

Floating Doctors

2011 Annual Report and Financial Statement

I. Mission Statement

The Floating Doctors' ongoing mission is to reduce the present and future burden of disease in the developing world, and to promote improvements in health care delivery worldwide.

Our Goals Include:

1. Providing free acute and preventative health care services and delivering donated medical supplies to isolated areas.
2. Reducing child and maternal mortality through health education, clean water solutions and other community health initiatives.
3. Studying and documenting local systems of health and health care delivery and identifying what progress has been made, what challenges remain, and what solutions exist to improve health care delivery worldwide.
4. Using the latest communications technologies to bring specialist medical knowledge to the developing world, and to share our experiences with the global community and promote cooperation in resolving world health care issues.

II. Message from the President

For me the sea has always been where I turn for inspiration, solace, and wonder. The night I was born I breathed thick salt air and first heard the sound of long Pacific swells rolling onto whispering sand, and from that day my life was held forever in the sea's net of wonders. My mom and dad were living in a beach motel in Southern California while my dad did his medical residency, and my first steps were on the sand and behind my dad as he made hospital rounds and home visits to patients. I can never remember any time in my life when I wanted to be anything except a doctor and a marine naturalist, and thanks to my parents, extraordinary mentors and opportunities I became a marine biologist and a doctor and have had experiences in both fields that make me grateful to be alive just for one of those moments.

My favorite thing about the sea is that it is not lonely; in the sea I feel connected by the water to millions of people around the world. I imagine millions of people of a thousand colors and languages and religions and nations all floating together in the sea's embrace and connected across thousands of miles by one continuous, unbroken sea. When we float in the vast sea, only a little of it is holding us up, but that small part is connected to an

unimaginably vast and powerful body of water. In the same way, this is how a people are strong. When we say 'a sea of humanity' we acknowledge that humanity--all of us together--are as powerful as the sea, which is always waiting to show what it can do.

Like every wave, every life is unique and beautiful, something I have experienced time and again through this voyage. In 2011 we saw our 10,000th patient, and although I am very proud of how many people have received care through Floating Doctors, what I am most proud of in 2011 was that as we expanded our project, we always stayed committed to the individual patient. Time and again, this has ultimately led to our being able to do more for more people than we originally anticipated and I have faith that we will remain committed to the single, individual patient as continue our voyage.

Long before I was old enough to venture over the horizon the last lands and seas had long since been charted, but fortunately the frontiers of health and the sea of humanity offer an endless horizon. Looking out over the Pacific horizon so many years ago I never envisioned that my greatest loves would one day combine in a mobile medical relief team exploring frontiers of health across the living ocean that washes all shores equally.

The kindness and generosity I have seen people show towards us and to others fills me with hope that the daunting challenges of our time can be solved. I am immensely proud of what my crew, friends and family, and all our volunteers and supporters have made possible, and incredibly grateful to be able to be a part of this voyage and to have shared it with such extraordinary people.

"The breaking of a wave cannot explain a whole sea"

III. Message from the Director of Operations

For the Floating Doctors 2011 was a year that was marked with thousands of patients seen, turbulent ocean crossings, and hundreds of boxes of medication and medical supplies distributed. It was our most successful year to date in terms of patients treated, countries visited, and partnerships formed. It was a year that cemented our belief that the next and most important phase of our project will be the procurement of funding, support, and supplies for Floating Doctors permanent clinics in the countries that we have visited thus far. We clearly defined our role as the primary care givers to the remote communities that we serve and the utter importance of follow up care in them. We worked hard to secure lasting partnerships in Haiti, Honduras, and Panama that have

enabled us entrance into and support from communities that otherwise would have been nearly impossible to gain.

As an organization I am proud of what we have accomplished in the past twelve months but, for me personally, it goes much farther than miles traveled, pounds of supplies delivered, and number of patients seen. It is about the individual. It is about who patient number 127 was and what it meant to her for us to be there or how we were able to give patient 3679 relief from the pain he had been suffering from for years. It is the joy on a woman's face somewhere in a forgotten jungle when she sees her baby's heart beat on ultrasound that fuels my pride in Floating Doctors. Rather than numbers on a spread sheet, to us our patients are people with lives, children, and family who cherish them.

As the Director of Operations, I am both honored and humbled that I get to witness these individuals and the care that they receive from us. I am not relinquished to an office far away from our daily missions but rather I get to dirty my hands, breath in the culture of distant lands, and know what it is like to be one with a vast ocean. I get to live our work and see the results of it on levels that are deeply personal and important to me. One person can be just a number, but to those that love them, they are an entire universe and should always be treated as such. Our belief that nothing is more important than the individual has become a core ideology for the Floating Doctors and it has woven itself in the fabric of our every action. It is a belief that has generated credibility with our patients that is both immeasurable and remarkable to me and the relationships that we have formed because of it will be what carry us through.

I am endlessly blessed and inspired by our work and I am honored to be there and be available as a resource to people who have no other option. I feel an immense sense of gratitude to those who have contributed to our work and who make it possible for us to be of service to so many. When a lot of people do just a little it is amazing what can happen. An innumerable amount of people have helped us in many ways, big and small, and the ripple effect of that work has reached thousands of patients across five countries and hundreds of isolated communities.

On the presuppose of 2012 I am excited for what the year will bring through our clinic doors and under the keel of S/V Southern Wind. The past three years have been a wonderful learning and growing experience for us on both professional and personal levels and we are eager to continue that growth in the coming years. With countless communities in need, the future holds no bounds for us as an organization.

Fair Winds and Calm Seas,
Sky Labrot
Director of Operations, Floating Doctors

IV. Responding to Disasters

In February 2011, Floating Doctors once again voyaged to Haiti in the wake of a disaster. Cholera had come to the beleaguered country, compounding all the ever-present problems of poverty, crowding, and lack of basic health services. We loaded 7,500 bags of IV fluids, oral rehydrates, medicine and supplies and set sail from the Bay Islands of Honduras to Haiti on the other side of the Caribbean. Heavy weather from dead ahead

plagued the transit, but we arrived safely in Petit-Goave on Haiti's southern peninsula almost a year to the day we had reached Haiti on our last visit. After a week of mobile clinics around Petit-Goave, checking up on our old patients and seeing many new ones, we transited north to Cap Haitien to deliver our supplies for the cholera relief and work in communities along Haiti's north coast.

Taking up station at anchor off the village of Labadie, west of Cap Haitien, we staffed a small government community clinic and ran mobile clinics by truck and by small boat to 7 other communities. More than 5,000 pounds of supplies were delivered for use by our partner clinics in the Cap Haitien Health Network, and over 1,000 patients throughout a 35-mile stretch of Haiti's north coast received treatment during our 6 weeks on station.

Parasites, poorly healed wounds—many of them from visiting surgical teams that had provided no follow up care, resulting in severe complications—malnutrition, lung and bladder infections, STDs, poor pre-natal health, shark bites, infected sores, malaria, scabies and fungal infections were among the multitude of disease conditions encountered. Always, the lack of any sewers or trash service, electricity and refrigeration, lack of clean water or any other basic infrastructure combined with abject poverty and a total lack of health education compounded all the problems.

Haiti is the best example of the need for a permanent, ongoing presence and the need to focus on the individual patient. The challenges facing Haiti as a whole are overwhelming for any quick and easy solution, but enormous changes can be made RIGHT NOW in the lives of individual Haitians. Floating Doctors is always committed to the individual patient, and in Haiti more so than anywhere else. Our work attracted the support of the area Ministry of Health, making the Labadie Clinic available to Floating Doctors as an option to open a permanent clinic base there as our organization grows.

The Floating Doctors 2011 Haiti Mission demonstrated many important abilities the project had been designed to accomplish—long-range response to disasters, self-sufficient operation platform on station at anchor, ability to bring health care to remote communities, tailoring care and assistance to the specific health needs of the community, creating partnerships with other groups and engaging local communities to assist in making better health possible.

In 2012, Floating Doctors will seek support to open the permanent base clinic in cooperation with the Haiti Ministry of Health and our partners in the Cap Haitien Health Network, making access to regular care available to Haitians across the northern coastal regions.

Haiti is the hardest place to leave we have ever encountered. Haiti after the 2010 earthquake was the Floating Doctors' first mission, and like a first love, we carry Haiti and its people in our thoughts wherever else we have sailed. We look forward to the next time we set our sails for Haiti, where we have all left behind part of our hearts forever.

V. Programs

1. Mobile Clinics

In 2011, Floating Doctors conducted over 250 mobile clinics in Honduras, Haiti, and Panama. Seventy-two volunteers from nine countries gave over 3,050 days of their time and treated over 7400 patients in more than 40 communities. The mobile clinic is the backbone of our project and not only acts as acute treatment and long-term patient management, but also as our introduction to the community. The mobile clinic forms the basis of the community acceptance that make our activities possible, and most of our other projects evolve from situations we encounter during mobile clinics.

Our patients can't 'just go to the hospital.' Oceans, mountains, jungles, politics, economics, and bigotry separate our patients from their basic human right of ACCESS to care, so we come to our patients' communities and to their homes, traveling in Southern Wind, by foot, by dugout canoe, horse, and rescue panga. The communities where we conduct mobile clinics are why our project was started—in 2011, Southern Wind traveled over 2,500 miles, and our volunteers traveled an average of 160 miles a week in small open boats to provide care to communities in need.

For the Future:

No matter what projects Floating Doctors undertakes in the future, the ethos of our mission—adaptability, economy, mobility, self-sufficiency and sustainability—was shaped by our mobile clinics and we remain committed to these ideals. For 2012, we look forward to continuing our ongoing visits to the communities in Bocas del Toro, and to expanding our operations to more communities, with a wider range of diagnostic and treatment options due to the laboratory and imaging equipment we intend to obtain this year.

“Where we bring care, there doesn't have to be a port or a hotel or a supermarket or a gas station or a restaurant—there just has to be a coast somewhere nearby.” --Dr. Ben

Mobile Imaging

Since our very first mission to Haiti in the wake of the 2010 Earthquake, our portable ultrasound has consistently been one of our most invaluable tools. Small enough to fit in a backpack and with enough power to run all day, over 400 ultrasounds were done in 2011. Most were pre-natal, usually the very first time the women had ever had an ultrasound, even if they were pregnant with their 11th or 12th baby. It is wonderful for a

mother to see her child and to know it is healthy while she is pregnant, and the ultrasound has also helped identify breach births, partially detached placentas, twins, and other potential problems that require intervention early to avoid a poor outcome. Many mothers have been reassured, and lives have been saved because we are fortunate to have ultrasound capability.

The ultrasound is also regularly used to examine gallstones or cholecystitis, kidney stones, bladder stones or tumors, ovarian cysts, tumors of the uterus, liver and abdominal problems, aneurysms and testicular lumps. It was the first piece of mobile diagnostic equipment carried by Floating Doctors and has become a symbol for our commitment to making the paradigm of 21st century medical technology available to the developing world.

For The Future:

The trend in providing medical aid to the developing world has traditionally been to provide cast-off older versions of equipment when developed-world clinics and hospitals upgrade. While this is of undeniable help to developing world health systems, the inevitable result is that the developing world is always kept one step behind. In the past this was preferable to providing nothing, but for the first time in history the newest medical technology are cheaper, more reliable, higher quality, smaller and easier to use.

In 2012, Floating Doctors are working to add portable digital x-ray to our clinic, and to acquire an additional ultrasound and laboratory facilities to accommodate the expansion of our clinical activities.

Public Health Research

In 2011, we instituted a new program of data collection during our regular clinical activities. In Panama, where we visited more than 25 communities multiple times in rotation, we re-designed our patient treatment records to include detailed health and demographic data, and began ongoing subjective community assessments. We have seen developing world interventions by well-meaning groups fail because of poor information on existing conditions. We have also seen well-intentioned interventions with no surveillance to determine its effectiveness.

Most of the areas we have worked in have either never been surveyed or have been poorly documented; existing data we have found for our areas invariably contrasts with our observations in the field and seems to represent extrapolations at best. In addition, local variations in the community and environment create enormous differences in health across very small areas—the Bahia Azul area in Panama's Ngabe Indigenous reserve is only 12 x 7 miles, but has over 250 communities with a wide spectrum of health conditions.

Surveying these areas by traditional methods is costly and logistically challenging, and many indigenous people or people in extreme poverty have extreme distrust of strangers

coming around asking personal questions. The unique access and acceptance we have earned in the communities we serve allows us an unprecedented opportunity to develop good information on these areas. This will allow us both to assess the effectiveness of our own interventions, and to help us, local health services and other groups plan future activities.

For the Future:

In summer of 2012, the first analysis of the data from 2011-2012 will be presented in GIS format on our website. We are working in partnership with the Ministry of Health for the Comarca, who have requested access to the data to help guide their policy decisions. We will also institute several more targeted studies based on the data so far, in particular diabetes, and intend to create partnerships with Public Health schools and research centers to encourage outside groups to participate in wider studies. Our goal is for the data collection and analysis to be ongoing, both for surveillance and for Floating Doctors to keep our interventions adaptable and dynamic to match the ever-changing health needs of communities.

Medical Supply Distribution

Part of the inspiration for using a ship to bring medical supplies to remote areas was working alone with a backpack in Africa years ago—running out of supplies demonstrated the absolute need for a ship to be able to carry larger cargoes while still mobile enough to reach communities cut off from traditional aid. Long ocean passages, storms, jungles, and mountains have not kept us from reaching communities beyond the reach of existing services.

In 2011 40,000 pounds of medical supplies were delivered to more than 15 clinics and health services in Honduras, Haiti, and Panama. Floating Doctors was designed not only to deliver medical care to remote areas, but to supply existing services and other groups with the material to leave lasting health improvements in our wake.

Our goal is always not only to get needed medical equipment and supplies to underserved communities, but also to make sure that the material we provide is appropriate to the needs of the community and to the capabilities of the recipient service. Floating Doctors personnel spend time working in recipient clinics before sourcing and delivering material to ensure that we give what is needed and will be used.

- Isla Roatan Hospital in Honduras received new beds for its Emergency Room and medicine and supplies.
- The Cap Haitian Health Network of clinics in north Haiti received 7,500 bags of IV fluid and medical supplies during the 2011 cholera epidemic.
- Isla Guanaja Centro de Salud was equipped with nebulizer machines, medicine and medical supplies.
- The pharmacy was restocked at the Asilo Nursing Home in Panama.

- The RBC Centro Para Ninos Con Incapacitados in Isla Roatan received physiotherapy equipment and medicine.
- Los Fuertes and Pandytown Centros de Salud in Honduras were supplied with new diagnostic equipment, nebulizers, medicine and medical supplies.
- Clinica Esperanza in Honduras received medicine and medical supplies.
- Indigenous *Parteras* (midwives) in Panama were equipped with obstetric birthing packs to help reduce the incidence of maternal and child mortality.
- The Isla Roatan Fire Department ambulance was re-stocked with emergency response equipment.

We work with government agencies, community leaders and other non-governmental organizations to create sustainable shipping conduits. Importing and distributing medical equipment and supplies to remote developing world locations is not easy, requiring on-the-ground supervision and intensive relationship development to succeed. 2011 confirmed Floating Doctors as an innovative and determined distributor of medical relief across the Caribbean with the potential for even greater material outreach in 2012.

For the Future:

We will continue to develop our existing supply partnerships and explore new avenues for obtaining and distributing medications, medical supplies and equipment. In particular, we will work to equip and train *Parteras* in the use of fetal dopplers for monitoring prenatal health, and provide laboratory equipment for the new health center being built in Kusapin. We will also create shipping and customs partnerships to ensure no-cost shipping and reliable customs transit for donated supplies.

Professional Training and Health Education

“An ounce of prevention is worth a pound of cure.” The biggest problem we see causing and exacerbating health problems everywhere we have worked is lack of health knowledge. Every individual patient is an opportunity for the caring clinician to impart health knowledge, but we also recognize the need to extend health education into communities. Knowledge is power, and health education puts the power and responsibility for health back into patients’ hands. Health education can be held and passed on in communities, saving lives many miles and many years from where it was first given.

As in Honduras, in 2011 we began training for the Bocas del Toro Fire Department, including physical fitness, CPR and first aid training. Our mission includes providing training and assistance to existing local services, especially first-response emergency services. We also held first-aid seminars for local cruisers and expatriates and maternal health education for local *Parteras*, identified and began training a group of high school students to provide education to others in their communities, and began publishing regular articles on first response and health issues for the community in Bocas del Toro.

We have also partnered with the Bocas Emergency Network (B.E.N), a radio network of expatriates scattered across the region. Most live near indigenous communities, and act as communication centers and transport resources for patients to get in contact with Floating Doctors when emergencies occur. Through the B.E.N, many isolated communities now have access to remote medical and emergency response services, and we continue to improve the quality of the service by providing locally appropriate emergency response education to the members of the network.

One of our first educational documents, also published in the local paper in English and Spanish, was the immediate management of snakebite in remote areas, which occurs regularly. Knowing exactly what to do when someone has been bitten by a poisonous snake several hours away from the nearest hospital is vital—it is not complicated and ANYONE can do it, but if it is not done right the patient's chances drop alarmingly.

The power to manage health is not just in the hands of doctors—it is in the hands of anyone with knowledge.

For the Future:

We will continue to develop health educational opportunities for the community, local practitioners, individual patients, and professionals and seek further media sources to make health knowledge available to more people. In 2012 we will work with the Ministry of Education in Panama and local medical and nursing schools to include future community leaders and local practitioners in our program, and continue to expand the services and training for the B.E.N and key community members. We have also been asked to design and institute first response training for local tourism industry staff, to continue our educational program for the fire department and extend it to the police department.

Volunteer Program

Volunteering with Floating Doctors provides experienced clinicians and students alike with the unique opportunity to see advanced and unusual disease cases, hone their clinical diagnostic skills, and challenge their ability to provide the best outcome possible for a patient, even with limited resources. More importantly, however, is the opportunity to practice medicine from the heart—to treat each patient with dignity and compassion and care. This experience, along with increased diagnostic skill and clinical confidence, is the gift that Floating Doctors intends our volunteers to carry back to their practice in the developed world, and one that will benefit clinicians and patients well beyond the locations we visit.

In 2011 Floating Doctors was approved as a training elective by the Ventura County Medical Center's Family Practice Residency Program, and in December UCLA's Global Action In Nursing (GAIN) program joined us in Panama for their first mission. Over 7,500 patients received treatment through the efforts of our volunteers—the most valuable resource people can give is their time and willingness to be of service.

We have maintained a reputation for adaptability and professionalism and have attracted doctors, surgeons, nurses, nurse practitioners, occupational therapists, physiotherapists, dentists, eye doctors, educators, public health specialists, physician's assistants, and other volunteers to our program. We have a saying—'Cometh the volunteer, cometh the patient'—EVERYONE has some part of themselves that can be expressed in a way that helps people, and it always seems that whatever specialist skill a volunteer happens to have, a particular patient needing that skill seems to appear. We pride ourselves on helping every volunteer use their unique talents to be of the greatest benefit for our patients and to experience the most fulfilling personal and professional growth experience from their service.

"For the first time in my life I felt like a real doctor." --Dr. Moritz Meyer, Pediatric Orthopedic Surgery.

For the Future:

In 2012, Floating Doctors will continue to expand our volunteer program by creating more ongoing partnerships with medical facilities and clinical training programs. Our goal is to have more than 200 volunteers this year, to hold a medical conference for physicians to improve their clinical skills and gain more personal fulfillment in their practice, and to achieve Continuing Medical Education (CME) accreditation and academic accreditation for our program.

Patient Chaperoning

Whether you are visiting the best hospital in the world or live in a remote mountain village and have never seen a doctor, it can be intimidating and confusing for patients to navigate increasingly complicated health care systems.

We believe that an important job of primary care clinicians is to help patients understand what care is available and how it can be accessed. In more developed nations, this may require only a few minutes of explanation, but our patients operate at significant disadvantages—distance, bigotry, poor quality of care, and expense all separate our patients from successfully receiving care.

In 2011, hundreds of hours in Honduras, Haiti, and Panama were spent coordinating patient transport, making appointments and accompanying patients to existing health services, microfinancing costs of surgeries, procedures or examinations, and providing aftercare and follow-up for patients after treatment.

A typical patient is Carlos, a Ngabe indigenous man living in a remote island community in Panama. For two years, he has been trying to get an operation for a painful hernia, but has been unable to navigate the maze of multiple health services, all requiring at least a full day to visit. He is the main supporter for an extended family of over 17 people, and works as a manual laborer in considerable discomfort most of the time. Floating Doctors

has helped him through an incredibly complex system of appointments and exams, financing his transport and the cost of his visits and studies.

Carlos may be ‘just one person...’ but he and his family felt it was pretty important not to live in pain anymore, and for Carlos and all our other patients--so do we.

For the Future:

Maintaining our commitment to the individual patient is the key to maintaining humanity in Floating Doctors activities. We intend to expand our patient micro-manage program and to utilize existing community resources to help make care easier and simpler to use, such as by creating regular transport networks. We will continue cultivating our relationships with public and private services to reduce costs and ensure higher quality of care for our patients.

Ethnomedicine:

If you catch drug-resistant malaria, you will be very glad that researchers decided not to ignore a 2,000-year-old booklet of prescriptions giving an ancient herbal recipe for malaria treatment. Artemisin drugs—the newest, most advanced anti-malaria ‘superdrugs’—were discovered during the rise of drug-resistant malaria, when scientists turned to ancient texts in desperation and found another example of how so many of our best medications today have been derived from ancient herbal remedies used by natural healers —digoxin (from foxglove), aspirin (from willow bark), and penicillin (from mold), to name just three. The fact that important new pharmaceutical medicines continue to be found this way illustrates the need for exploring the potential remedies that still exist, before the loss of biological and cultural diversity puts them beyond our reach forever.

In Panama in 2011, we developed relationships with indigenous natural healers, or ‘Curanderos’ in the Bocas del Toro province. They make hundreds of different preparations for every ailment, but these indigenous medical preparations have not been systematically studied, primarily due to mistrust of foreigners. Because of our ongoing relationship with the communities we serve, the Curanderos are willing to share their knowledge, including being allowed to document methods of preparation, dosing, and treatment outcomes.

As widespread resistance to antibiotics becomes more common, and as new diseases emerge to plague to swelling human population, it is more important than ever to leave no stone unturned in the search for tools to fight these infections. There are many medicines waiting, out in the jungle, and this is an opportunity to help find them before they are gone forever.

For the Future:

We will help the Curanderos in Panama build a small botanical laboratory on an island central to the region, where Curanderos from the region will work to share knowledge and standardize their practices. We will equip the Curanderos with field chemical assay kits and training to allow them to rapidly test their preparations for medicinal properties, and extend our investigations to practitioners in locations further afield.

Asilo:

The Asilo, a government nursing home in Bocas del Toro, was one of the facilities that we had first been invited to Panama to assist. We found a unit without regular medical care, but with a wonderful staff of no more than a cook, cleaner and nurse on each of the two day shifts and two on the night shift. There are 27 patients there, all elderly, ranging from totally mobile to totally bedridden. Some are without sight, many have varying degrees of dementia—and they all have to be fed, bathed and changed, the floors cleaned, meals prepared and cleaned up after. The fact that the floors are clean and the patients are clean and fed is an extraordinary achievement, but the patients need access to medical care and more attention.

The mayor of Bocas sent three trucks and we removed several tons of rusted metal and trash from the grounds and landscaped a little, repaired two broken washing machines and plumbed them (the only working one had been filled by bucket), installed handrails in the common area for walking and physiotherapy, changed the showerheads to removable handle versions, put a commode chair in the bathroom, created and regularly update medical charts for the patients, provided medications, and have done our best to provide supplementary advanced care.

When we arrived, there was an elderly stroke victim, immobile and terribly emaciated, unable to move or speak (his mouth was stuck open, and flies continually buzzed in and out) and contracted with bedsores all over. We worked for weeks, doing wound care and working with the staff to use advanced wound dressings we provided. We instituted turning regimens—our goal was not to extend his life, but to allow him to die with more dignity and in greater comfort. He gained 12 pounds and the ability to focus and speak a little before he died quietly one night in his sleep a few months later.

Any ship, no matter what storms it has weathered and what damage it has sustained in a long life of navigating unknown waters, wants to look its best when it pulls into harbor for the last time. There should be dignity at the end, as much as can be wrenched from an unfeeling universe. Not always possible...but always a betrayal not to even try. Our patient passed away without a bedsore on his body, with his mouth closed and in peace, and having had the ability to communicate his needs to us and the staff and be in greater comfort at the end than he had been in for months.

Another patient who has not walked for 9 years after a stroke is learning to walk again, first exercising on his own with some basic exercises we showed him. We had applied an anti-inflammatory patch to his paralyzed knee for pain, and it turned out that his immobility was more pain-related and he could move his leg a little. In shock at being

able to move his leg after believing it totally paralyzed for years, he began working with our volunteers and is making progress on being able to walk again. We feel tiny beside the power of his determination to be independent again after being trapped for so many years in a chair staring at the wall.

For the Future:

Our ship Southern Wind is a symbol of our understanding that an old body often has a lot more life in it than at first glance. Through Herculean efforts, our ship was reborn from where it lay dying to sail again across oceans and be of service to others. Our commitment not just to the morning and daylight of our lives, but to its twilight and final voyage means we will remain committed to maintaining a regular presence in the Asilo, and continue to involve more volunteers and people from the community in helping the patients, improving the facility and extending that commitment to other facilities and other communities. The end of life is often a challenging time, and happens to all of us only once. It is our duty to help people who have been forgotten by the world gain as much dignity and comfort as possible in their final years, and to be there to cast off the lines and wish them fair winds as they embark on their last and final voyage.

For a Ship's Blog of our work in the Asilo, visit this link:

<http://floatingdoctors.com/wordpress/?p=3635>

"Say that he Loved Old Ships"

*Say that he loved old ships; write nothing more
Upon the stone above his resting place;
And they who read will know he loved the roar
Of breakers white as starlight, shadow lace
Of purple twilights on a quiet sea,
First ridge of daybreak in a waiting sky,
The wings of gulls that beat eternally
And haunt old harbours with their silver cry,
Speak softly now, his heart has earned its rest,
This heart that knew each alien star by name,
Knew passion of the waves against the breast
When clouds swept down the sea and lightning's flame
Tore skies asunder with swift finger tips;
Write nothing more; say that "he loved old ships."*

--Daniel Hickey

Community Projects:

A question we are often asked is 'with so many problems affecting health, how do you know where to start?' Where others see problems, we see opportunities for interventions in the lives of individuals and communities; improving health goes far beyond handing over some medicine. Whether it is helping install rain-catcher systems in a community,

painting a school or putting a patient transport system in place to help remote communities access existing services, we look for any improvements in a community to positively affect health.

One example from 2011 is a 100-foot walkway built to allow a young girl with cerebral palsy, housebound in a small hut built on stilts over a sewage-contaminated mangrove swamp, to visit the land for the first time in several years. This project was completed by volunteers from every level of the community, and no one individual or group shouldered a majority of the burden of building it. Everyone did a little, and after 2 days of work a young girl's life changed forever.

Community projects challenge us to stay alert to subtle factors affecting health, and to identify and implement creative solutions that maximize health benefits. Best of all, our community projects invariably are completed mainly by the communities themselves, putting the power and pride of managing health back into people's hands.

For the Future:

We will continue to look for new ways to affect health and engage communities for further projects. In 2012, we will focus on setting up patient transport networks, building a multi-use community building in Bahia Azul, coordinating environmental and conservation education for communities, and any other opportunities we can create to improve health beyond medicine.

VI. Broadening Our Partnerships

"No man is an island," and no individual or group has the power to overcome all existing challenges alone. Our projects and the patients we have helped have been possible not only through our efforts, but through the efforts of our volunteers and the many other groups we have fostered cooperative relationships with. By ourselves we are small; together we can move mountains.

Whether it is sending medications and supplies, providing volunteers, logistics or other assistance, or another group we are helping with their own work, we are all in the same boat and it has been wonderful to share the paddling with people who all steer by the same star. With enormous thanks to our international and local partners, we recognize the following groups for our 2011 success and look forward to continuing and expanding our partnerships in 2012 and beyond.

International Partners:

Direct Relief International

Rotary International and Local Rotary clubs

Ventura County Medical Center Family Practice Residency Program

UCLA Global Action In Nursing Program

Honduras:

Clinica Esperanza
Ministry of Health
Oakridge Community Leadership
Glenda Fae Clinic
Intensive Heart Ventures
RBC Center
Los Fuertes Centro de Salud
Pandytown Centro de Salud
Roatan Hospital
Cepudo
Barefoot Cay Marina
Roatan Rotary

Haiti:

Ministry of Health
Cap Haitian Health Network
Carnival Cruise Line
Labadie Clinic
Laroche Shipping
DesGranges Clinic, Petit Goave
Port Antonio, Jamaica
Royal Jamaica Yacht Club

Panama:

Ministry of Health
Office of the Alcaldia, Bocas del Toro
Operation Safe Water
Peace Corps
Bahia Honda Mission
Bocas Marina
Comarca Leadership
Lion's Club Childrens' Care Unit
David Hospital
Engineers Without Borders
Expatriate Community and Business Owners
Bocas del Toro Customs, Immigration and Port Captain
Robert Brezau, WillPower Shipping Imports
Parteras and Curanderos of Bocas del Toro
Asilo

VII. 2012 and Beyond

As with every country we have worked in, the need for an ongoing presence has led us to base ourselves at one location that we operate as a medical center, while conducting mobile clinics in the surrounding region. By the end of 2011, our experiences had confirmed that the future of Floating Doctors lay in establishing permanent clinic bases providing ongoing care and services, acting as resource centers to support our program activities, and to deploy mobile clinics in the outlying communities. 2012 will see Floating Doctors continuing and expanding all our program activities, and also seeking the support to begin implementing permanent clinics.

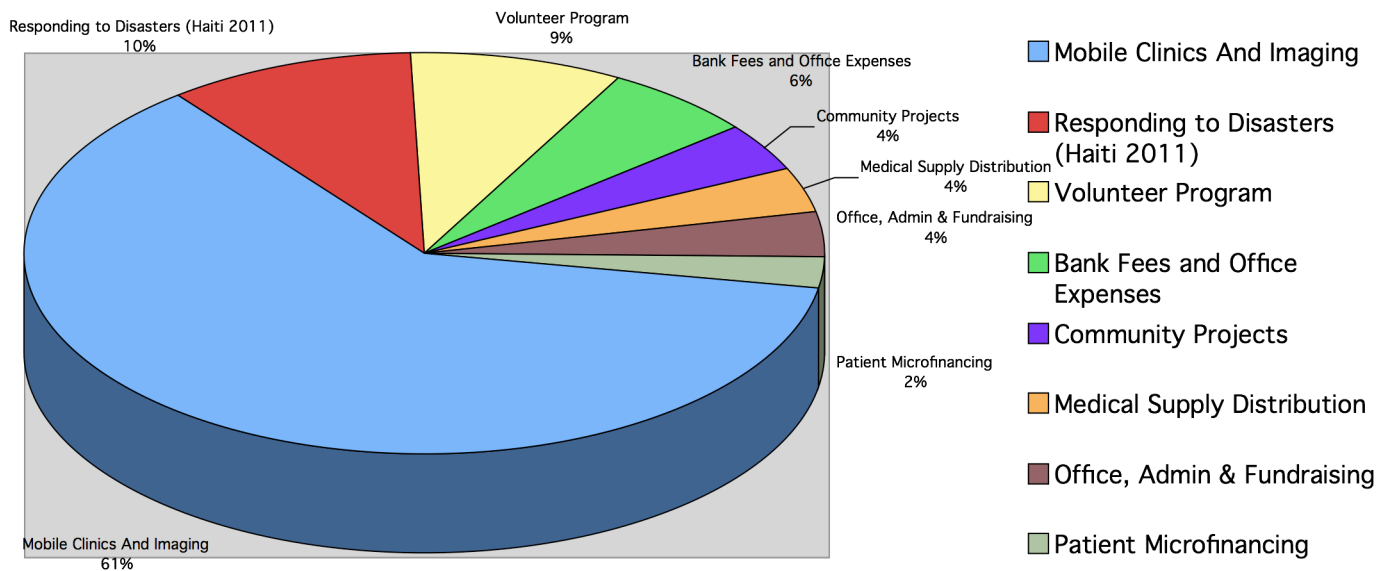
Permanent clinics, managed by local clinicians, will host ongoing rotas of international volunteers and will be able to expand and adapt their services to meet the dynamic needs of communities. Initially we will develop three clinics at the locations we have previously visited—Haiti, Honduras, and Panama. Southern Wind will voyage a Caribbean circuit re-supplying the clinics, conducting more extensive mobile clinics, responding to disasters and identifying new locations in need. Laboratory and imaging services, maternal and children's health, and community public health interventions will all be provided—there will be places to go for health care that people know and trust and can count on for help.

Health lasts a lifetime, and a commitment to health care is a commitment not only to providing it now, but for a lifetime and the generations beyond. If Floating Doctors were alone, permanent clinics would never be possible, but the relationships we have forged with our patients, supporters and partners, and the communities we serve will help ensure that more and better care is available not just now, not just tomorrow, but for the future.

VIII. 2011 Financial Statement and Supporters

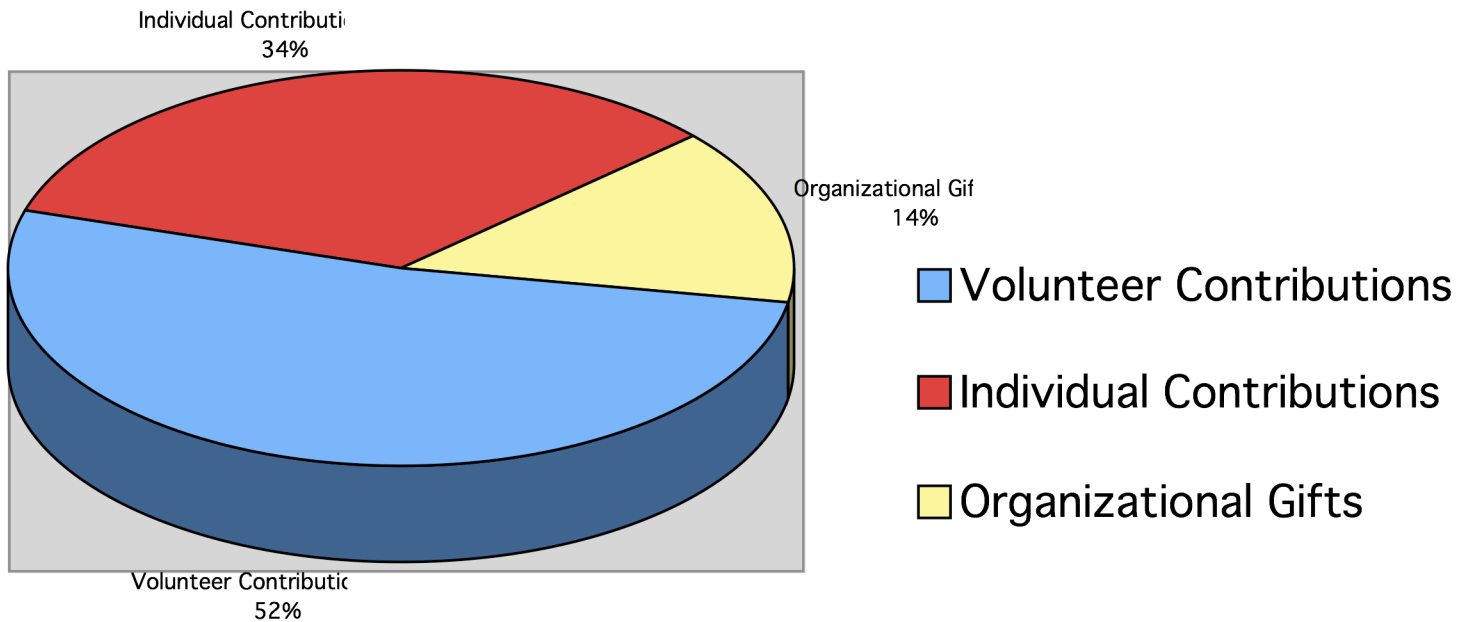
Total Program Expenses:

2011 Program Expenses	
Mobile Clinics and Imaging	\$49,986
Responding to Disasters (Haiti 2011)	\$8,231
Community Projects	\$3,162
Medical Supply Distribution	\$2,976
Volunteer Program	\$6,932
Patient Microfinancing	\$1,996
Office, Admin and Fundraising	\$2,863
Bank Fees and Office Expenses	\$5,070
Total Program Expenses:	\$81,216



Total Revenue:

2011 Total Revenue	
Volunteer Contributions	\$36,675
Individual Contributions	\$23,954
Organizational Gifts	\$10,150
Total Revenue:	\$70,779



Total Net Assets:

Net Assets At Beginning of Year:	\$145,167
Net Assets At End of Year:	\$134,730

IX. Leadership and Board

President and Medical Director: Dr. Benjamin LaBrot

Director of Operations: Sky LaBrot

Vice President and Secretary: Ryan McCormick

Treasurer: Jolie LaBrot

Board of Directors:

- Dr. Mark Parker, M.D. (General Practice)
- Dr. Gene Caine, M.D. (Addiction Medicine)
- Dr. George and Paula La Brot M.D. (Internal Medicine, Pulmonology & Critical Care, Sleep Medicine and Master's in Education, respectively)
- Robert Landis, CEO of Fetch Technologies
- Mark Schelbert, MBA; President and CEO of Shackleton Investments
- Ted J. Hannig, JD, MBA; Managing Partner at Hannig Law Firm LLP
- Dan Smith, M.A.; Senior Program Manager, Latin America, at Direct Relief International.

X. To Get Involved

Floating Doctors is a 501(c)3 Federal and California State tax-exempt organization. All donations go to continue and expand our projects and bring more health benefits to more people in need.

There are three major sources of needed support:

1. Financial Support

Log on to www.floatingdoctors.com and click the 'Donate' button to make a one-time donation or to subscribe with a monthly donation by Paypal, credit/debit card, or electronic check. All donations are tax-deductible and a receipt is generated to your email.

To directly support a particular project, write the project name in the 'Memo' field near the bottom of the page during the donation process and the funds will be earmarked for that program or project.

Checks or Money Orders made payable to 'Floating Doctors' can be sent to:

Floating Doctors
20964 Waveview Drive
Topanga, CA 90290
USA

2. Volunteers

Doctors, nurses, PAs, NPs, dentists, optometrists, physiotherapists, occupational therapists, medical students, public health researchers, educators, engineers, and anyone with a pair of willing hands and the desire to help out in this world are welcome to participate in our project.

Everyone has some special talent or characteristic that can be used in the service of others. We pride ourselves on maximizing the experience of our volunteers to express their particular talent in a way that brings the most help to our patients.

We have no minimum or maximum length of stay and a reputation for working hard and being easy to work with. It is impossible to know exactly what kinds of cases we will see, or what situations we will encounter. All we know is that it will be an adventure of the heart—at some point, there will be a moment where your presence can mean a tremendous change in a person's life.

Email floatingdoctorsvolunteers@gmail.com today to get involved.

3. Medication/Equipment/Logistics Support

Floating Doctors and our many partners are always in need of more medical supplies, as well as medical and field/marine equipment. Imaging and bench-top/portable diagnostic equipment, medicines and clinical 'consumables' (gauze, tape, etc), dental and optometric equipment and glasses, surgical supplies, physiotherapy and rehabilitation equipment are always in great demand and much appreciated.

In particular, Floating Doctors focuses on adopting 21st-Century medical technology whenever possible. Newer diagnostic, imaging, and treatment devices are faster, smaller, more reliable, safer, and less expensive than their 20th-Century ancestors. For the first time in history, it is possible to bring advanced care into remote corners of the world and make high-standard health care possible in isolated communities.

If you have a new product and would like to prove its unequivocal superiority, we are the ideal testing environment. We are happy to unequivocally recommend, and to recognize the service of devices like our Sonosite portable ultrasound or Hemocue portable blood analyzer, that have functioned well and proved of inestimable value of providing care in the challenging situations we encounter. Contact us today to put your product on the frontlines of healthcare for the 21st-Century.

We also greatly appreciate logistics support, as varied as the donation of shipping services, help with customs and licensing for a destination, weather routing, help with fundraising, or the use of a facility for one of our mobile missions. If you have a product or service you would like to make available to us and to our patients, please contact us directly at floatingdoctors@gmail.com.

Report produced by the Floating Doctors Crew
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