp for prospective new students is going well. Some of our old students attend to help the staff teach the new students the routines of cooking, taking care of their own laundry, cleaning and working on the farm. At the same time, our staff evaluate the new students to see what will be the appropriate grade for them to enter in June. It is also a time of games, art work, songs and swimming. Many of the batch this summer seem smaller, thinner and less well dressed. And they have their share of problems. Twelve year old Marites seems to have mild cerebral palsy with slurred speech and a weak right arm and foot. She is also under treatment for pulmonary Tuberculosis (fortunately the medication renders her non-contagious to other students and staff). Ten year old Rene has a traumatic cataract which will need surgery. Twelve year old Raymundo has partial seizures. And ten year old Michael was more or less "given" to one of our teachers when she was out recruiting students. His mother wanted to get him out of the house because his step-father regularly beats him. So his mother handed him over with nothing but the clothes he was wearing.

* * *

We sponsored all the school supplies for two hundred and ninety students at ten public elementary schools during the past school year. As usual, almost half of the sponsorees are honor students and at one school both the valedictorian and salutatorian in the graduating class were our sponsorees. It is a pleasure to see these youngsters coming from such poverty blossom and do so well in school.

* * *

Twenty-six year old Ricky was in our first graduating class of Mapa and has been living with us the past two years in order to be close to the high school where he will be a senior in June. He has difficulty walking and using his hands due to polio. He has been doing a lot of work on the computer this past year, including formatting and printing up schedules for his school. He types on the keyboard by using a pencil in each hand with the eraser end down. Over the summer, he has been teaching some basic computer skills to a group of four other handicapped high school and college students. We hope the hands-on experience will give them each the chance to decide if they would like to go on with computer studies and work involving computers.

AUTUMN, 1998

Our school year got off to a good start and after some late comers showed up and a few decided they weren't interested, we ended up with an enrollment of one hundred and twelve. Some students returned very eager to start the year, but we never expected to have a student so eager that she would arrive with an undiagnosed and untreated broken leg. Nine year old Jovane, who had attended our summer classes, returned limping so badly that her mother had to hire a motorcycle to bring her up to the school. Two weeks earlier she had fallen from the second floor of her home and landed on her bent left leg. There was a slight swelling over her shin.

We took her back down to town, and since the x-ray in Mambajao was not functioning, she was taken by ambulance to the next town for the x-ray. The results surprised us all. She had a lengthwise fracture going all the way up the tibia. We can't understand how she was ever able to put weight on that leg and walk. Anyway, a cast was applied and she went back up to Mapa to class. The other students helped move her from classroom to sleeping quarters each day. And now she is back to walking on her own.

At twenty-two, Bernel was one of our oldest deaf students; he also had cerebral palsy. Though he was a slow learner, he worked hard at his school work. We had assisted him to have surgery on his foot, which had contractures. And he was so very proud of the high-top basketball shoes we got him on recommendation of the doctor. We had also provided him with a hearing aid as he still had some residual hearing.

But Bernel won't be back with his deaf classmates this year. He came back up to the school a week too early and realizing his mistake went back home. Then, when classes did start, he didn't show up. Two days later, he went out with friends and apparently they were all drinking. The next morning, when he didn't come down for breakfast, his mother went to see why. She found him unconscious and in some sort of tremor or convulsion. No one knows what really happened. Perhaps he drank too much and vomited and aspirated. He died before the family could get him to the hospital. We all miss this young man with his usually smiling face.

* * *

The past few months have brought us many children with fractures. Most of them are easily dealt with by sending the child to Cagayan to an orthopedist. Often they just need a closed reduction and a cast, but even this simple thing is beyond the means of their parents. However, we have one boy whom we have been assisting for months. Wilson is seventeen and should be in high school. But he was hit by a motorcycle last December, 1998, and suffered fractures of all the bones in his right leg. The lower leg bones broke out through the skin. As a result, he developed an infection in the bone and some bone loss. He will soon have a fifth operation to place metal inside to hold the bone ends together. We hope this will finally enable him to walk again and get back to school.

WINTER, 1998

This El Niño was the worst drought we have ever seen in fifteen years in Camiguin. And it continued here long after other parts of the country were getting rain. As a result, our school struggled with a severe water shortage from July till October when the water stopped coming out of the pipes at all for a solid month.

During all of that time, our staff and the students regularly trekked a kilometer downhill to a cold spring pool to bathe and do their laundry. And most of the students' free time was spent hiking uphill a half kilometer to the water source to fill one or five gallon containers to bring back to the school for cooking, drinking and washing dishes.

Our rainy season finally really started the first week of November. And when our teachers and students returned from the semestral break a week later, they were delighted to find water had returned and our small school tank completely full.

Of course, the farm was quite devastated. The students had no time to work on it since they were always carrying water. And nothing would have grown anyway without rain. (We do a little irrigating with run off water from a nearby public water tap, but that tap was dry for months). It is nice to see the return of green with the newly planted vegetables.

* * *

Ten year old Pedro was referred to us by a midwife on the other side of the island. His family had moved to Camiguin about six months earlier. Pedro had developed a bump on his back three years ago, but had never seen a doctor about it, then about a year ago he had to stop going to school because his right ankle became swollen and painful. Again he never went to the doctor, partly because it was too painful to walk down from their hillside home.

When Diane visited, he was on medicine sent by the rural health unit for pneumonia and he was very pale and thin. (She could also hear his grandfather coughing repeatedly inside the house and advised them to get the grandfather checked for TB). We sent him to Cagayan where the doctor confirmed our suspicion that he had Tuberculosis of the bone, both in the upper thoracic spine and the right heel bone. He was started on four TB medications and a cast was applied to his foot and his whole upper body to prevent further collapse of his vertebra, which could result in paralysis.

When he went back for his check-up, everyone was surprised that his family had removed both casts because they smelled so bad due to perspiration build up. But he did look better and had gained weight. His foot is still painful and may require surgery. When he can walk, we may enroll him at Mapa so he could get started back at school and also so we could be sure he gets his medicines regularly and plenty to eat.

The fracture cases continue to roll in. Most recently, a teenage boy and girl who had hitched a ride in a truck. The truck went off the road and under a small bridge and they both suffered open fractures of the femur. They both had to have surgery in Cagayan to pin the bone together.

* * *

We still have two foster children, seven-year old Junisa and two year old John. Junisa has made a lot of progress and has added many words to her vocabulary though she still only uses two word sentences. She is basically functioning at the level of a three and a half year old except for language which is at the level of a two and a half year old. She likes to help around the house and has become a great dish drier. And she knows how to put everything away, including the silverware. She loves her nursery school, which is just a short walk up the road. John took a slow start at the Terrible Twos, but has made up for lost time. He is into everything all day long. And he is a very talkative fellow. We just recently installed a TV antenna and so now he watches Sesame St. and a similar Tagalog language program every morning. As soon as he sees me plug in the TV he says "Bird? Bird?" Both kids love looking at books and naming things or making the sounds of the pictured animals. Most nights, they have exercise time with Dad and reading time with Mom.

SPRING, 1999

Dengue fever is endemic all over the Philippines and we have sporadic cases and sometimes major outbreaks here on Camiguin. But last December was the first time our Mapa school was seriously affected. The usual symptoms are high fever and aching body.

The major concern is that the platelet count may go very low and the patient may hemorrhage. Our son Edmund, who is in Grade VI at Mapa, was the first to get fever and after five days his platelet count took a dive. So we took him to be hospitalized in Cagayan de Oro, where we could more easily get blood if he needed it. As we were arriving there, one of our teachers was admitted to the hospital in Camiguin and a couple of days later another of our students was admitted. Not long after these two and Edmund were well, another student was admitted on Christmas Eve. Then just as she was discharged, our handyman's daughter was admitted.

Since the hospital has very limited medicines, we had to purchase almost everything at drug stores, which meant daily trips to see what was needed for the next twenty-four hours. And since this was a major epidemic, with patients coming in from around the whole island, the town nearly ran out of intravenous fluids and even the tubing to administer them.

Eighteen year old Lina, our Grade V student who was admitted on Christmas Eve, scared us the most because her platelets dropped to 50,000 (normal is 150,000 to 250,000) and we were very worried she would hemorrhage. Patients with higher platelets had already died from bleeding. But Lina's fever stopped and gradually her platelets went back up. We are grateful that all of our "family" of patients are well recovered.

While all of this was going on, two of our teachers and all nine of our deaf students made a trip to Cebu to attend a special celebration for deaf young people from all over the Southern Philippines. This trip was made extra special for them because all of our deaf young students made their First Communications thanks to the assistance of a priest there who can communicate in sign. They had been looking forward to this for a long time. And another charitable organization had sent two deaf volunteer catechists to Mapa for two months to prepare them.

* * *

Cleft lip and palate cases continue to be our most common problem here on Camiguin. As of November, we had twenty-seven kids waiting for surgery. But we are now up to thirty-two. Diane thought we would finally finish the case of four year old Dennis when she gave his mother carfare to go to Cagayan for his work-up for palate repair. When he didn't meet our nurse in Cagayan, Diane went to his house to find out why. His mother urged her up the stairs to take a look. She had given birth two days before the scheduled trip to Cagayan. And the tiny baby boy also has a cleft lip. Unlike Dennis, his palate is normal and so he has no problem breast feeding and should grow well. And we hope Dennis will go with his father for the surgery in a couple of weeks.

* * *

Our household has been saddened by the fact that Marites, who has worked for us as a housemaid for almost three years, developed bleeding gums, bruising and anemia and was diagnosed with leukemia. The treatment is extremely expensive and with no hope of a cure. So she had to stop work. We all miss her.

While Marites was seeing doctors in Cagayan, our one other helper “eloped” with her boyfriend. So Tom and Diane were once again busy keeping the home fires burning. Tom became expert at enticing two and a half year old John to finish his meals. But unlike in the old days when Daddy used to say, “Sit down in your chair properly if you want to eat”, John received spoonfuls of food while standing on the chair, or standing on the floor with the spoon coming through the bars of the chair back, or even after a quick run around the room. Tom says “I think I have finally become a Grandpa”.

SUMMER, 1999

We had our school’s fourth graduation ceremony and five students, including our own youngest son, Edmund, graduated. Domingo gave the graduation address to the gathering of parents and students. He related how he had stopped going to elementary school to help his family when his father became ill and how he had enrolled in our school to continue his schooling and finally graduate at the age of sixteen. His mother and aunt wiped tears from their eyes as did some of the rest of us.

The school had a busy summer session with fifty-two new students learning how to cook, do their laundry and other cleaning chores and work on the farm. Some twenty old students were on hand to help the newcomers learn the ropes.

When classes started on June 7, more newcomers appeared in a steady stream. The financial crisis, which is mainly seen here in terms of rising prices for food and transportation, seems to be taking its toll. More and more parents can’t afford the fees and school supplies to send their children to school. We even have some students whose family only eats one meal a day.

And we are seeing some old students who had stopped and have now decided to come back. Juni, now twenty-one, had stopped two years ago partly because he had missed a number of classes while having check-ups for his eyes, which had been operated on for cataracts. When he came back the first week of school this year, he was also having trouble with one eye. We sent him for a check-up and the doctor found his intraocular lens implant had slipped out of place. So he had more surgery and we hope he will soon be back in class.

* * *

June also brings the start of another year of providing school supplies to students in nine public elementary schools. Though they come from very indigent families, a large number of our sponsees end up honor students.

Just before classes started, a mother brought two of her children asking that they be sponsored. But Diane noticed that ten year old Joana and eight year old Nicolas were both squinting their eyes almost shut. On checking their eyes with a flashlight, she found they both have bilateral cataracts, and although they have some vision, it isn't enough for them to be able to see giant letters or even fingers a few inches from their faces. Their mother seemed unaware that their vision was poor. When asked why Joana had never been enrolled in school, she said she has a speech problem. A look inside her mouth revealed a large cleft palate. Diane explained that they need surgery on their eyes before we can think of them going to school. We plan to send them to Cagayan for the eye surgery and then help Joana get her palate repaired.

AUTUMN, 1999

The long drought is over and, though the water supply in the barrio where our school is located is not back up to full strength, our students no longer have to spend most of their free time fetching water. So we have begun plowing and replanting vegetables on the school farm. The students learn and help in all aspects of the process from preparing the soil and starting seedlings, to weeding and watering.

Our present enrollment is about one hundred and twenty, but we still have a few dropping out and others dropping in. Nineteen year old Rex, who is severely deaf, had not come back in June as he was working as a day laborer and enjoying having his own money to spend. But then he came back to us in August. There is a strong pull away from school for the boys big enough to climb coconut trees or mango trees at harvest times. But the work is very seasonal and then they can go weeks or months with no jobs. We are glad Rex came back to get more schooling.

Teofanie is about fifteen. (Her birth records were lost due to a fire in the record office of her birthplace). She was recruited by one of our teachers from a mountain barrio on the mainland. She had only attended Grade I in her home barrio. Our teachers noticed she had some trouble seeing. When Diane examined her, she found she had bilateral congenital cataracts. Little wonder she hadn't continued in school. We have sent her to Cagayan, where the cataract of one eye was removed and an intraocular lens inserted, under a local anesthetic. In a few weeks, she will have the same operation on her other eye. Then we hope she will come back to school.

One day Diane was called to the phone and after the call, she was full of smiles. The hospital in Mambajao had informed her that a boy with multiple fractures had been brought in. and that same day the newly assigned orthopedic surgeon had started work. She was told he could perform the needed surgery after a period of traction. We were delighted not to have to transport ten year old John Rey to Cagayan via a bumpy ambulance ride to the pier and a boat trip to Cagayan, perhaps to wait several days to get a bed in the hospital. His right upper

arm and collar bone and left femur all had fractures. He had surgery on the leg with insertion of a nail and a cast was put on his arm.

Three-year old Lorena was born with a growth attached to her lower back which was almost the size of her head. She is the thirteenth of eighteen children and her family only moved to Camiguin about a year ago. We were very happy that the pediatric surgeon came to Camiguin and removed the tumor here. After the surgery, Lorena no longer hid and cried when Diane came near her. She is a totally changed child, out-going and talkative. She even teasingly followed Diane out from the hospital one day telling her mother she would go with Diane. For the first time in her life, she could wear panties and shorts. Unfortunately, the tumor had degenerated and become malignant, which we all knew was a good possibility. We are now trying to arrange for her to have cobalt therapy in Cebu City. Whatever happens, Lorena will at least have been able to live, dress and play like a normal little girl for a part of her life.

Gellan and two of his brothers had been members of our feeding program in Cagayan de Oro, in the early 1980's, when they were pre-schoolers. Later, he was having trouble seeing in school as were the two brothers. We helped them all get eye glasses for their very severe near-sightedness. As the years passed, new glasses or new frames were provided. Then when he graduated from high school, Gellan asked for help to go to electronics training. Last March, he finished a two-year electronics course and we hoped he would soon have a job and be self-supporting. But in early July, after weight loss and a cough for a couple of weeks, he was diagnosed with Pulmonary Tuberculosis. He received free medications, but a few weeks later he developed internal bleeding and collapsed. He died in the hospital just hours after admission at the age of twenty-two. Tuberculosis is rampant in this country, but we usually think of it more as a disease of middle-aged and elderly. It is a shock to see a young man just ready to start his life cut down by it.

* * *

Our two foster children are still waiting for their cases to be resolved. Junisa, now eight years old, goes to kinder class in the morning. She is still quite delayed in language, socializing and skills such as writing. And since our helper always stays at the school with her, we decided to let John, who is now almost three, go as well. We weren't so sure how he would like it, but he was absolutely thrilled. Every morning, he runs to grab his bag and his juice and runs around the room to kiss everyone goodbye, even the kitten. He is very active and talkative in the classroom, but the teacher hasn't complained so far.

John has learned parts of a number of songs at school and Junisa is finally starting to sing a bit for the first time. It is rather special to hear this little guy waken in the morning and begin to sing "Twinkle, twinkle little star..."

WINTER, 1999

The classes at Mapa are going well with ninety students at present. And the farm is producing again. We have harvested squash, a zucchini-type gourd, spinach and will soon have sweet potatoes. Our mango trees have also given us lots of fruit.

Ten of our deaf students and our three sign language teachers all went to the regional gathering of about three hundred and fifty deaf, which was held on the island of Bohol. They had a very enjoyable time meeting some old friends and making new ones. It is quite an experience for these young people to get to meet and communicate with so many others who are deaf. It gives them more of a sense of the value of learning sign language and also enables them to realize that they are not alone in their disability. There were a number of sports events and our students came back with four trophies. Champion in singles table tennis, and champion in double table tennis were both won by fifteen year old Ian Rey. And Miraflor won the championship in track and field. And the whole group won an award for "Most Behaved Group".

* * *

Little Lorena, whom we mentioned in our last newsletter, is thriving after the removal of the huge congenital tumor on her lower spine. The pathology report was reviewed and we were happy to give her mother the good news that the tumor was not malignant after all.

Another common problem we see is congenital cataracts. Sometimes the cataracts are quite obvious at birth and the parents come seeking help right away. But other cataracts aren't so dense and the visual problem isn't noticed until the child is older. We have been quite surprised to see several school age children who had never been diagnosed. The parents bring them thinking they might need glasses since they squint and have trouble seeing in school. So far nine year old Rocky and six year old Ivan have each had one eye done and will have their other eyes done soon.

But there are some parents who refuse the idea of surgery for cataracts. Such was the case of William, Lilian and Loida. When Diane first saw William and Loida in 1986, she arranged for their surgery twice and each time their mother backed out at the last minute. When their younger sister, Lilian, was born with congenital cataracts two years later, we tried again to convince the mother of the need for surgery. But she refused, claiming her husband was afraid.

Then last February, the three siblings came on their own to our school asking if they could enroll. Diane explained that we couldn't teach them unless they first had the cataracts removed because they couldn't see even the largest letters and we had no teacher for Braille. The three of them were willing to have the surgery and went home to convince their mother. She agreed and we set up an appointment for twenty seven year old William to go first. But once again the mother backed out at the last minute, saying William refused.

William phoned us two months later and said it was his mother who was afraid and that he had a cousin who would go with him, so we made the arrangements. His mother went with him after all seeing he was determined. Unfortunately, the surgery came too late for William. His retina had not received enough light to develop normally. And his other eye was beyond hope. But, somehow the mother was no longer afraid and so she agreed for eleven year old Lilian to have the surgery, claiming that thirteen year old Loida was afraid. Both of Lilian's eyes were done at the same time and we were delighted that she could see. Then one morning, our helper came and nearly brought tears to Diane's eyes when she told us that William's mother was here and wanted to know when Loida could go to Cagayan for surgery. Just as we had hoped, once Loida realized that Lilian could really see, she wanted the same chance. Her surgery will be in a few days and the doctor is confident she will also have much improved vision.

* * *

We are very happy that, after more than a year, Junisa's visa approval for Australia finally came through. On September 17, 1999, Diane brought her up to Manila to meet her new parents and ten year old brother. They are a very special family. Junisa came to us severely malnourished at almost four years of age and spent over four years with us, so we do indeed miss her. But, we are grateful that she will get the special schooling she needs and attention for her congenital hip.

Three-year old John has asked almost daily about where Junisa is, and can now supply the answer himself, "Stralia...Mommy, Daddy". But still seems puzzled. Hopefully, her departure will serve as a preparation for him and his eventual placement.

SPRING, 2000

Diane first saw Elmer when he was a couple of weeks old. He had congenital cataracts. We sent him to the eye specialist in Cagayan who advised he should come back when one year old for surgery. But when Diane went back a year later, his young mother had a second child. So we delayed for another year. This time Elmer got sick when he went to Cagayan, so the surgery was postponed. The parents never came back and we realized they had reservations about the surgery. We asked the social worker to try to convince them, but still they weren't ready. Finally, Diane made one last visit to their home to see how Elmer, now four years old, was doing. Though blind, Elmer had learned how to move through their home without bumping into things. But as Diane sat talking to the family, she noticed that Elmer didn't seem to hear. The parents and grandparents, with whom they live, confirmed that Elmer doesn't hear and has no speech. And from the description, it seems that his mother had rubella early in her pregnancy. Diane urged them to consider the surgery, so that Elmer can at least see. Then he can eventually learn sign language. The parents agreed at once. Elmer had his cataracts removed and intraocular lenses implanted and he now sees. However,

we think he may also have mild cerebral palsey. We hope he will eventually attend our sign language classes at Mapa.

* * *

After numerous delays, the grandparents of our foster child John were located and they were very interested in taking John to live with them. They are already raising another eight year old grandchild, Kenny. We got their pictures to prepare John and then they and Kenny came for a two-day visit. When they arrived, John recognized them from their pictures and went right up and hugged Kenny. They are a warm, caring couple and John warmed up to them easily. Then we all made the four and a half hour trip to their mountain home on the mainland and turned John over to his delighted family on February 20, 2000. John came to us at six weeks and has grown into a sturdy, bright, talkative three and a half year old. As always, the house seems very silent without him.

SUMMER, 2000

While we were away, one of our staff was on hand to give out the monthly supply of powdered milk to six children with cleft lip and palate and several others with special problems. None of these children could be breastfed and their indigent families can seldom afford to buy enough milk. As a result, the babies are given dilute milk or rice water and end up too malnourished to have surgery. The parents of two newborns with clefts also came for the first time requesting the large droppers we supply for feeding.

Our assistance to handicapped children does not involve just surgery and aids like braces and crutches. We also provide educational assistance for some selected young people, mainly those with mobility problems. This year we are helping thirteen such students in high school and college or vocational training. One of these is twenty-four year old Michelle. Actually we first helped her when we sponsored her in elementary school sixteen years ago. Another organization helped her through high school, but we saw her from time to tome when she needed a new crutch. Michelle had polio as a small child and one leg is short and non-functiona, but she manages very well on one crutch. After high school, she took a vocational course in tailoring. Then she decided she would like to pursue a college degree in education so she could teach tailoring to high school students. But her studies were interrupted when her widowed mother died and the people she was working for as a part time maid could no longer afford a maid. So we helped her back to school last October and she is now in her third year of college. She is an out-going young woman despite her handicap and we think she will make a very vivacious teacher.

* * *

Just two weeks before the end of the school year, ten year old Ryan came with his father for a visit to our school. He is deaf, but also has a cataract in one eye and his father told us he had a heart problem. An ultrasound showed he has a congenital hole between the ventricles of his heart. And after questioning his father, it sounds like his mother had rubella

while pregnant with Ryan. Rubella during the first three months of pregnancy is well known as a cause of cataracts, deafness and heart defects and there is a vaccine to prevent it. But unfortunately, this vaccine is not a part of the national immunization program here. Ryan seemed to like our school and so he stayed till our closing program. During the program his eyes were glued on the teacher who was interpreting the program in sign and he was eagerly signing along with her. It was amazing to see how much he had learned in only two weeks.

About twenty-five new students attended our summer camp along with about thirty old students who helped them adjust to living at the school. And our teachers evaluated these new students to see what grade they should be placed in at the start of the year. But during this first week of class we actually have over fifty new students and more trickle in every day. So the present population is over one hundred and thirty with seventeen deaf and still counting. We are delighted to be able to help so many young people.

For our graduation last March, we invited a friend who is the chief doctor at the hospital to be the guest speaker. The last part of the program is always the singing of our school song "Welcome to the Family". This song is rather touching and seems to fit what our school is all about. And between the song and looking at the four youngsters who were graduating after many years with us and little Ryan trying his best to sign the song, both Tom and Diane had eyes glistening with tears. As the song ended and Diane started forward to congratulate the graduates, our doctor friend asked, "Is it always like this?" and when Diane asked him what he meant, he said, "Do you cry every time?" Diane simply said, "I guess so". We may have very few graduates, but they have all clawed their way through so much hardship to get there that it is always a very special day.

FALL, 2000

We recently had another group of ten children with cleft lip and palate operated on here. The preparations for these children start several weeks in advance when we visit them at home or send messages to have them come to the hospital for initial work up. The check-ups determine if they are anemic and have parasites or a urinary tract or respiratory infection. If any of these tests come up positive, treatment is started and they come back again the next week.

In this last group, almost all of them had worms, two had previously begun treatment for anemia, two had urinary tract infections, one had a respiratory infection, one had abscessed teeth and one had ameba, despite having no symptoms. For the cleft palate cases we also get a unit of blood from one of the parents, so a sample can be sent to Cagayan de Oro for screening for HIV, Syphilis, Hepatitis B and malaria. Then the blood is on hand if needed during or after surgery. Finally, when all is well, the big day comes for them to be admitted. And then we all pray that the specialist who eagerly volunteers to come from Cagayan de Oro City will be able to make it across our sometimes turbulent sea and won't get delayed by some emergency at her hospital. It always feels like a great accomplishment to get a group of kids through this surgery.

We have lately had an almost continuous flow of fracture cases. And most of them have needed surgical reduction and stainless implants or pins. They seem to fall out of every kind of tree and Tom says we should organize tree-climbing classes. Some go straight to the hospital and end up being referred to us by the doctors or nurses when they see the family can't afford the treatment. Some come to our house first, to see if we can help because they literally haven't enough cash for the x-ray film, which usually has to be bought at a store outside the hospital. And some Diane finds when going around the island to visit patients. Anytime she sees a child with leaves tied around an arm with a piece of rag, she can be pretty sure that child has a fracture.

On a recent trip, when she was about half way around the island, she stopped for lunch at the public market in Catarman. One of the women selling fruits told her about a child who had fallen from a banana tree a week earlier and injured both arms. So she drove up a mountain some three kilometers on a terrible road to find ten year old Roselan. On reaching his house, his mother said he had gone out with his father. Diane left carfare and instructions to meet her at the hospital in Mambajao the next morning. On the way down, she met him out playing with friends and he had a small rag tied to each wrist. X-rays the next day showed fractures of both arms so he had to have surgery with pins to realign the bones.

We have helped several burn cases, but fourteen year old Anreo was the worst, with electrical burns to his hands, feet, one arm and his chest. He had been holding a TV antenna wire outside a neighbor's house while someone was placing the antenna on the roof. No one seems to know quite what happened but he ended up with second and third degree burns on about twenty percent of his body. Relatives came to our house that evening because there was no stock of the burn ointment he needed at the drug stores and the doctor knew we usually keep some in supply. When Diane saw him the next morning, he was in a lot of pain but the worst pain was because of a ring on the middle finger of his badly burned hand. The ring couldn't be slid off and the finger was quite swollen. Everyone said he should just wait

for the arrival of the orthopedic surgeon, but Diane feared the doctor might not even make it back to Camiguin that day, and the circulation was impaired. So she went to our driver's house and got a wire cutter tool and brought it to the hospital. Then while she steadied his finger, an orderly used the wire cutter to cut open the ring and remove it, much to the relief of Anreo. His burns are healing, but we expect him to need some skin grafts later on.

Diane first saw Gemalyn when visiting another patient in a mountain barrio. Her mother said she had episodes of breath-holding and turning blue. She had been hospitalized a couple of months earlier for pneumonia, but apparently no one noticed that she had these episodes and a very hoarse cry. She also had an enlarged tongue and was the size of a three or four month old at nine months. Her eyes didn't follow a light and she couldn't do anything such as lift her head or grasp a finger. Diane knew this was something serious and had her checked at the hospital, suspecting she had a congenital thyroid deficiency. A blood exam revealed very low thyroid function and medication was started. Diane encouraged the mother, explaining that her child would soon be smiling at her and begin to develop. In two months time, Gemalyn almost doubled in size and had learned to roll over and grasp things. And best of all, she would eagerly search out a friendly voice with her eyes and reward the speaker with big smiles. Another nine month old with almost identical symptoms was brought to our house while this letter was being typed.

WINTER, 2000

It seems our handicapped cases are reaching the second generation. Thirty year old Juliet walks with crutches, due to polio damage to her back and leg. She spent a couple of years at our Mapa school, but dropped out of our Grade IV, intending to go to the mainland to live with relatives and continue school there. But that plan fell through. Then she and a young man in her neighborhood started a family. They plan to marry, but he is off in Cagayan with a job at present. His parents agreed to help the young couple out and Juliet has been living with them. Everyone was concerned about her giving birth because of her severely twisted spine and small pelvis. After an ultrasound, the doctor decided she would need a Caesarian section. The baby, Nuben John, was only four and a half pounds at birth and unfortunately has a club foot. The good news is that the doctor has already started plaster casting, which gets changed weekly. We hope this will correct his foot without the need of surgery.

Anreo, the boy with severe electric burns whom we mentioned in our last newsletter, had skin grafts done and now the burn is healed. But he has contractures of the fingers and wrist and so he has been advised to have physical therapy, which is available at the hospital in Mambajao. But he didn't show up for the therapy, and when Diane visited, she found his wrist getting worse. She again urged his mother to bring him for therapy before the contractures get so bad that he needs more surgery.

Twenty-two year old Florencio came to us a year and a half ago, a virtual skeleton with a hump in his upper back which we knew immediately was Tuberculosis of the spine. We sent him to Cagayan and found out he also had cavitary pulmonary TB with a collapsed lung. He was started on four anti-TB drugs and a special brace for his back was made. After a couple of months, he began to gain weight and could walk short distances. Now, after sixteen months of treatment, he is cured, although his back will always have the hump and he can never do heavy lifting. We have offered him the possibility of getting some kind of vocational training.

* * *

This year marks twenty-five years since we came to the Philippines and started our work to assist children. And during the past year, we have been honored to receive several awards. The first was a Plaque of Appreciation given to us by the Camiguin General Hospital for our assistance to the hospital and the numerous indigent children needing treatment there for birth defects or injuries. The second was a Special Award and Plaque of Recognition given to us by the Municipality of Mambajao and presented to us by our town mayor during ceremonies at the time of the town fiesta. And the last was a Certificate of Recognition for five years of service with our partner agency, Stichting Liliane Fonds of Holland, which has funded most of our assistance to handicapped children over the last five years.

We are grateful to have been recognized in this way and hope to continue to work together with all of these people to help children in need. But our greatest joys continue to be the transformations we see in the children themselves. The bright smile of eleven year old Merlyn after her cleft lip surgery gave her a normal face. The eagerly searching eyes and rapidly moving hands of profoundly deaf seven year old Fricehla as she learns to communicate in sign language. Or the pride and self-confidence of twenty-three year old Jocelyn, who despite needing long leg braces and crutches, will be graduating from high school this year. These faces and smiles make our day, day after day.

SPRING, 2001

We have had the part time assistance of a U.S. Peace Corps volunteer, Jonathan, in tutoring some of our slower students in English. And he has also initiated a project of painting the outside cement walls of our bathhouse buildings and warehouse. But this isn't your ordinary paint job. He has showed the students how to paint maps onto the walls. They started with a map of the world and added national flags down the side. Next, came a map of the Philippines. And a map of our island of Camiguin is now in the making. The teachers and students have plans for more paintings. In the process, we have turned up some real painting talent among our students, both deaf and hearing. And everyone enjoys looking at the finished products.

We recently had a two day training in first aid and CPR, (cardio-pulmonary resuscitation), for all of our deaf and hearing students in grades four through six. We were thankful to have this training given by personnel from the Red Cross who came up to the school. The students found this quite interesting and since most of them are young adults, we hope this will help prepare them for life.

* * *

In December, in coordination with several other groups, we were happy to assist nine kids with cleft lip and palate to have surgery. They ranged in age from three and a half months to seven years. It was a nice Christmas gift for them and their parents. We still have another seventeen who are the right age for surgery and hope to get them done soon. And that will leave less than ten who aren't old enough for surgery yet.

During the year 2000, we were able to provide assistance to one hundred seventy handicapped children. Over seventy were orthopedic cases. Twenty-six had surgery for cleft lip or palate. Sixteen had eye problems. The assistance ranged from a simple eye check up and glasses costing thirty dollars to major, corrective orthopedic surgery with stainless steel implants with the implants costing a couple of hundred dollars and the other expenses for medicines and supplies averaging around one hundred and fifty dollars per patient. Surgery for the cleft cases costs around one hundred dollars, which includes extra milk and vitamins.

Although these amounts don't seem like much in the Western world, for people here, who make about three dollars a day, assuming they have a salaried job (on Camiguin, most folks are subsistence farmers and fishermen), such amounts are beyond the reach of the families whose children we aid.

* * *

“It was the best of times, it was the worst of times.” This could describe some of the events of the past months here in the Philippines. And now the people, once again, try to remake their country.

This is a school year during which we have the highest number of students we have ever had in our free elementary level boarding school for young people who had stopped going to public school. It is also a year in which we have begun to see why some of these young people drop out of both elementary and high school. Week after week, we are visited by students or their parents, some of them close to tears, who tell us that they can't afford the school fees. But, as a matter of fact, there are no "fees" for pupils in public elementary and high schools. There are "donations" requested for scouting, Red Cross, PTA and various improvement projects. But over the years, the parents have been made to believe that these are mandatory fees, not voluntary donations. And we have heard of cases in which children were refused enrollment because the "fees" weren't paid or were not given their report cards or transfer forms (and therefore could not go on to the next grade) or threatened with not being able to take exams or being given a failing grade. Though the programs and improvements these funds are collected for may be legitimate and even praiseworthy, the fact that the funds are sometimes coerced from the students and parents is not. It is a well-documented fact that the economic progress of a country, its population growth, and even the child survival rate are closely related to the educational level of its citizens. The Philippines needs to educate all of its children and not leave any of them behind. We hope that this can come to be a priority of the new government here.

SUMMER, 2001

We had five students graduating at our closing program at the end of March. Three of them were hearing students and for the first time we had two deaf graduates, Miraflor and Mary Ann. Miraflor signed a speech to the audience explaining about her early experiences at our school and gave words of encouragement to the other deaf students that she and Mary Ann are leaving behind. Both girls are eager to continue their schooling and we are assisting them to attend high school at a public school in Tagbilaran on the island of Bohol. Though it takes a day and a night to travel there, both girls have visited there before and the school has a very good program for the deaf.

The new school year at Mapa started off with over one hundred and sixty students. Many of the new students arrived on June 4 for their first visit to our school. We have had a few leave and others continue to trickle in each week. A number of them were brought by the mother of one of our old students. She regularly finds drops-outs in her mountainous barrio on the mainland and encourages them to get back in school. In fact, we gave this mother an award at the graduation for her "Outstanding Generosity" in searching out these students and leading them over to Camiguin and our school.

* * *

Early June also saw us meeting with all of the students whom we are assisting to attend high school, college or technical training. This year, we are assisting eight of our former Mapa students and thirteen handicapped students. In some cases, we simply provide

for the school uniform and supplies. Other students also need transportation money and a few of them need help with board and lodging. A couple of the students are living with us. The average cost per student is under one hundred dollars per year with about thirty dollars being spent on uniforms.

By and large these students work very hard and do quite well. But for some, family problems interfere. One boy, who has a foot deformity, stopped going to school for several weeks. One thing after another seemed to happen to his family. First his father went off with another woman, leaving his mother with an infant and four other children. Then his mother left for a while and gave the baby to someone else to care for so she could work to support the family. We and his teachers urged him to go back to class and he did. A girl we sponsor was absent frequently last year and got very low grades as a result. Her parents were battling and sometimes she went to the mainland to get away from the fighting. We are hoping she can do better this year.

Verky is one of our new sponsorees this year. She had stopped schooling after her first year of high school and was sent off to Manila to work as a housemaid at age thirteen because her parents couldn't afford to help her continue high school. While working there, her employer noticed a hump at her shoulder blade and had her examined by an orthopedic specialist. She was told she had scoliosis, a lateral curvature of the spine, and that she needed surgery. When she came to our house, both she and her mother were in tears. She didn't want to have surgery and wanted to know if something else could be done. We had her seen by two specialists and both agreed she needed surgery since the curvature was very severe. Finally, Verky and her mom were convinced. She had the surgery with placement of metal rods at both sides of her spine. She made a very speedy recovery and came home four inches taller! She is now delighted to be back in high school.

Sad to say we haven't been able to get any of our more than twenty cleft lip and palate cases operated on since last December, 2000. We actually had a specialist who could do lip and palate repairs at our Mambajao hospital from January till mid-June, but we were never able to get an anesthesiologist to come over from Cagayan. At one point, we had one scheduled to come over, but he backed out at the last minute when he found out the hospital didn't have a pulse oximeter. We are happy to say we have friends who have obtained two pulse oximeters and will be bringing them over to us next month. Then all we need to do is get a surgeon and an anesthesiologist here at the same time.

FALL, 2001

The school is quite busy with the largest number of students ever. Many of them are from various towns along the coast of Mindanao. Because of the distance, they go home only once a month. This means we have quite a crowd most weekends and the food bill has gone up considerably. Even some of the students from Camiguin prefer to stay at the school on weekends. Often this is because there just isn't that much food at home.

We have several new deaf students, including a set of twins. Actually, Maricris started sign language classes at our school last year. When she and her brother Joseph were born, her grandmother took her to raise her, so as to help out her parents who live far off in Davao. After the grandmother saw how Maricris enjoys our school, she asked if we would accept Joseph as well. We agreed as long as he could go home to her at vacation times rather than all the way back to Davao. We gave the grandma carfare and she went on the eight hour bus trip to Davao and brought Joseph to us.

Our school nurse saw that Joseph was very pale, so she brought him to the hospital for a check up. His hemoglobin was very low at 6.7. And our guess that he had hookworm was correct. After de-worming and an iron supplement, the hemoglobin is up to normal and he looks much better. At the same time that he was making visits to the hospital, Maricris was too because she had broken her arm.

This year we have hired a former deaf student as a teacher's assistant. She had completed high school before starting our sign language classes. After three years of learning sign, she went to Cebu and did a two year college program in commercial arts. Since she is fluent in sign language, she is now helping the new students get started learning sign in the kindergarten class. She is also helping some of our newer staff to improve their signing ability.

* * *

We have had a number of eye trauma cases recently. This is always an emergency situation. Even though we have an eye specialist here on the island, these cases often need immediate surgery and, until very recently, we had no anesthesiologist at our hospital here. So we scramble to get them over to Cagayan de Oro immediately. Some recover completely or just have a small corneal scar that doesn't affect their vision. But others lose sight in the damaged eye. If not treated promptly, the trauma can lead to an infection, which can cross over to the other eye and leave the child totally blind. Fortunately, this hasn't happened with any of the children we have assisted.

We were told about Claire by the staff at the rural health unit on the other side of the island. Claire was born with bilateral club feet. Initially, the mother brought Claire to the hospital in Mambajao for several castings of her feet. Then the mother stopped coming because she had no more money for the transportation, let alone the casting materials. She is a single mother and lives with her grandmother.

When Diane saw the child for the first time, Claire was already seventeen months old and standing awkwardly on her bent feet. We gave the mother the carfare to go back for a

check up and told her we would provide whatever help was needed to get Claire's feet fixed. As Diane had suspected, the feet were now too rigid to improve with serial casting, so surgery was scheduled in Cagayan de Oro City. Our doctor got several of his colleagues to help so that surgery could be done on both feet at the same time. Claire still has wires and casts to maintain the feet in proper position while they heal. But soon she should be able to walk like any other little girl.

Diane first saw Katherine in 1986 when Katherine was four months old. She was born with multiple joint anomalies. Her hips and knees were very stiff and she had club hands and club feet. We sent her for evaluation and the doctor advised surgery on her feet. But we just couldn't motivate the parents to follow through on appointments, and after seven years, we gave up.

Then last January, Katherine and her mother came to see about an eye exam because of vision problems. Katherine had dropped out of elementary school because she needed someone to walk along with her to steady her and her mother was tired of this chore. When Diane told them the surgery could now be done here in Mambajao, fourteen year old Katherine was very eager. So surgery was done on one foot in February and the other foot in June. She is still coming for dressing changes. We hope that she will soon be able to walk well enough to go the two blocks to school.

WINTER, 2001

Typhoon Lingling came without much warning and didn't seem like anything more than ordinary rainy season rain at our home. We had no wind, but did notice that a nearby creek sounded louder than usual. By dawn, our house was fine, but we saw that our usual rocky beach was now covered in sand, the creek was nearly over the bridge at the highway and it had divided into several branches. Creeks on the road to town were flooded and spilling over the highway in many places. And the water had brought down large amounts of sand, which covered the land and the road and filled some homes.

Tom and our driver headed up to the school with the usual load of rice and other food and found a deep ravine where the road had washed out. When they hiked on up they found everyone at the school was fine. But they heard the tragic news that houses down the slope from our school had been washed away by a flash flood and some people were missing. Some families had gone up to our school during the night to seek refuge when they saw the water rising. One man awoke to find water coming in the door of his house. He went out a window and climbed up a coconut tree to save himself. There were similar flash floods on various creeks all around the island.

Later in the day we heard about Hubangon. There are two creeks, one on each side of the barrio, and a flash flood came raging down from the mountain and swept away almost everything in its path – houses, people, cows, pigs and even coconut trees. The most recent tally for the entire island shows 148 were killed, seventy-seven are missing and 146 were injured. Most of the missing and dead were from Hubangon. Over 7,000 families with 43,000 members were affected – more than half the population of the island. It is the worst tragedy for Camiguin since the volcanic eruption fifty years ago.

We wanted to see what help might be needed at the hospital, but waited until the next day since only heavy trucks could go through the torrents of water crossing the highway. When Diane and our social worker, Vivian, did get to the hospital, they found there were three school age children who had no relatives with them. They were all so scraped and bruised that they could barely move around. And understandably, they were dazed.

Twelve year old Benjamin didn't know where any of his immediate family was. And when his cousin arrived and told him his grandparents were missing too, the tears rolled silently down his cheeks. Later, his father was located, but his mother and six out of seven siblings were all lost. Cherry, only ten years old, lost both her parents and all four of her brothers and sisters, but her grandmother came to look after her a few days later. Eleven year old Annaluz had a fractured shoulder, which had been casted. The doctor said she could go home, but we told him her home was gone. Her mother and father were both admitted to the hospital several days later. Fifteen year old Lermie also lost her parents and six siblings. She was not fully conscious and had a badly bruised face and fractured elbow. An uncle and other relatives were looking after her.

We knew that medical supplies were on the way, but these children and all of the other injured needed medicines right away. So we spent several very busy days buying whatever medicines the hospital lacked for all of the disaster victims and providing extra food. We also got the patients straw mats and blankets as the hospital was short on bedding. And then we realized that some of the patients had only the clothes they were wearing. So we gave each a couple of changes of clothes. Bundles of clothing arrived later on through the government to be distributed to all of the disaster victims. We also gave out several batches of medical supplies to the provincial health office and to the center housing the victims from Hubangon. A team of doctors and Red Cross personnel went to two barrios, which were cut off, to attend to victims and we provided them with some medicines and cases of canned food.

The patients are all on the mend and many have been discharged from the hospital. Though many of the victims are now housed with relatives, there is still the question of where and how they will rebuild their houses. The major area that was washed away may not be a safe place to rebuild and no one would want to live there where bodies may still be buried. And besides their houses, they lost everything else: cash, tools, cooking pots.

Many others whose houses are intact are in the dire situation that their land is full of sand and their crops buried or washed away. They will need seeds to replant and help to

survive until the next harvest. We hope that the government can somehow help them get a new start.

SPRING, 2002

Our teachers noticed that nine-year old Jovil was having trouble writing when he returned to class. He told our nurse he had fallen at home just before Christmas. An x-ray showed a fracture of the elbow, and a cast was applied. One wonders how a parent could send their child back to school with such an injury and not even send a note of explanation. But such injuries are taken as a matter of course and perhaps the parents cannot write. Anyway, Jovil's arm has mended.

* * *

The midwife in charge of handicapped programs around the island referred twenty one year old Ronel to us. He had developed a hump in his upper back followed by paralysis of his legs and had become bedridden. After some months, the health worker convinced his family to seek medical attention. The diagnosis was Tuberculosis (TB) of the bone in two of his thoracic vertebrae and abscesses near them. His liver also showed signs of possible TB infection. We wish the family hadn't waited so long, but they had no money. He was started on four TB drugs for the first two months of treatment. And he is now on just three drugs. The health department is providing most of the drugs for six months only. After that we will provide them for another twelve to eighteen months. We also provided the back brace the doctor recommended and covered his lab work, transportation expenses and milk powder to help his bones heal. Happily, he can now move his legs again and we are hopeful he will eventually walk.

* * *

For some twenty-four years, we, personally, were foster parents for the Department of Social Welfare & Development (DSWD). For almost two years, we have had no children in our care, but we decided we missed the "patter of little feet" or to be more exact the coos and smiles of babies. But rather than have this be our personal service, we decided to make it a part of Family to Family's programs. So Family To Family applied and has now been licensed by DSWD as a Child Caring and Child Placing Agency – the Family to Family Camiguin Baby Home. We have hired a licensed social worker to handle all the services to the families and babies and process the papers. All of the care will continue to be in a family atmosphere in our own home, but we will have a staff to care for the children even in our absence.

Diane picked up Elyn, our first "resident", on January 8, 2002, in a small town on the mainland where she had been born a month earlier. She was born about twelve weeks premature and her mother died almost immediately of what sounds like beriberi or high

blood pressure. Elyn is the twelfth child and her father immediately relinquished her to the town social worker to place for adoption as he knew he had no way to look after her and continue his work as a day laborer. His thirteen year old daughter has dropped out of Grade VI to look after a one year old and the other children. The social worker found a woman to look after Elyn temporarily. A few hours later this woman and a friend had to rush Elyn to the hospital in Cagayan because of breathing problems. These two women stayed at her side for a month, missing Christmas and New Year's with their families, while Elyn recovered from respiratory distress syndrome and septicemia. Without their persistent care, she might not have survived. When Diane got her from them, they cried and asked that we send them pictures later on.

Elyn was still at her birth weight of three pounds and the tiniest baby we have ever had. At first she seemed to be drinking well, but then she slowed down on her sucking and she wasn't gaining weight. Fever developed, and she was hospitalized for septicemia. It seems that since social services couldn't provide a steady supply of her medicines in the hospital in Cagayan, she hadn't really recovered completely from the infection. Diane stayed with her at the hospital for a week and brought her home on tube feeding, which she gets every three hours. Since then she has made steady progress in terms of how much she drinks and weight gain, despite a nasty bout of amebic dysentery. A neighbor has come twice a day to donate expressed breast milk for some of her feedings. She is now able to drink most of her milk from a bottle and we hope she will soon be rid of the tube. She is still quite tiny at four pounds but looks so much better with very plump cheeks and the beginning of a double chin. So we are hopeful that she will survive and soon give us some of those smiles and coos we've been missing.

SUMMER, 2002

We mentioned twenty one year old Ronel in our last newsletter. He had become bedridden due to a Tuberculosis infection in his spine. We are happy to say he has been steadily improving and can now walk again although he needs the slight support of his arm over someone's shoulder. He has obviously put on weight and looks so much better. However, his blood tests show the infection is still active in his body and he will need to take the three medications for at least another year.

We have had so many burn patients lately that there were four in the hospital at one time. The doctors usually try to put these patients in private rooms so they won't get cross infected with the respiratory and diarrhea cases. Since there were four, they put them all in

one ward by themselves. Two of the four were more minor burns, although blistered, and healed rapidly with the burn ointment and antibiotics we provided. But the other two were tragically severe.

Ten year old Krystal was admitted to the hospital a few days before Christmas. She had leaned over an open kerosene lamp, the common means of lighting their house at night for the majority of people on the island. As she leaned across the flame, her dress caught fire and by the time the fire was put out, she had second and third degree burns to most of her right upper arm and under the arm and across her chest. She spent three months in the hospital and is still having daily dressing changes two months later. She has a contracture at her shoulder and is starting to develop one at her elbow, despite stretching exercises. So she will need surgery probably with skin grafting sometime in early 2003.

Rocky John is only sixteen months old. He was sleeping peacefully at early dawn when something knocked the kerosene lamp over onto his mosquito net, set it aflame and it melted down onto him. He had burns to half of his head and his entire right arm. The burns on his head healed fairly quickly, but his arm was more serious. He has lost his thumb and most of the fingers on his hand. After two months treatment at the hospital in Mambajao, we helped the family bring him to Cagayan de Oro, as he was ready for skin grafts to cover the open area – almost his entire arm. The hospital in Mambajao has doctors who could do the skin grafting, but unfortunately, no instrument to harvest skin for grafting. Some weeks later, Rocky John is still waiting for the skin grafting at a charity hospital. There was a delay because he needed several blood transfusions and had to be treated for a respiratory infection. We hope he will soon be admitted and have the skin grafts, but this child will be disabled for life. His father feels very bad because he had gone out early to collect gravel, which is how he supports his family, and was not home when the accident happened.

Most of our other assistance has been to orthopedic cases. We have two children receiving serial casting of their legs and feet to correct clubfeet. And we have helped three teenage girls to have surgery for bilateral foot deformities. They will all soon be walking more normally, and we hope will get back to school.

* * *

Our preemie, Elyn, is now almost six months old, (adjusted age three and a half months) and quite a chubby one at ten pounds, which is triple her weight when she came to us. She was very colicky for months, but seems to be gradually outgrowing it. Despite the colic, she gives us lots of smiles. And she coos as if she is singing a song. She enjoys playing with her crib gym, but can't quite hold a rattle yet. And yes, we all enjoy playing with her.

FALL, 2002

The start of the new school year has been busy. Our enrollment went up to 158 students. A few have dropped out, but not as many as in past years.

We have fourteen deaf students in the sign language classes. Rejeboy, aged ten, and Eunice, aged seventeen, are cousins. They each have one deaf parent. They live in the same barrio on the mainland. This barrio has over twenty deaf adults and children. Several years ago, we visited and tried to interest the parents in sending their deaf children to our school to learn sign language and start their education, but the families were not willing to send their children far away from home. We also see this with deaf children right here on the island. And it is understandable. The parents realize how vulnerable their deaf children are since these children cannot call out for help or communicate if they are lost or injured. They also fear that their children will miss their families too much. Although this can be a problem, the majority of new students are so thrilled to see that there is a way for them to communicate and learn and to see that there are other children like them, that homesickness isn't much of a problem. At present, we have several deaf boys and girls who are only seven and eight years old who are thriving at the school.

Anyway, Eunice had a hearing brother who attended our school last year and, when he returned in June, his mother brought along Eunice and Rejeboy. We hope more of the young people of this barrio will be encouraged to come and enroll when they see what these two are learning.

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It seems that just as we get one child with club feet through the lengthy process of casting, braces, special shoes and sometimes surgery to correct the deformity, another one comes along. At any given time, we have three or four children under treatment. The latest is a newborn, Louie, who was actually born two months premature. He has a severe deformity and we won't be surprised if he will eventually need surgery. But, for now, the doctor is doing serial casting every couple of weeks.

A more unusual case, was that of Fatima, aged seventeen. She had partial paralysis of her hand as the result of nerve damage, which occurred when she was hit by a vehicle when she was nine years old. We had to first send her to Cebu, via overnight boat from Cagayan. There, they tested the muscle function in her forearm. With this information, the orthopedist was able to make some muscle transplants on her arm and hand. She can now open and close her fingers more effectively and has a functional hand. Fatima lives with her grandmother, who is also raising another granddaughter, Meindy, whom we have assisted through two operations on her cleft lip and cleft palate. Meindy still needs one more operation to close her anterior palate.

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Little Elyn seems to have finally outgrown her colic. She is now fourteen pounds, and about to begin solids. She sits up well and plays with rattles and stuffed animals. We recently

gave her a string of teething beads and she shook it and shook it. She couldn't understand why it didn't make noise like the rattles.

She still loves to be rocked. She seems to enjoy music and sometimes hums to herself to go to sleep. She smiles and coos and greets all she knows with big smiles. She views strangers with a wary eye, but usually warms up after a while. The six month period from the time her father signed her over for adoption is now up and we hope she will be on her way to a permanent family soon.

WINTER, 2002

We recently had a two-day training course in First Aid and CPR given at our school by the local chapter of the Philippines Red Cross. All twelve of our teachers and all the students in the upper three grades of the hearing and the deaf classes, a total of twenty-one students, received training. Everyone learned a lot. Since there is only cell phone communication from the school and they can't always get a signal up there and since the road often requires four wheel drive to get through, our staff usually have to provide the initial treatment and sometimes carry injured down to a lower road. They now feel more confident to handle such emergencies. And most of our students' families live in similarly remote and mountainous situations, so this training helps prepare them for such emergencies at home. We are grateful to the Red Cross for providing the training.

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Four month old Louie, whom we mentioned in our last newsletter, is still having a serial casting for his club feet. His first cousin, Roma, was born just two weeks after Louie and she has one club foot. So every week, the two of them report to the hospital for cast changes. We have a new orthopedist who comes to the Mambajao hospital once a month and he has taught several of the other doctors to do the casting. This saves the parents and babies from weekly trips to a hospital in Cagayan, where the kids get exposed to everything and often get sick.

In late September, we and two other charitable organizations joined hands with the department of health and a group of very generous doctors and nurses from Cagayan de Oro for a surgical mission at the hospital in Mambajao. Adult cataract patients had free surgery with intraocular lenses. And nineteen of our cleft lip and cleft palate children had surgery. Also, one boy had minor surgery on his tongue to alleviate a speech problem. It had been over a year since a group had come to Camiguin to do cleft surgery, so we were very happy to get so many children served. And we hope to make this collaboration a regular event, twice a year.

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In early November, Diane returned from a trip to the States to attend her college class' 35th reunion. And a few days later, we accepted two and a half month old Maria. She had been relinquished for adoption by her unwed mother some three weeks earlier. At that time, she was underweight, dehydrated due to diarrhea, covered with mosquito bites and very hungry. Fortunately, she was temporarily cared for by the head of the Provincial Social Welfare Office. With the loving care and attention of this social worker and her family, Maria recovered from her illness and began to thrive. She came to us healthier than almost any baby we have ever received, and just full of smiles and giggles. She has quite an appetite, but best of all, she usually sleeps through the night.

Elyn, on the other hand, still wakes for a bottle most nights. She is turning one year old and now crawls and walks around furniture. So she seems to be on target developmentally, despite having been born twelve weeks premature. She is also sitting up at the table with us for some of her meals. She has always been difficult to get to drink from her bottle, so we wondered how solid foods would be accepted. She really seems to enjoy them, even the kankong, (similar to spinach). She is a little puzzled about the new baby and likes to peer in Maria's crib. But she is happier walking around tables and chairs and playing with her blocks and other toys.

SPRING, 2003

We have had a fair number of sick students at the school. First, a number of students got the mumps and this kept making the rounds for a couple of months. Initially, we were isolating them and sending them home as soon as possible. But then we decided that the isolation was useless as they had already exposed their classmates and the students who shared their sleeping quarters. And since mumps is a rather mild disease, we figured we might just as well let everyone who is susceptible get it over with.

We also had to send one students home because he had symptoms of Hepatitis. He has since recovered and returned to class. Both Hepatitis A and Hepatitis B are fairly common here in the Philippines. Since we aren't sure which he had, we have removed him from any food handling chores.

Fourteen year old Joey is in Grade I and came to us from a mountain barrio on the mainland. He returned from the semester break complaining of a swollen and sore ankle. He said he had injured it while at home. But a few days later, the pain and swelling had moved from his ankle to his knee. And then it moved to the other ankle and still later the other knee. He also had a low grade fever. At first, we thought it might be Juvenile Rheumatoid Arthritis,

(the son of our school's farm worker had just been diagnosed with this illness). But after blood examinations at the hospital, the diagnosis was rheumatic fever and acute carditis and a heart murmur. He was admitted and treated for the carditis and then we sent him to Cagayan for an echo cardiogram. It showed some damage to one heart valve. So Joey was placed on a regimen of aspirin plus penicillin injections every three weeks. His heart function is not severely affected, but we don't know what may happen later on. He needs to be very careful to avoid infections of any kind.

Since Joey needed to start his injections during the Christmas break, we talked over the arrangements with his mother. We told her he could get the first injection at the rural health unit in their barrio. But the mother said she would rather have Joey stay with his aunt, who lives here on Camiguin, and get his injections here. She was concerned because their barrio had been caught in the crossfire of a battle between the Philippine Army and the communist New People's Army a few days earlier and one of the local residents had been killed. Joey's mother didn't want to risk that Joey might have to run for his life with his damaged heart.

* * *

For some reason, we are seeing a lot of club feet all at once. Little Louie and cousin Rona are both six months and still having regular casting of their feet. They have gone from cast changes once a week to once every two weeks. But we expect both of them will need surgery eventually.

Jose Marie was already twenty-two months old when we first saw him and his club foot is quite rigid. So he will need surgery. While visiting his home for the first time in order to inform the mother of the surgery schedule, we discovered that he has three year old sister, Ana, who can't walk or talk. The mother never mentioned the problem of his child. We will have Ana evaluated, but suspect cerebral palsey. She was born one month premature and cerebral palsey is a common complication of prematurity.

Norigen was brought to us at five months. She too has a club foot. But her case is complicated by the fact that she has deep constricting bands on both thighs and one lower leg, which cause swelling below the bands. She has similar bands on some of her fingers and toes and is missing several fingers and toes. The bands on her legs will have to be released surgically first, and then the club foot can be corrected. The surgery will have to wait until she is about a year old. We have cautioned the young, unwed mother and the grandmother to avoid mosquito bites and wounds on her legs. Any minor infection could quickly become a serious problem and end in gangrene because of the edema and reduced circulation. We are all counting the days until she can have her surgery.

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Our two little girls are thriving. Elyn, now fourteen months, loves walking around as long as someone holds onto one of her hands. And she can be induced to take a few steps

alone. The rest of the time she crawls like lightning and giggles if we chase after her. She has four meals a day, the ordinary three and then a second dinner with Tom and Diane down beside the sea. Her favorites are sweet potato and papaya. She is now seventeen and a half pounds.

Five month old Maria isn't far behind at sixteen pounds. She sits for short periods and crawls in reverse. She loves to jabber and squeal whenever she sees Elyn. Although she isn't quite up to playing with Elyn, they both seem to enjoy each other very much.

SUMMER, 2003

When the school year ended on March 28, 2003, we had five hearing graduated and one deaf graduated. Sixteen year old Ronald was the Valedictorian. In his speech, he mentioned that not only did the teachers teach him the times tables and discuss the war in Iraq, but they got up during the night to check on him when he was sick and had a fever. The teachers don't just open the minds of our students. They nurture them physically and emotionally.

We decided to do something different this year during the summer vacation. Rather than have the usual summer camp for in-coming hearing students, we decided to devote the summer to deaf education. We invited the old deaf students to come and recruited new deaf students. Most of our deaf students have no one at home with whom they can use their sign language skills and so they tend to get a bit rusty over the summer. And new students and their parents are often reluctant to commit themselves to actually enrolling for the regular school year. We also invited old staff who wished to improve their signing skills and new staff who wanted to start learning sign to attend for a sign language seminar. Twelve teachers attended, including three who are new. And we had ten old deaf students and four new ones. Three of the new students had a family member attending as well. This helped them make the adjustment to school. And Archelene, our only deaf teacher, was in charge for the whole summer program. Near the end of the summer she wrote us a note saying, "I am so happy to have this kind of experience and I thank you for believing in me. This was not easy for me, but I learned a lot."

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We had another successful joint effort with several government and non-government organizations which made it possible for eight children with cleft lip and cleft palate to have

free surgery right here in Mambajao. Our thanks go especially to the doctors, who are all in private practice, and who come to Camiguin on the weekend to donate their services.

Two young people we have assisted over many years have achieved their goals of a college degree. Both of them had polio as young children. Ricky has damaged legs, feet and hands. He came to us at nineteen, seeking medical assistance so he could walk better. But the doctor said only a fusion of both ankles would help and that would leave him unable to walk uphill. So Ricky refused the surgery and continued to walk barefooted. Instead, he started elementary school at our Mapa school. He completed the six years of elementary in four years and went on to finish high school in three years while living with us. Then he enrolled in college, majoring in Computer Science. Since he doesn't have much movement in his fingers, he typed on the keyboard by holding two pencils with the eraser end hitting the keys. Finally, at the end of March, just a few days before his thirtieth birthday, he graduated. We are very proud of his accomplishments and hope he will soon find a job.

Michelle's polio paralyzed one leg and left it shorter and smaller than her other leg. She gets around with one crutch with great ease. We sponsored her in elementary school. Another organization sponsored her for high school. Then she took a two-year vocational course in dressmaking. But she decided she really wanted to be a high school teacher in home economics. Both of her parents had died, so she was working as a housemaid in return for tuition. Then half way through college, her employer's husband died, so they could no longer afford to help her. So she came to us for help to complete her college course. She is now looking forward to a teaching job. Way back when she was in elementary school, Tom saw her on the school playground one day. She and a friend were standing side by side with Michelle's crutch in the middle and each girl holding an end of a jump rope – both girls jumping away. That day, Tom and Diane decided that if Michelle ever needed help for school they would provide it because that girl would go far. And she has.

* * *

Elyn, whom Tom often called "our pocket baby" because she was so tiny when we got her that you could almost put her in your pocket, departed for Canada on April 9, 2003. Her Filipino-Canadian adoptive parents came to Camiguin and spent a couple of days, thereby giving Elyn a chance to get to know them. At sixteen months, she was quite normal despite having been born twelve weeks premature. We miss Elyn's chatter and funny faces. Maria, now eight months, is walking around furniture and making her own brand of chatter.

For years we were easily able to hire as many nurses as we wanted and usually had some extra on staff as teachers. But other countries are again accepting Filipino nurses in large quantities and they are all scrambling to get out. Despite advertising, we no longer even receive applications. We are down to just one nurse on staff and she works at the school. We had planned to increase the number of babies we care for in our home. We have the funds to do it. But we will not proceed if we do not have a nurse. If you know of anyone who would

like to come over here for at least one year as a volunteer nurse, please have her contact us. Many thanks for whatever you can do on this.

FALL, 2003

We have been assisting nine year old Rodel since he was two months old. He was born with a tight band around his right lower leg. His mother brought him to us when his foot turned purple. Apparently, he had a wound or bite on the foot, which became infected, and because of the tight band, there was poor circulation and a severe infection developed. Not only was the foot infected beyond help, but the infection had proceeded to septicemia and meningitis. The doctors were able to save his life, but not his foot. Once he got older, we tried to help find ways for him to get around. Crutches didn't work because the meningitis left one of his arms weak. And he had trouble lifting a walker for the same reason. For a couple of years, his mother used a stroller to take him to and from nursery school. But he had outgrown that and was getting too big for his mother to carry him the half a kilometer to the Kinder class.

We sent him to Cagayan to see about an artificial leg. The doctor prescribed a leg and it was made. But when the physical therapist tried to get Rodel to practice waling, he cried and cried. He didn't even want the leg put on. We all thought he was just a bit spoiled and not cooperating. It was hard to tell because Rodel is extremely shy and has delayed development. Finally, the physical therapist noticed Rodel seemed to be in pain when he put weight on his "good" leg. So x-rays were ordered and they showed that Rodel's hip on the "good" leg has a congenital dislocation and the other hip and both knees are also not normal. We all felt bad that we had assumed Rodel just didn't want to practice walking. To fix the hip problems would require four or more operations over a period of many months. Rodel's parents didn't feel this was worth all the trauma and risk of complications. We agreed with their decision. And we were able to find a child-sized wheelchair. Rodel and his mother were delighted with this and he can now easily get back and forth to school. He can also go to church with his family.

Every year, on the feast of San Pedro, almost everyone goes to the beach to picnic, swim and go boating. Nine year old Ronnelyn lives on the tiny island about two miles off Camiguin. She and her family were out in a motorized outrigger canoe enjoying the day. In such boats the drive shaft is exposed as it runs from the engine out to the rear of the boat. Ronnelyn was bailing out water when her long hair got tangled in the drive shaft and most of her hair with the skin and some muscle were torn away. She was rushed to the hospital and emergency surgery was done to make a flap of tissue to cover her bare skull. She has been on intravenous fluids into the scalp ever since. We hope that in another few weeks she will be ready for skin grafts. Last year, we donated a manual skin grafting knife to the hospital for

burn cases, so they wouldn't have to go to Cagayan for this surgery. So the doctors and Ronnelyn's family are happy she too can have her skin grafting done here. We were very worried about her survival for the first week, but now she is quite chipper and even doing her school assignments in her hospital bed. But we only saw her smile after we told her that we would help her to get a wig.

* * *

Although we still haven't found any new nurses, we do have the temporary help of a nurse who worked for us before. She will supervise the Baby Home while we are away in the Fall. And we came across a baby who urgently needed care, so we accepted him. Rejie was seven weeks when Diane received him from his unmarried mother on June 17, 2003. He was well-nourished, weighing nine and a half pounds, because his mother had been breast feeding him. But we were concerned that he didn't smile much and couldn't hold up his head when on his tummy. So we have been giving him lots of holding and also classical music. He is making good progress and now smiles and coos for us. Tom got him sleeping through the night while Diane was on a trip to Cagayan and he is now over eleven pounds

Maria likes to give Rejie a gentle pat and her version of a kiss, which is more like a lick. She is a big girl now at twenty-two pounds and rather tall. She stands alone and is close to walking. She jabbars and waves and rocks to music. She can crawl at top speed and loves to "escape" from her playroom, giggling the whole time.

WINTER, 2003

Things are going well at the school. We have 125 students at the start of the second semester. But getting the food and supplies up to the school three times a week has been a challenge lately. With all the rain, the road is very slippery. Recently, when our driver went up the road, he found another vehicle stuck and blocking the road. When he turned around to go back down, he slid into the ditch at the side of the road and the result was a broken axel. He went on down and up another road and the students had to come down and carry the food across a creek and half a kilometer uphill to the school. Since there is no machine shop on the island, the axel had to be brought to Cagayan de Oro City for repair.

Two of our deaf students were invited to a workshop organized by a local artist, and with volunteer artists who came from Cebu. Ten year old Joseph is a bit slow in his sign language class, but it turns out that he has real talent in painting with water colors. Both students very much enjoyed the day and a half event. And we are grateful they could be included.

Our former student, Ricky, didn't start school until he was nineteen because of a disability from Polio. After he graduated from our school at Mapa, we helped him on through high school and college with a major in Computer Science. He has spent the last few months at our school, teaching the teachers the basics of computer. This will enable the teachers to begin teaching our upper grade deaf and hearing students computer on a regular basis.

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Ronalyn, whom we mentioned in our last newsletter, is almost ready for her skin grafting to replace the skin she lost off her scalp in a boating accident. If anyone knows where we might be able to order a child-sized wig, please contact us by email.

Benjoy's mother brought him to us when he was almost two weeks old. He was born with a very tight band around his right lower leg. This had caused his foot to enlarge to almost the size of his head because of the restricted return blood flow. He also has bands around some of his fingers, but less severe. And his left foot is a club foot. Because his foot was enlarging and quite cool, we knew he needed surgery urgently. We sent him off to Cagayan de Oro the same day, where our friends at the Philippine Service of Mercy helped get the child seen by a specialist and made arrangements for surgery. The organization regularly helps shepherd the patients we send to Cagayan and we are most grateful for their assistance. The doctor hoped to be able to save his foot, but won't know until he operates.

* * *

We see many cases of cerebral palsy here on Camiguin and a number of them were premature at birth. Our hospital in Mambajao has a NICU, neonatal intensive care unit, inside the delivery room area. But most of the medicine needed by the preemies has to be bought at outside pharmacies since the government hospital has a very limited supply of such drugs. And many of the parents are indigent or use up whatever available cash they have in a few days. So we thought that seeing that the preemies get all the needed medications and the special premature infant formula might possibly help prevent some of the cases of cerebral palsy, not to mention save lives.

Sine July, we have assisted fourteen preemies. Two have died. One of these two had a mother with symptoms of beriberi. Their birth weights have ranged from two and a half pounds to four and one-fourth pounds. And they ranged from two to twelve weeks premature. We seem to be seeing a fairly high incidence of prematurity and are not sure why. We hope our assistance will help these babies get the best possible start of life.

* * *

One-day old Velinda came on August 15, 2003, and spent just four days with us. Her pregnant, unwed mother had already been to the government social worker and told them she wanted to give up her baby when it was born. They referred her to us. The day she came to the house, her bag of waters was already leaking, so Diane sent her right off to the hospital. The induced labor and Velinda was born a few hours later. We took her home the next day. Since we aren't accepting more babies unless we can hire a nurse, we made arrangements to transfer her to an orphanage on Mindanao and Diane brought her to Cagayan on August 19, 2003. Even though she wasn't with us long, we missed her when she left. She is doing very well in her new home.

Maria is now fifteen months old. She began walking a couple of months ago and now runs all around the house. She dances to music and enjoys reading books with Mom Diane before bedtime. Rejie is six months and has just started crawling, sort of inch-worm style. He is a real chatter box and full of smiles for those of us he knows. Most nights, he stands on Daddy Tom's lap and hangs onto Tom's thumbs while Tom lets go backward and forward, sort of like pull-ups. We call this exercising and Rejie loves it.

SPRING, 2004

We are almost at the end of the school year. Things have been going well at the school. Despite continuing rain and a very slippery road, our truck is usually able to reach the school with the food and supplies three times a week. The rain has been good for the farm. Rainy weather often brings a lot of respiratory problems, but so far our students have been quite healthy.

We have five graduating students including seventeen year old Marites. Marites has cerebral palsy with some contractures of her arm and hand. And she walks with a limp and has a bit of a lisp. But unlike most cerebral palsy cases we see here, she has good mental ability and has done very well in class. When she first enrolled in our Grade I in 1998, she was under treatment for pulmonary tuberculosis. She had almost died when fluid had collected in the lining of her lungs. After nine months of treatment, she was cured. In the ensuing six years, she has grown into a young woman and stayed quite healthy. She has been a diligent and helpful student. We are very happy and proud of her accomplishments.

* * *

We mentioned little Benjoy in our last newsletter. He was born with a tight band around his lower leg. (We have seen several children with this type of birth defect over the years, but his was worse than most). The doctor was unable to save his foot, but Benjoy came through the surgery well. His is now undergoing treatment for his other foot which is a club foot. At first he had it casted every two weeks. Now he has a small splint. We hope this treatment will correct the foot without surgery. Eventually, we will assist him for an artificial leg.

On a recent trip around the island, Diane was happy to see that several of her children with cerebral palsey or delayed development had begun walking. Progress for these children comes very slowly. We encourage the parents to continue exercises and sensory stimulation but have to remind them that improvement won't come in a few days or weeks. On the same day, Diane also came across nine new children with disabilities ranging from spastic cerebral palsey to delayed speech and foot contractures.

Sadly, we seem to have no end in sight to accidental burn cases. Nine year old Kim was burned when a kerosene lamp ignited his clothes one morning before dawn. He has full thickness burns from his upper chest across his abdomen and down to his knees. Both arms had lesser burns. It happened two days after Christmas and he has been in the hospital here in Mambajao ever since. The family is quite indigent, so we have been providing all of his medicines, the burn ointment, meals for whichever relative stays with him and powdered milk to help get enough protein into him. His uncle or his stepfather usually stays with him. His mother has a four month old baby she is breast feeding, so she can only visit him now and then. He recently had skin grafting, but will need more grafts to cover the open area. We are worried that he will have contractures between the lower abdomen and legs. He seemed rather bored, cooped up in the room for weeks and weeks. We gave him some crayons and paper and it turns out he is quite an artist and also very good at writing.

* * *

In the course of assisting indigent families with premature babies at the hospital by providing premature infant formula and medicines, we have noticed other things that could help the two hospitals on the island better serve their pediatric patients. The Mambajao hospital didn't have enough cribs for the pediatric patients. This meant that infants and toddlers were often placed in adult beds where they might fall out. The hospital in Catarman town on the other side of the island had no pediatric cribs at all. So with the assistance of a German charity that has a hospital for indigents in Cagayan de Oro, we were able to order thirty new cribs, fifteen for each hospital. And two of our doctor friends in Cagayan de Oro donated two used incubators to help meet the needs of the premature babies. And last, but not lease, since research has shown that classical music helps in the development of babies' brains, we donated three CD players and classical music CDs for the post-partum wards at both hospitals and the neonatal intensive care unit at the Mambajao hospital.

* * *

Maria is now eighteen months old and a healthy twenty-four pounds. She loves music and books and jabbers a lot. She loves to “escape” from the playroom and see us chase her. She’s just learned how to make her little ride-on car go. She and Rejie have a good time together. Rejie just turned ten months and began walking a day later. But he still drops to crawl when he is in a hurry. He also got his first two teeth a few weeks ago. At the same time, he developed a severe case of ameba. We had a hard time getting him to drink and were afraid he might have to be hospitalized for intravenous fluids. But we were finally able to get enough into him with a dropper. Fortunately, we got a positive stool exam the first day and got him on medicine immediately. It was over a week before he was back to normal, but he is fine now. Back to his smiles and squeals. He too loves music and dances to any tune.

Both babies are matched to adoptive families and we are eagerly waiting the call to bring them to Manila for their visa medicals.

SUMMER, 2004

Since we finally have a nurse who is going to work for us for the coming school year, we are accepting babies again. Juviliene Mae was relinquished by her seventeen year old unwed mother, who had no means to care for her. We got her direct from the hospital on March 31, just a day after her birth. She was a healthy seven and a half pounds and she has continued to be a healthy baby, except for a possible lactose deficiency. She is now on a lactose free formula and doing very well. At eight weeks, she now weighs ten and three-fourth pounds and smiles and coos. She looks like a contented Budha when snoozing in her infant seat.

Twenty month old Maria’s adoptive parents and new brother came in late April and stayed for five days with us. This gave Maria ample time to get to know them and she was soon happily sitting on her new Mom and Dad’s lap and running around with her brother. They departed from Camiguin for Australia on May 2 and we hear Maria has adjusted very well to her new home. We do miss her antics and her constant chatter.

Our latest addition, Angeline, was also relinquished by her seventeen year old unmarried mother. Four months old, she had been cared for by her paternal grandparents at first. Then she had been passed on to her maternal grandmother. But this grandmother had no means to buy infant formula and had been feeding her rice porridge and milo. Angeline was slowly starving and in a very frail condition when the government social worker and Diane visited her. Her birth weight had been six pounds, and she still weighed just six pounds. She looked like a wizened old man with eyes that seemed to bore through you. After a long day

of consulting all of the family members, including the birth parents, they all decided to give her up for adoption. Diane brought her straight to the hospital for initial evaluation. The next day the blood results indicated an infection, which later turned out to be a urinary tract infection. The doctor ordered intravenous antibiotics for seven days. Rather than admit her and have her exposed to a whole array of other infections, Diane and Tom took care of her with the intravenous at home. It was a long week, with Diane watching over Angeline all night in one bedroom, while Tom took care of the night feedings of Juveliene in another bedroom. But Angeline is now over the infection and drinking lots of milk. And she has gained over a half pound in the first week. Her cheeks have filled out and she gives us lots of smiles and coos. And just the last few nights, both Angeline and Juveliene have started sleeping through the night.

Rejie, now twelve months, is very affectionate with the babies, giving them both his version of a kiss on the tops of their heads or on their toes. He also tries to pop the pacifier back into Juveliene's mouth when she loses it and starts to fuss. He enjoys joining Tom and Diane for lunch everyday down by the sea.

* * *

We recently went south to Davao City to receive an award from the Jesuit University there, the Ateneo de Davao U. It is the kind of award that we especially appreciate because it comes from someone who has known us well and for a long time. It stated simply that it was being given to Tom and Diane "for the luminous personal gift of their lives to impoverished and needy Filipino children". If there be any truth in that, it has been the long line of little ones in our home, not least of all our own seven, who have provided the power to keep the lights burning.

AUTUMN, 2004

We have one hundred and twelve students enrolled at present. We have eighteen deaf students this year ranging in age from seven to twenty-nine years. The deaf students and their teachers were invited to a workshop set up by a local artist, who regularly gathers young people for various art activities and gets the help of other artists from off the island to provide hands-on training. Our students got to paint, tie-dye shirts, cook pizza, create masks and do shadow plays. The students had a great time.

All of the students at our school also celebrated the annual Nutrition Month in July. They had a cooking contest, singing contest and a vegetable gardening contest beside each sleeping quarter. In August, came the "Buwan Ng Wika", or National Language Month. Among other things involving the national language and culture, they had a folk dancing

contest. Even the deaf students were able to participate in this contest as many of them can perceive the beat of music. In fact, the deaf students danced better than the hearing students.

* * *

This June, we greatly expanded our school sponsorship program. We are now sponsoring children in thirty-one public elementary schools, up from ten schools in the past. So the total number of children who receive school supplies every month has gone up from 300 last year to 910. The teachers, parents and students at the new schools are quite delighted that we have been able to extend our program to their schools. If all goes well, we hope to further expand the program next school year and include every school on the island.

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Six year old Rex was born with a shortened lower left leg and deformed foot. We assisted him for a modified prosthesis when he was two and a half years old and again when he was four and a half. Just before school started, his father told us the prosthetic leg was too short and Rex was walking off balance as a result. The technician, who makes the legs in Cagayan de Oro City, had lengthened the leg a couple of times. But this time he needed a whole new prosthesis. Rex puts the leg on like a boot and manages very well, even running and playing at home and at school.

Marvin, who is now twenty years old, suffered second and third degree burns on both lower legs, when a stove exploded in the bakery where he was working in Cebu City, a year and a half ago. His employer simply put him on a boat for home. We helped him through many weeks of treatment in the hospital. Finally, his burns were healed. He again left the island for work, so that he could help his widowed mother. But he returned a few months ago. The burn scars had thickened and formed keloids, which were so tight that he could not stand for more than five minutes at a time. Fortunately, our local hospital has a surgeon at present, so Marvin has had surgery twice to remove the thick scars and replace them with grafted skin. And the doctor prescribed a special ointment and pressure bandages to prevent further keloid formation. We hope that Marvin can soon be back to work.

Ronalyn, who lost her scalp in a boating accident, in June of 2003, had a number of skin grafts and daily dressings for a year. Now the scalp is entirely healed and we were happy to be able to find her a wig in California. She had been back in Grade IV, but wearing a hat all of the time. She is delighted to have the wig and be able to look normal again.

* * *

Thirteen month old Rejie's adoptive parents came from the United States in June. Diane met them in Cagayan de Oro City and brought them over to Camiguin. They spent four nights with us, so that Rejie could get to know them. He was usually shy with strangers, but we had been showing him their pictures for some weeks and so it didn't take long for him to warm up to them. The three of them flew from Camiguin to Cebu and on to Manila on June 27, 2004. We hear that Rejie is doing fine and enjoying his new family and friends. We

miss Rejie's chatter and especially the nickering sound he made every time he saw our horse in the yard.

Juviliene is now almost five months old and a healthy fifteen and a half pounds. And Angeline, who is almost eight months old, has been racing to catch up with Juviliene. Angeline came to us at four and a half months last May 13, 2004, still weighing the same as she had been at birth, six pounds. It seems that all she needed was plenty of milk formula and solid foods. Both babies enjoy their rice cereal with fresh vegetables, meat and fruit. They play on the porch most of the day with their rattles and crib gyms. Both of them roll over and Angeline can sit for brief periods. They smile and babble to each other and sometimes seem to be holding hands.

WINTER, 2004

The organization that sponsors the treatment of most of our handicapped children does not include children with fractures. But we see a number of these children and sometimes their parents can't even afford the x-ray to see if there is a fracture. We feel that a neglected fracture may end up causing a lifelong disability. So we have started assisting such children out of our general funds. Diane found such a case when she was visiting a barrio in the hills on the other side of the island. A barrio health volunteer asked Diane if we still help children who can't walk. Diane thought this would turn out to be a new cerebral palsy case. But when she got to the house of the child, she found Mariane, a very thin seven year old who had been lying on a mat on the floor for five days in great pain. During the middle of the night, a large coconut had fallen through the roof of the house and hit her leg, leaving her left thigh swollen and painful. The family had no money even to bring Mariane to the hospital. Diane arranged for the ambulance to get her and after x-rays showed a fractured femur, she was admitted and placed on traction for several weeks. Then she was put into a body cast and sent home. After six to eight weeks we hope her leg will be mended. About the time she was leaving the hospital, ten year old Rejie came in with the same fracture after a fall from a fruit tree. He too will get a body cast after several weeks of traction.

We have been seeing a few children who are difficult to diagnose because they haven't started walking even though they are one and a half to two years old, but they also are severely underweight. So we try to help them gain weight first. Sometimes the doctors prescribe appetite stimulants, but usually the problem is not a lack of appetite, but simply a lack of food. Most of these children have only been breast fed for the first few weeks of life and then, after stopping the breast feeding, the parents find they just cannot afford powdered milk. So they give a watered down milk and rice or root crops like white camote. John Louie was only thirteen pounds at two years and he could neither sit nor stand. We provided multivitamins, rice flour and ground green mungo, (this mixture provides complete protein), milk powder and edible oil. A teaspoon of the oil is added to each feeding. John Louie has

gained eight pounds and looks much better. But although he can now sit alone, he still cannot stand and seems to have very weak ankles. He may need special shoes to support his ankles.

* * *

We aren't taking in any more babies unless we can hire a nurse, but we have been able to provide counseling and make arrangements for two unwed mothers to surrender their children, a ten month old set of boy twins and a newborn baby boy. We referred all of them to our friends who run an orphanage on the mainland, where we know they will receive excellent care.

Our two little girls are growing well, both are seventeen and a half pounds. Juviliene is seven months and the quieter of the two. She has recently begun standing herself up in the crib. She still crawls on her stomach, the "commando crawl". Angeline is ten months and just started crawling on her hands and knees and sitting herself up. She is working on standing up in the crib.

Angeline had had several urinary tract infections, so we have had a whole battery of tests done on her in Camiguin, Cagayan de Oro and Cebu City. All of her plumbing seems to be in order, except for a duplicate collecting system on her left kidney, which is a fairly common, normal variation. This doesn't cause any problems. So we will just hope that she outgrows the urinary tract infections. At present, she is on a prophylactic antibiotic for several months. She is one of the happiest travelers we have ever seen, enjoying everything: the airplane, the wind on the boat, and the bumpy bus rides. Juviliene really missed Angie when she was away and was positively delighted when Angie got back. Both girls enjoy music and sway to the beat. They jabber a lot to each other and to us. They are also enjoying eating their solid foods, sitting up at the table. We aren't quite sure how our Christmas tree will fare with these two crawling around, but it will be fun to see.

SPRING, 2005

On April 3, 2005, we will celebrate thirty years of working to help children here in the Philippines. We don't expect to do anything special, just the ordinary everyday things we've been doing all along: bottle-feeding, changing and playing with the little ones in our home, visiting patients in the hospital, buying medicines, food and supplies for the baby home and the school.

We have hardly noticed the passage of time, but every now and then, we meet some of the children whom we have assisted, now grown to adulthood. Tom met a taxi driver in Cagayan de Oro, who was formerly in our feeding program when we still lived and worked there. A girl whom we assisted for surgery for congenital cataracts at age nine and who attended our Mapa school, noticed her six month old baby didn't seem to see properly and

brought her to us. It turned out that the baby also has congenital cataracts. We are waiting for the baby to get old enough to be scheduled for surgery. A girl whom we helped to have cleft lip surgery brought her daughter for help for cleft lip surgery. Another old cleft patient brought her son who has cerebral palsy. He is now regular physical therapy.

* * *

We again sent a group of children to Cagayan de Oro for a special surgical mission for cleft cases. The three older children had second stage palate surgery. Unfortunately, the two infants, John Michael and Raisen, both had respiratory infections, so their surgery was not done. When they returned home, they both ended up hospitalized here for pneumonia. These two boys have been almost constantly sick since they made their first trip to Cagayan de Oro for pre-surgery check up last October, 2004. This time, John Michael also had amebic dysentery, so he was a pretty sick little guy. He has recovered now. We hope these two boys can get their lips repaired the next time.

We have two infants having weekly cast changes for club feet. An orthopedic specialist comes to Camiguin once a month and the rest of the weekly cast changes had to be done in Cagayan. The constant traveling back and forth is quite a chore for the parents, even with us supplying the carfare. And the babies get exposed to all kinds of illnesses during their waits at the hospital in Cagayan. So we are very happy that we now have a doctor at the hospital in Mambajao who can do the cast changes between the visits of the orthopedist. Jury Mae at two months doesn't much care for the cast and has managed to kick it off several times – once just twenty-four hours after it was put on. Six month old John Mark Anthony accepts the cast better, but he too was hospitalized with pneumonia here after one of his trips to Cagayan.

* * *

This year our school population has remained very stable. Only a couple of students failed to return after the Christmas holidays. And we are going to have hardly any turnover in our teaching staff next year. We begin to get that sinking feeling that we are doing something right. If only we knew what it was. Our Graduation will be held on March 23, 2005, and we have six students graduating, two of whom are deaf.

We have stumbled across a number of school dropouts in the course of dealing with the various handicapped cases. Most of the cases are due to severe poverty, in a couple of cases because one parent had died. For several years, we have not recruited students here on Camiguin, because the dropouts seemed to find their way to us on their own. But these new dropouts and their parents didn't seem to be aware of our school. So we decided to have our teaching staff go out and contact dropouts and their parents and invite them to visit the school before the school year ends. Many times, the youngsters say they would be ashamed to go back to school because they are so much older than they should be for their grade level. But we tell them that there is no need to be ashamed because all of our students are older than they should be. They never quite believe that we have teenagers in Grade I. So we invite them to visit the school so they can see for themselves.

* * *

Juviliene will turn one year old at the end of March, 2005, and Angeline is almost fifteen months. They are really a lot like twins. Although Angeline looks smaller, she actually keeps ahead of Juviliene by about half a pound. They both enjoy eating and both love music. We play a lot of classical music for them. But we let them hear other types of music also. Juviliene loves ABBA and The Beatles and “dances” to the beat while standing hanging onto her crib rail.

SUMMER, 2005

At the end of March, several of our students were graduated from our six grade elementary school. One of them, fourteen years old, spoke at the graduation and this is part of what he said:

This is the moment . . . moment to reap the fruits of our sacrifices!

I entered here in 1999. Our eldest brother, Pheul, brought me here because our parents could not afford to send us even in a public school. We were five brothers studying in this school. My two brothers graduated here and our eldest graduated in high school last March, 2004, with the help of Family to Family, Inc. Both of our parents had no permanent job. Then, our father abandoned us. So my mother was the only one left to take care of us. She worked as a housemaid. She tried her best to send us to school, but she couldn't. Therefore, no matter how painful and sad for her that we were away from her, she still sent us here. It's because of her love and dreams for us to be educated. She sacrificed a lot for us.

When I arrived here, I was so sad because it's my first time to be away from my mother. I was always crying every night. After a few days, I became strong and made friends and then I was not lonely. I focused my mind in studying the lessons. You know, I may not be fortunate because I came from a broken family, but still I am lucky since I've been part of this school. Even though I was lonely and sad being away from my mother, I still continued my studies because I always put in heart and mind my future. I want to be a doctor someday. I want to help those needy people who could not afford to go to the hospital and buy medicine. It's the beginning of a journey towards my goals in life. Here I'm going to start.

I am thankful to the people, especially to Mr. Thomas S. Palmeri and Mrs. Diane E. Palmeri, who have unselfishly dedicated themselves to serve indigent children like me, the Family to Family, Inc., our beloved parents and the teachers who were always there with us

to serve not just simply as teachers teaching lessons in various subjects but also teaching us lessons for survival.

Here I've learned a lot and for me the best thing is to become independent, determined to survive despite the adversities in life.

To all the students behind us, all I can share with you are these five reasons why teachers get angry when we do something that is not good and most of the time, we students misunderstand.

- They want us to learn something.
- They want us to know that we've done something that is not good, even to ourselves.
- They want us to change and become more mature and responsible students.
- They want us to feel that they are concerned about us.
- They want us to feel that they care and love us not just simply as their students but as their friends, brothers and sisters or even their own children.

Once again, thank you and good morning!

* * *

Veronica, aged fifteen, had been bedridden with Juvenile Rheumatoid Arthritis, when her public school teacher told us about her. After some months of medication, she had improved enough to go back to school. She continues on her medicines and was a very happy looking graduate from elementary school in early April.

During the summer vacation, when kids are busy climbing trees, we have seen a number of fractured arms and legs. We also have helped a number of burn cases. Eighteen month old Jerson was first accidentally burned when hot water spilled on his chest and face. Then, just as that was healed, he somehow poked his eye, while his mother was at the neighbor's washing clothes. We had to send him to Cagayan de Oro, where he had surgery to repair his lacerated cornea. That too is now healed.

* * *

Angie in now seventeen months and two pounds ahead of fourteen month old Juviliene. They are two very active toddlers. Despite looking the picture of a healthy baby, Angie has had yet another urinary tract infection. She has had the full range of evaluations of her urinary tract and all was normal. So we hope she will outgrow this problem.

Two year old Jhowana was legally surrendered by her unmarried mother, who is mentally ill. She had been cared for by her grandfather so that her mother could work part-

time, but her grandfather died. So her mother had no one to look after Jhowana. She came to us on May 20, 2005, and stayed eight days while we arranged for her to be transferred to another children's home where her six month old brother was already under care. This way brother and sister can eventually be placed together in an adoptive family. She weighed less than Angie, but gained almost two pounds before she left us. We all miss her chatter and giggles.

AUTUMN, 2005

We had a very successful four-week summer camp for deaf students this year. Thirteen old deaf students and three new ones attended. At the same time, we had sign language class for hearing individuals. This included most of our own teachers and three public school teachers from Cagayan de Oro City. These public school teachers are teaching in Special Education there in Cagayan de Oro and wanted to improve their sign language skills. We were happy to provide this live-in immersion experience to them for free. And best of all, we were delighted to have six hearing brothers and sisters of our deaf students attending. This will mean that some of our deaf students will have someone with whom they can communicate when they go home.

The regular school year started in June and we have a fairly stable enrollment of one hundred and twenty students, eighteen of whom are deaf, including four new deaf students, we also have a new student who seems to have a dislocated hip from an injury several years ago. He will be seeing the orthopedist, who visits our island once a month.

* * *

We were able to send another group of children with cleft lip and cleft palate to Cagayan de Oro for free surgery done by Interplast Australia. Raisen, sixteen months, and John Michael, twelve months, had both missed two previous missions because of respiratory infections. This time they were finally cleared for surgery and we were happy that the doctors were able to repair both their lips and their palates at the same time.

We also referred five and a half year old Maica Marie for surgery. Two years ago she suffered burns on her neck, entire trunk and parts of her arms and legs when her dress caught fire while she was playing with matches. Though the burns healed after many months, she had developed terrible contractures with her arms held tightly to her chest, hands twisted, chin pulled down to her chest and one leg pulled up by a rope of scar tissue. When the doctor told Diane and Maica's mother that he planned to release all of her contractures in one sitting, they were both close to tears. And when Diane visited the day after the surgery, she

could hardly believe that Maica's arms, hands, leg and chin were all freed up. Though she must have been in pain, Maica had a peaceful angelic smile.

Eleven year old Kim suffered similar burns to his trunk, right arm and thighs two and a half years ago when an open kerosene lamp fell on his blanket and ignited it. He spent months in the hospital before most of the burns were healed. Later, he too developed contractures which kept his back bent at a ninety degree angle and held his right arm flexed. He was readmitted to the hospital for a series of operations to release the contractures and place skin grafts. The skin grafting has had to be done a little at a time since Kim has only small areas that can serve as donor sites. His healing was poor at times because he was losing more calories than he was taking in due to the open wounds. So in addition to all of the medicines and materials for his dressings, we have tried to bolster his nutrition with extra food, cooking oil and milk powder. After nine months, he is soon to go home, no longer bent over, but standing tall.

* * *

The adoptive father of fourteen month old Juviliene came to Camiguin in early July and spent four nights, giving Juviliene ample time to get familiar with him. Although she was usually very shy with strangers, he had her giggling and smiling with a game of peek-a-boo in the first few minutes. The two of them departed on July 10, 2005, headed for the United States and an eagerly waiting Mom and six year old sister, who is also adopted from the Philippines. We hear Juviliene was walking hand in hand with her new sister shortly after arriving and that she is adjusting very well.

The following week, the adoptive parents of Angeline arrived from Bukidnon in Mindanao. They too stayed several nights. They were thrilled with their new daughter and Angeline was quite happy with them. They all went home on July 16, 2005

And that brings our Baby Home to a close, at least for the time being. We have been unable to hire any nurses. The vast majority of young people taking nursing do so in order to get work abroad. We cannot both leave and go visit our own seven children and eight grandchildren with no nurse to supervise the care of any babies in our home. We will continue to provide help to unwed mothers who want to surrender their children for adoption and even to provide very temporary care until arrangements can be made to transport surrendered children to some orphanage.

So for the first time in thirty-four years, we live in a house with not one child. For all but a handful of those years, we always had at least one baby still on bottles and in diapers. It is a new experience. "The rest is silence."

November was Deaf Awareness Month. To celebrate this, there were a number of activities. For one week, all of the teachers decided to use only sign language during their meals. This was a challenge, but they did their best. The deaf students and their teachers regularly have a monthly signed Mass at the main church in Mahinog, the municipality where our school is located. But for Deaf Awareness Month, they had a signed Mass in two of the other municipalities of Camiguin, Sagay and Catarman. This has proved helpful in making the communities aware that the deaf can be taught to communicate and that our school offers free sign language education for any interested deaf persons. It also makes people aware that we have a special school for drop-outs from elementary school.

The farm has been producing a lot of vegetables now that we are into the rainy season. We have okra, green mung beans (Chinese mung), winged beans, which are very high in protein. We also have upo, a kind of gourd, and patola, similar to zucchini. The acorn squash will be coming along soon. We also have bananas, lanzones, (the official fruit Camiguin is famous for), balingbing, (something like a pear) and guavas. Our mango trees are about fifteen years old and sadly, they haven't produced any fruit this past year. With one hundred students and our staff of twelve teachers, all of this plenty from the farm still has to be augmented by more vegetables and fruit, which we buy from the local farmers in the neighborhood and from the main market in Mambajao.

* * *

We have been assisting about a dozen children with cerebral palsy and delayed development to go to a rehab center in Sagay, on the other side of the island. Not only does the actual physical therapy help these kids, but they and their parents also benefit from socializing with other children with similar problems and their parents. John Deter is almost two years old and had quite spastic arms and legs. He is improving, though still quite far behind developmentally. When we first saw Isalinda, she was sixteen months old and couldn't even sit up. She had very weak trunk muscles, so much so that we thought she might have scoliosis. But the orthopedist said the back was normal and advised physical therapy. She made very good progress with her father bringing her to the rehab center twice a week. He also cleared an area near their house and put up a small fence so that Isalinda could roam around in a walker borrowed from a neighbor. After seven months of therapy, we were all excited to see Isalinda was taking her first steps alone at twenty-six months. Twenty-seven month old Sunshine, who has Down's Syndrome, also began taking her first steps alone after four months of therapy.

Kim, the eleven year old with burn contractures whom we mentioned in our last newsletter, had a three month vacation at home and is now back in the hospital for further

surgery to release contractures. Unfortunately, he lost weight while home, so needs to gain some before the surgery. The doctors wanted to give him appetite stimulants, but we told them there is nothing wrong with his appetite, he just needs more food. We are supplying him with canned sardines, oil and full cream milk and the hospital gives him nine eggs a day in addition to the regular hospital meals. He should be ready for his next surgery soon. Meanwhile, he actually seems quite happy to be back at the hospital. He goes all over and helps push patients on gurneys to and from the x-ray department, where one of the technicians is Kim's very special friend.

Jhunimar was born with a fairly uncommon birth defect called a cystic hygroma. He had an enlargement of soft tissue at his neck and shoulder, which kept growing and growing. If not surgically removed, it could eventually kill him. We were happy to be able to send him to Cagayan for surgery and his neck now looks entirely normal.

* * *

Although we are not presently accepting babies into our baby home because we still have not been able to hire nurses, we have become known as a place where mothers can find assistance in making their decision about the future of their newborn or soon to be born babies. We have recently referred one child to an orphanage in Mindanao and are awaiting the birth of another child whose mother plans to surrender the baby. The decision to surrender a child is never easy.

We were reminded of this recently, when one of our former foster children who was adopted overseas, returned in search of his biological mother. This was a first for us. We were very happy to see this young man nearly grown up. The Department of Social Welfare had essentially done nothing to find his mother. So we set our nurse on the search, and after three days of following a zig-zag trail, she finally did find his mother. His mother had given him up because she saw him gradually growing thinner and sicker, while she tried to both work and look after him. She was afraid he might die. When she spotted him with his adoptive father and his adopted Filipino brother, she had no trouble picking him out. Later that day, he got to meet brothers and sisters, cousins, and in the evening his father and grandparents. Most of them had assumed that he had died after being turned over to the DSWD baby home, since he was so malnourished. Little did they know that Diane had picked him out of the nursery at DSWD eleven days later and brought him to Camiguin. We all held our breaths for the first few days, not sure ourselves if he would make it. But soon he was giving us those magical first smiles and the rest is history.

On the last day before the Christmas vacation, our students had their Christmas party. And this year it was made rather special by a visit from several members of the Rotary Club of Camiguin Island. They brought gifts of snack foods and toiletries, such as shampoo, toothpaste and toothbrushes, for the students to bring home with them. We and the students were very grateful for their kindness and also for their taking the time and trouble to go up to the school on a road that is in very bad condition.

In fact, in recent weeks, we have often been unable to reach the school with our four wheel drive truck. And when one of our students fell and was in a lot of pain with a fracture of her femur, some of the big boys had to carry her, on a blanket stretcher, a half kilometer, down a steep path and across a creek to get her to a road that vehicles could reach.

* * *

We usually see just three newborns with cleft lip and/or cleft palate in a year. But 2005 surprised us with eight such newborns. Two of them were the second child in succession in their family to have a cleft. We hope this is not an indication of an increased incidence.

January was a very busy month for dealing with cleft patients. Interplast of Australia came to the government hospital in Cagayan de Oro. We did an initial screening of fifteen children in Mambajao. Some had coughs or runny noses and some were anemic. So only eight went to Cagayan and Diane met them there and helped them through the further screening there. Two of these developed coughs within hours of arrival, (the air pollution, especially exhaust fumes from jeepneys, seems to be a shock to the systems of the kids coming from the clean air in Camiguin). But the other six had their surgery and have done very well. Then just two weeks later a group of doctors came to Camiguin from the United States and so six more children had surgery, including eighteen year old Nome, who had never had surgery on her bilateral cleft lip and palate. She came from a mountainous area in Mindanao to live with her sister here in Camiguin. Having a much improved face, we hope she will now be willing to start school and enroll in Mapa school.

* * *

Peter was born eight weeks early on November 18, 2005, but weighed a fairly good just over four pounds. His mother told us she wanted to surrender him for adoption. We contacted two private orphanages and the second thought they could accept him, but then, at the last minute, they had another urgent admission and could not take him. So Peter became the exception to our rule not to accept any more babies. And Christmas came early when

Diane brought him home from the incubator at the hospital, weighing just three pounds, twelve ounces, on December 7, 2005. He became our Christmas gift to each other.

You might also say Peter received his Christmas gift that day, room at an inn. But he had an even more special gift on December 19, 2005, when we brought him to Cagayan de Oro for a second check up with a retinal specialist. As the doctor feared, the Retinopathy of Prematurity (ROP), which he had seen the previous week, had worsened and the retina of Peter's left eye was starting to detach. The doctor said we were within days, if not hours, of permanent blindness. So that afternoon Diane watched while Peter was put to sleep in the operating room. The doctor donned a headgear, as he himself said, "Like something out of Buck Rogers", with a laser attached and began zapping the aberrant blood vessels, which were threatening Peter's eyesight. So Peter received the gift of sight thanks to the newly available laser equipment in Cagayan de Oro and a very talented young doctor.

SUMMER, 2006

Our eleventh commencement exercises were held at the school on March 23, 2006. We had eight hearing graduates and one deaf graduate, the largest class ever. Jeffrey had dropped out of the sign language class twice, for two years each time. Partly, it was his parents who wanted him to stay home. But finally, he came back and finished his last three grades of elementary at age twenty. He gave a speech in sign language and received awards for "Best in Math", "Artist of the Year", and a special award for "Perseverance". His parents and siblings all came to the graduation to help him celebrate his achievement. He hopes to go on to high school at a special education school in Bohol.

Our teachers were somewhat amazed when a group of eighteen new boys showed up at our school the Sunday afternoon before classes started. They all came from a remote barrio of a town up in the mountains, on the mainland of Mindanao. Their neighbor, John Tyler, aged fifteen, had just graduated from our school in March, and is now in high school in Cagayan de Oro City. It seems these boys, all eighteen or nineteen years old, thought that if John Tyler could do it, they could do it too. Most of them had dropped out of school after Grade III to help their farming parents. Unfortunately, after years out of school, they have forgotten what they may have learned, so they are all assigned to Grade I for the time being. Perhaps they can be advanced later on, if things come back to them. We will be delighted if they stick with it. These are exactly the kind of students we want to help, so they can at least read and write and know enough math to know how to buy and sell things and through their health, science and agriculture get a better preparation for life.

* * *

Over the summer, we had several patients with burns, but they weren't very severe and healed well with the burn ointment we provided and regular dressing. We also saw several children who were having problems seeing at school. After check-ups with the ophthalmologist and optician, we provided their glasses. Eight year old Cindy was one. She had been having trouble in her Grade I class last year. When she had her refraction, it showed moderately severe myopia, (near-sightedness) and astigmatism. We wondered how she had managed to learn to read and write at all. Anyway, she will have a much easier time this school year with her new glasses.

We have mentioned eleven year old Kim previously. He is still in the hospital and had two more surgical releases of contractures over the summer. After the second operation, he developed a severe infection. He still needs more surgery. The doctor doesn't want to send him home for a break because the last time he was home, he lost a lot of weight and his burn scar tissue over his abdomen also burst open. Sad to say, his parents just don't have enough to give him an adequate diet even with us providing powdered milk. We are sorry that Kim will be missing a lot of school again this year, but his health has to come first. He has been in the hospital more than out of it for the past two and a half years ever since his blanket was ignited by a kerosene lamp while he was sleeping. He has been through a lot of pain, but he seems amazingly accepting of his situation.

* * *

Peter, our Christmas preemie is truly a bouncing baby boy at this stage. He is six and a half months old and seventeen and a half pounds. He has had several eye check-ups since the laser surgery and the eyes seem to be doing fine. He has also seen a pediatric neurologist several times and a developmental specialist. Although he had some scar tissue in the brain when he had a CT scan done, his development is normal for his age at this point. He had a hearing test and does not have normal hearing in his left ear, but does in the right and he is very responsive to our voices and music. He also has some mild muscle weakness on the right side of his face and his right arm and leg. But he is starting to move himself across the floor on his tummy and he plays with rattles. In just six months he has had more trips to Cagayan de Oro to see specialists than any other baby we have ever had. We are hopeful that he will continue to develop normally. Peter is very handsome and full of smiles and babbles. We will soon present him for adoptive matching and hope he can go to his Forever family as soon as possible.

We had a good turnout at the beginning of the school year and now have one hundred and ten students enrolled. Eighteen of them are hearing impaired and in the sign language classes. Fifteen year old Rejyin has a sister and brother in the sign language classes, but since she has partial hearing she is in the regular class but needs to sit very near the teacher, her pronunciation is not entirely clear, but our teachers can usually understand her. She is also quite expert in sign language, so can communicate easily with her siblings and the other deaf students. She is a member of an extended family group within which about half of the members are deaf. We are hoping that as more and more of the younger members of this group learn sign, they will be able to teach the others, when they go home to their mountain barrio on the mainland.

Unfortunately, we have had some very sick students since the school started. Frecehla, aged thirteen, who is in the sign language class, came back to class in June having lost five pounds and developed a high fever a few days later. We were all worried she might have Dengue Fever, but it turned out to be a urinary tract infection. Next she had a serious respiratory infection, and lost more weight. We are keeping a close eye on her. Sixteen year old Junrey, a new student from the mainland, developed jaundice and was diagnosed with Hepatitis A. We sent him home to recuperate and he is now back again in Grade II. Several students have had boils, big and small. Lendon developed a swelling of the whole left side of his face. It improved with an antibiotic, but came right back as soon as the seven day course of the antibiotic was finished. Another antibiotic didn't seem to help, so he was hospitalized for intravenous antibiotics. The doctors think it started as an infection or inflammation of the parotid, a salivary gland. The swelling is almost gone and Lendon is also back in his Grade II class, but still taking medications.

Twelve year old Joy Rey took a tumble and broke both of the bones in his right forearm. It has been slow to heal. His teachers also noticed that he had to get very close to writing to see it. Although he denied he had a problem, we brought him to the eye doctor, who said the inside of his eye looked alright, but Joy Rey couldn't read the eye chart. He doesn't know the alphabet yet. When Diane tried to get him to read the chart, he started crying. We thought it was because he didn't know the letters, and so we tried the chart that has all E's, but pointed in different directions. He could only read the top two lines. Diane showed him that she can't read even the top line without her glasses, but with them she can see. And then we took him to the optician for a refraction. We were all shocked when he ended up needing plus 10.0 lenses. No wonder he was crying, he probably didn't even see the chart on the wall without glasses. The day he got the glasses, he had a quiet, intent look at all of us, as if he was saying to himself, "So this is what they look like". When kids have never had normal vision, they often don't realize something is wrong.

* * *

We still have fourteen children receiving regular physical therapy at the rehab center on the other side of the island and one child receiving therapy from a therapist at the hospital in Mambajao, whose regular job is clerical work at the hospital. Several have already “graduated”. But others are very slow to improve. Louie, four and a half, and his sister, Fe, who is one year, both have spastic cerebral palsy and are quite behind developmentally. Their mother is mentally slow and the father, in his fifties, works at whatever odd labor he can find. They subsist mostly on root crops. The therapist and community rehabilitation volunteers go to their house to do the therapy. It would be nice to teach the mother, but she really isn’t capable of doing the therapy. We all try to teach her and the father to keep the kids clean, feed them a better diet and stimulate them. We had a special chair made for Louie, so he can sit up outside their tumble-down hut under the coconut trees. He can now lift his head a bit and inch his way across the floor on his stomach. We all celebrate these small improvements.

* * *

Peter is now nine months old and almost twenty pounds. He crawls all over, stands up in his crib, (sometimes rocking it across the floor), and walks in the walker. We have to keep a sharp eye on him as he tries to use anything to get to a standing position and not everything can support him, like a laundry basket. Everything goes into his mouth and he finally has two teeth. He loves eating his solid foods.

His hair is getting a bit curly and with his bright eyes and smile with dimples, he makes for a very adorable baby. (Of course, all of our babies have been adorable, so why should #67 be any different!).

This school year, we have no nurse at the school. And it has been quite a challenge for us and especially for our teaching staff because we have had quite a number of illnesses. At the beginning of the school year, we had one student with Hepatitis A. Since then two more have been diagnosed with Hepatitis A. Joseph, age twelve, was ill enough with it to need hospitalization. An ultrasound revealed that besides the Hepatitis, he also had an inflamed gallbladder, and a round worm in the gallbladder. After treatment and rest at home, Joseph was feeling fine and came back to school. But the doctors advised we repeat the ultrasound to see if the worm was still in his gallbladder as it would need to be removed surgically or he might develop an obstruction of the bile duct. We were all relieved to find the worm was gone and his gallbladder was back to normal. Another student developed jaundice, which turned out to be Hepatitis B, perhaps from a tattoo he had done some months earlier. Then, during October, nine students in succession and one or two days apart developed fever and rash. We suspect this was Rubella, since the fever was mild and the rash didn't last long.

* * *

For a couple of years, we had been providing the transportation money for Rachel Mae and Rannie, both aged twelve, to go to Davao City so they could attend a free school for the blind there. It was very hard for them and their families to be separated for most of the year, but it was the only school where they could learn to read and write in Braille. We are delighted that there is now one public school teacher here on Camiguin who has been trained to teach the blind. Rannie goes back and forth every day, while Rachel Mae stays with the teacher and goes home to her family on the weekend. We still assist with the transportation and Rachel Mae's meals. We are also helping three younger blind children attend the school twice a week for early intervention and stimulation.

We wanted nine year old Gracito to attend the Braille classes, but when we went to his house, we found he spends most of his time in a hammock and can barely walk. His mother is out working as a maid during the day and he is left with an elderly relative and gets little stimulation. His mother said she can't bring him to the school because he is terrified of any kind of vehicle. Diane and our midwife brought a large toy jeep to his house and helped him examine it with his fingers. They told him that next time Diane would let him sit in our jeep and examine its parts. We hope to gradually overcome his fear, so he could go to school. He loves music and so we have also given him a harmonica. And, on a recent visit we gave him a shape sorter like toddlers usually play with. We have also urged his mother and older sister to take him out for walks in the neighborhood. It seems clear that it is just easier for them to let him swing in his hammock.

* * *

Peter celebrated his first birthday on November 18, 2006. He is a far cry from the three pound premature baby he was at birth. He is a very healthy looking, twenty-one pounds. He crawls everywhere, climbs a couple of steps on hands and knees, walks around the furniture and takes a few steps alone. We don't say he is walking a few steps - he is running.

He loves waving hello and goodbye to anyone and everyone. And the good news is that he now has a family. As soon as the last of the paperwork is done, he will be waving hello to his new Mom and Dad and waving goodbye to us.

SPRING, 2007

In January, we enrolled a new deaf boy. Our former nurse heard that a deaf boy was staying in the area of the main bus terminal in Cagayan de Oro City. The police at the sub-station there said he appeared there in September. A relative had come for him a month later and took him with them, but he reappeared the next day. People at the food stalls there looked after him and he just roamed around all day. When the nurse went back in December, 2006, he was still there. So she arranged to have one of our teachers bring him to our school after Christmas break. We estimate he is between twelve and fourteen years old. Since we don't know his name, we have temporarily named him Leo after the nurse, Lea, who found out about him. We have asked the Department of Social Welfare and Development to try to locate his family. In the meantime, he seems quite happy to be learning to read and write. And he is learning sign language quite rapidly.

While Diane was trying to get more information about Leo at the bus terminal, the people there told her about another deaf boy who has a family, but who has never been to school. We hope to get him enrolled for the summer session in April.

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Our hopes of getting many of the cleft lip and cleft palate cases operated on didn't come about. Out of sixteen children whom we scheduled to come to the hospital in Mambajao for initial screening and laboratory work, eight had coughs and runny noses, one had a skin infection, one had ameba, and one had a urinary tract infection. So only five were sent on to Cagayan de Oro. Our new nurse met them there and helped them continue the work-up for surgery, but only one child, two and a half year old Dexter was cleared for anesthesia. The other four all had some problems.

And while Dexter and his parents were in Cagayan de Oro and his brothers and sister were in the care of relatives, the family home burned to the ground with all of their possessions totally lost. They received a small amount of cash and some used clothing from the municipal government social workers, but not enough even to start a new house. Fortunately, the father has a construction job and his employer has given them some building materials. But for now, they have moved in with grandparents.

Benjoy, now three years old, was born with a very tight band around his lower right leg, which resulted in a hugely swollen foot. The foot was cold from the moment of birth and the doctors said he needed an amputation as soon as possible. We helped send them to Cagayan de Oro for the surgery, which was finally done when he was one month old. He also had some bands around some of his right fingers, but they weren't tight enough to cause circulation problems. And he had a left club foot, so he went back and forth to Cagayan de Oro for serial casting and eventually a splint.

When he was almost three, we sent him for measurement for an artificial leg. He went back for the fitting and gait training and learned very quickly how to walk. The smile on his face when he spreads his arms wide and shows how he can now stand and walk is truly priceless.

* * *

Peter's U.S. visa approval arrived in mid-January, so both Tom and Diane took him up to Manila for his visa medical. He loved riding the plane and was positively amazed at all the cars, jeepneys, buses and trucks we saw on our way from the airport to the hotel. He loved roaming around the lobby of the hotel and made friends with everyone. The medical went fine and after his "interview" at the US embassy, we all headed back to Camiguin.

A week and a half later, Diane met Peter's adoptive parents at the Cagayan de Oro airport and brought them directly to Camiguin. They spent four days at our home and Peter warmed up to them easily. The three of them departed on February 2, 2007, and are now happily at home in the United States. And we found ourselves in a very quiet house indeed.

Our baby home is now temporarily closed. If we are able to hire nurses at some time in the future, we will start accepting babies again.

For the past few years, we have spent a bit more each year than we took in. but this did not concern us since we had a decent amount in reserve. Now, a foundation that for many years had been giving us a large amount once a year has abruptly stopped. They have moved their headquarters and reorganized themselves and decided they will no longer give funds to any organizations such as ours. Additionally, we are seeing the peso strengthen against the dollar in a truly unprecedented way. For thirty years, we dealt with inflation largely by seeing the peso weaken. Any reversal was always short-lived. It went from 7 to 1 in 1975 to 56 to 1 last year. But now in the past several months the peso has gained from its weakest point by 20% and it may not be finished. But inflation has not lessened as a result. Apparently, the peso has strengthened in part because of a government sales tax of 12% added on to almost everything. We are completely baffled by this. The one thing that is clear is that the people are not better off because of it. We are moving to cut costs in any way we can, but in an operation that has always been lean there is not much fat to trim away. So if we do not take in some major new funds during the coming year, we are going to have to look at dropping projects.

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We had six graduates at our closing program at the end of March, 2007. Three of them are handicapped students. Jecil was the youngest at fourteen years, (the usual age for graduation from elementary is twelve years). Jecil was born missing all of the toes on one foot and some of his fingers. He couldn't wear the ordinary rubber sandals and his family couldn't afford shoes, so it was difficult for him to walk to school on the hot road. When he started at our school, we got him tennis shoes and they were his prized possession. He is the fourth in his family to graduate from our school.

Ricklyn is eighteen and has a severe curvature of her spine due to a now cured tuberculosis infection of several vertebrae. She should have graduated last year, but had a fractured femur and missed the whole last quarter. She was very happy to finally graduate.

Ariel is sixteen years old and deaf. At one point, he was absent for some weeks and told his mother he didn't want to go back to school. But with her encouragement and urging and that of our teachers, he did return to class. He gave a speech in sign language and was full of smiles when he got his diploma.

George, twenty years, Francisco, nineteen years and Ricarson, fifteen years, were the other three graduates. They all hope to go on to high school. With the help of another charitable foundation, Ariel hopes to go to high school in Bohol where they have a good

program for deaf students. We expect to be assisting most of the others to go to high school here on Camiguin.

* * *

A number of youngsters came to us over the summer because of vision problems. Some had already received eyeglasses from us, but needed new lenses. And others were new children who couldn't see the blackboard at school. Then there was little three and a half year old Maria Eliza. We assisted her for surgery to remove her congenital cataracts when she was one and a half. She will have additional surgery to inset intra-ocular lenses when she is about seven years old. In the meantime, she wears very thick glasses. The frames broke and her father tried to repair them with Bull Dog glue. But the glue wouldn't hold and besides it melted the lenses. So she had to get a completely new pair of glasses. We urged the father to let the optician do any repairs next time.

We have seen burns big and small over the summer, but John's was the worst. He went with his mother to a neighboring barrio. His mother was helping a family in cooking for their fiesta. Unfortunately, John stumbled backward and toppled right into a pot of boiling water. Though he was quickly plucked out, he suffered blistering bourns along his back from his waist to his heels and on both hands. He was brought straight to the hospital where he is on intravenous fluids and pain relievers. We hope the burn isn't too deep and that it will heal without contractures. Jovie, age eleven was also seriously burned on both feet. He was out in a field, when a fire accidentally started in the dry grass. Suddenly, he found himself trapped in a ring of fire and he had to run through it. Since he had rubber sandals on, the soles of his feet weren't damaged. After initial treatment in the hospital, he was sent home, but still had to go every day for dressing of the burns. His burns covered a smaller area, but were deeper and we are quite worried about contractures. We have told him to flex and extend his ankles three times a day and hope this will prevent contractures.

AUTUMN, 2007

From May until August, we had two volunteers from Duke University, who spent most of their time up at the school. They looked into our curriculum, helped teach some of the classes and worked with our staff. Steve is musically inclined and taught some students and staff guitar and songs in addition to his work with the math teachers. Trevor worked with the English teachers. He also took pictures and video in order to prepare a documentary on the work of Family to Family. On the weekends, they spent time with Tom and Diane and explored the island. We are grateful for their help and input. We learned from them and hope they also learned from their experience.

July is always nutrition month in the Philippines. Our school, like almost all other schools, has many events to make everyone aware of how important nutrition is for health. Our students could be heard talking about GO, GLOW and GROW FOODS, (carbohydrate or energy foods, fruits and vegetables which provide vitamins and minerals, and protein needed for growth and repair). The idea is that foods from each group should be eaten at each meal. The students enjoyed quiz bees and making up jingles about nutrition. And after a long dry spell, the rains have returned to make everything really grow on the vegetables plots. So the students can put the advice to eat vegetables to immediate use.

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Almost every time we sent Angeline, now twenty months old, to Cagayan, it seemed she got sick or the government hospital had no available beds and by the time there was a bed, she was sick again. After ten months of going back and forth from Camiguin, Angelyn finally had the operation to remove an enlarging growth at the bottom of her spine, which the CT scan indicated was probably a teratoma, (a non-malignant growth). She is doing fine now.

A generous doctor who grew up in Camiguin and is now a head and neck surgeon in private practice in Cagayan volunteered to do surgery on our cleft lip and palate patients right here in Mambajao. So at the end of June, six of our patients had their surgery. Three had both lip and palate repairs and three needed only palate closures. The parents were very happy with the results and also happy not to have to travel to Cagayan with their little ones. The doctor is very willing to do more surgery here, but at the present time, we have no anesthesiologist who can handle children under two years old. Meanwhile, there are fifteen more waiting for surgery, five born in the first three months of 2007.

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Our most recent financial statement is now available on our website. It shows that our balance dropped from 95,023 dollars to 68,678 dollars. The average exchange rate for the peso was 49.42 and it is presently at 45. This strength of the peso may be just as much a story about the weakness of the American dollar, which has set record lows against the Euro. Our expenditures were only slightly higher for the year. The essential reason for the large drop in our balance was a drop in dollar contributions from the States. The foundation that no longer helps organizations such as ours accounted for just over half of it with the rest being a drop across the board. Frankly, much of our support over the years has come from our own generation and folks a bit older. This is a fading gang. So we may be in a race to see who fades away first, us or our contributors.

BABY HOME 2: THE RETURN

We have no babies in the house at present because of the difficulty in hiring nurses. But nothing here is ever so simple. Eleven years ago, Diane collected a six week old baby in Cagayan de Oro on the same day that Tom's brother, John, died. So we named the baby after him. Johnny had been born at a hospital and abandoned there and a few weeks later turned over to a government center where Diane got him. At six weeks, he was still a tiny fellow and so he slept at night in a crib in our bedroom. In fact, he stayed there much longer than he needed to simply because Tom liked to have him there. Johnny made no disturbing noises during the night and in the morning they would both raise their heads, grin at each other, and go back to snoozing or playing. Johnny was with us for over three years. His papers went to Manila for him to be adopted overseas, but they were sent back with the advice that more effort be made to find relatives who would take him. And some relatives were found who did agree to take him. Over the years they brought him to visit us a couple of times. But the situation into which he had been put was nothing like what it should have been and it finally collapsed completely. He is now back here with us, going to school at Mapa and spending the weekends at our house. He is a delightful little boy and a joy to have in our home. Entirely of his own accord, he calls us Mommy and Daddy. We are much too old to be adopting anyone legally, but then we have never been ones to let our hearts hang on a court decision. So we shall be his Mommy and Daddy for as long as he wants and as long we last.