



MED TO ONE

Providing medicine for long-term needs, one patient at a time.

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Special points of interest:

- MED TO ONE now supports 55 patients in 3 locations
- Sponsors can write to their patients, pray for them, and make a personal connection
- Copies of the MED TO ONE Documentary are still available!

Want to be a MED TO ONE Sponsor?

Be a One to One Sponsor, and find out what a difference you can make in someone's life.

Sign up online at:
www.med2one.org or
Call 973-626-9928 or
Write us at:
PO Box 26
Bloomingdale NJ 07403

Thanks to your support, MED TO ONE is now supporting 55 patients, having recently expanded to cover Ica, a city about 2 hours south of Lima and in desperate poverty. In addition, we are planning to expand to Honduras this summer. Honduras is one of the most impoverished countries in Latin America, ranking below Peru and Bolivia on every economic scale. Watch your mailboxes for more information about the upcoming expansion and how you can help us support those with chronic conditions in Honduras, just as you've helped us support them in Peru and Bolivia. —Tauni Crefeld, President, MED TO ONE

SPONSOR FOR LIFE.

I recently received a call from Joe Cosentino, a committed sponsor. Joe was in the hospital because his transplanted kidney was failing and I was happy but surprised to hear from him. But my concern quickly turned to wonder. Joe had been telling his nurse about MED TO ONE, and he was so inspired that Joe called me and handed the phone to him! His nurse immediately signed up as a sponsor. That was Joe Cosentino. He was always looking for ways to help others, and always helping MED TO ONE.

Joe has always been inspiring, but that day especially. He reminded me of the Apostle Paul, and I told him so then. Paul was stuck

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WHY EPILEPSY?

Approximately 50% of MED TO ONE's patients have epilepsy, and MED TO ONE seeks patients with epilepsy more so than the other conditions. The reason is that a patient's life can be radically transformed with medication, allowing the patient to work or go to school without seizures, and without the stigma associated with them. And epilepsy can generally be controlled for a relatively low cost compared to the costs associated with other conditions. Whenever MED TO ONE founder Tauni Crefeld has presented to audiences, she is generally asked several follow-up questions about epilepsy. Below are the most commonly asked questions and MED TO ONE's responses.

Is epilepsy more common in Peru and Bo-

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MED TO ONE: NOW SERVING ICA

MED TO ONE has expanded coverage to the city of Ica, which is located about 2 hours south of Lima, Peru. Ica is a city of about 200,000 people, located in the desert along the West Coast, which is in a dire economic situation because of a devastating earthquake which hit the already-impooverished region.

On August 15, 2007, an earthquake registering 8.0 on the Richter scale, struck Peru, the epicenter of which was near Ica/Pisco. The quake lasted for about 2 minutes and destroyed more than 58,000 homes. The government reported 530 deaths. Seventeen people died when a church in the city of Ica collapsed and 70 were injured. The city of Pisco, which is near Ica, was about 80% destroyed. The earthquake has added additional economic difficulties to the lives of families already in desperate poverty.

Lima's coordinator Raquel traveled to Ica in March to attend the Medical Ministry International (MMI) medical mission and help identify candidates for MED to One. She will travel to Ica



Yomira Milagros Gonzales Mendoza, in her home destroyed by the 2007 earthquake in Ica.

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Diana Mendoza, Ica, epilepsy.



Jesus Margarita, Ica



Lida Quiwi Escalante, osteoporosis, hypertension, Ica



Honorata, Epilepsy, Ica

Meet MED TO ONE'S Newest Patients (Ica)

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monthly to care for the patients in the Ica region.

Yomira Milagros Gonzales Mendoza, 12, Ica, Peru, Epilepsy, mild retardation. Yomira had her first seizure at age 2, and seized again at age 6. She was diagnosed with Epilepsy at age 8. Yomira has 3 younger siblings. They live in an adobe house that fell in the Pisco/Ica earthquakes in August of 2007.

Diana Mendoza, age 19, Epilepsy, mild retardation, deaf-mute, Ica Peru. Diana had her first convulsion at the age of 2, caused by meningitis. She has been deaf-mute since birth. Diana has one brother. She lives with her family in a wooden house that is being reconstructed after it was destroyed in the Pisco/Ica earthquakes in August of 2007.

Jesus Margarita Huaman Chavez, age 56, Hypertension, Ica, Peru. Jesus Margarita has five adult children and has custody of two of her grandchildren. She is a street vendor, selling candy. She lives in a very poorly-constructed house, which was destroyed in the Pisco/Ica earthquakes in August of 2007.

Lida Quiwi Escalante, age 70, Ica, Peru, Osteoporosis, hypertension. Lida is a widow, and lives with one of her adult children.

Honorata Retamozo, age 52, epilepsy, Ica, Peru. Honorata was diagnosed with epilepsy in 1998. One of her legs is lame. Honorata is a widow, has one daughter, and three grandchildren. She is a street vendor, and sells candy.

Martin Cabrera, age 42, Hypertension, Ica, Peru. Martin is married, and has one son who is 5 years old. He works selling fish and fruit. He lives in a house made out of woven mats.

Jesus Danuilo Gonzales Vilca, age 32, Benign Encephalitis Ica, Peru. At the age of 6, Jesus was given a vaccine that gave him a fever. From then until he was 7, he convulsed three or four times a day. He was diagnosed with was benign encephalitis. They drained liquid from his spine, and he remained in a

vegetative state, blind and mute, fed through tubes. At age 27, they put a valve in his head because of the hydrocephalus, and he recovered his vision. He needs to do another series of medical exams to determine the proper course of treatment, but he has not done so due to lack of economic resources. **MED TO ONE** will help with the cost of the medical exams.

Maria del Pilar Aldonadin Salcedo, age 32, Psicosis, Ica. Maria has had problems since her birth. At 15 years she had her first convulsion, and had a general infection for two months. She has slight mental retardation, and studied through third grade.

Rubensio Ortis Reynoso, age 19, Lima, Peru, Epilepsy. Rubensio had his first convulsion in 2000 but was not treated. In 2003, he was diagnosed and given a prescription, but stopped taking it because his family wasn't able to pay for it. He had several very strong convulsions that caused him to be admitted to the hospital for three days, where he was in a coma. The doctors warned him against stopping taking the medication again. Rubensio would like to study to be a tailor. He works helping his aunt sell food.

Many of **MED TO ONE'S** newest patients are seeking a One-to-One sponsor. To become a sponsor, or for more information, please contact **MED TO ONE** at: info@med2one.org, call 973-626-9928, or go to www.med2one.org.

Celebrating Easter in Bolivia

In keeping with **MED TO ONE'S** philosophy of caring for the whole patient, **MED TO ONE'S** patients in Bolivia were given presents for Easter. Each patient was provided an assortment of items such as cornflakes and marmalade which are generally out of their economic reach.

Patients in Peru were provided gifts of a Panetton cake for Christmas.

If you would like to help give your patient a holiday gift next year, a small donation will be taken in the fall. And just a note, **MED TO ONE** is not currently supporting Birthday or other one-time gifts for individual patients

Why Epilepsy? —Continued Spread the Word—Continued

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ivia than in the US? First, according to the World Health Organization, the annual incidence of epilepsy in developing countries is nearly double that of developed countries, at 100 per 100,000.” So, yes, the incidence of epilepsy is probably higher in Peru and Bolivia than in the US. In addition, approximately 3 out of 4 people with epilepsy in developing nations do not receive treatment at all. This means that for many of those patients living in Peru and Bolivia their seizures are untreated, and their condition is evident. In the US, where most sufferers of epilepsy have medical treatment and lead relatively normal lives, you could work and live alongside people with epilepsy and never know it. For example, when Tauni presented **MED TO ONE** to a bible study group of approximately 20 people in New Jersey, two of those present had epilepsy, previously unknownst to many in the group.

Why is the incidence higher in developing nations? “One of the main reasons for the higher incidence of epilepsy in developing countries is the higher risk of experiencing a condition which can lead to permanent brain damage. These conditions include neurocysticercosis, meningitis, malaria, pre and perinatal complications and malnutrition.”

Why do so many patients with epilepsy also have mental retardation? Of the 26 **MED TO ONE** patients with epilepsy, 5 also have some degree of Mental Retardation. Based on various studies, it seems that the cause of mental retardation can cause epilepsy as well. In other words, it’s not that epilepsy causes mental retardation or the reverse, but that both conditions are outcomes of the same underlying neurological problem. According to eMedicine.com, “Less than 1% of the general population has epilepsy. But 20-30% of children with mental retardation have epilepsy. Approximately 35-40% of children with epilepsy also have mental retardation.”

The Bottom Line: There are many patients with epilepsy in Peru and Bolivia and **MED TO ONE** is there to provide the medication they need to break out of the vicious cycle of attacks. For example, after just six months, Eder, a 23 year old with epilepsy in Lima, went from being lethargic and in a constant fog, to being healthy and energetic. He wants to return to school. **MED TO ONE** began supporting Eder in November 2007.

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in a prison cell, condemned for being a Christian and rather than accept defeat, he wrote letters to encourage others. In the same way, stuck in a hospital and suffering, Joe encouraged someone to be a sponsor. He was being stuck with needles and taking endless pills, and Joe didn't take that for granted. It reminded him of people who didn't have those necessities.

From day one Joe believed in **MED TO ONE**, and he followed through every day afterwards, including his final days in and out of the hospital. Not long after I got that call from him, Joe passed away, but not before he passed the word on about us to one more person. And again I am in wonder of Joe Cosentino.

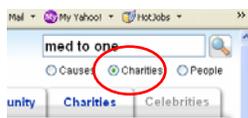
Nicole Alvalo now has a sponsor. As our work goes on and grows; we are Joe's legacy. His hope, commitment, and his example is his gift to us. Nicole Alvalo has a sponsor, and **MED TO ONE** has a patron saint, and this newsletter and our organization is in debt to his memory.

YourCause.com: Charity Facebook

Want to help spread the word about **MED TO ONE**? **YourCause.com** is like the “Facebook” of charities, and the perfect way to share information with your linked-in friends. YourCause.com is the newest of the social networking sites, developed in part by Jaime Vazquez, son of **MED TO ONE** Board Member Colonel Jaime Vazquez.

You can create your own YourCause page to raise money, and raise awareness for **MED TO ONE**, or any charity. You can set up goals for yourself, tell everyone why your charity means so much to you and send your YourCause link to your friends and family. All donations raised on the YourCause website are sent to the selected charities at the address on file with the IRS, ensuring a secure way to raise donations for your charity. **MED TO ONE** has its own page, and was recently selected as the featured charity and received \$100 from YourCause.com.

To link a “YourCause” page to **MED TO ONE**, search in the upper right hand corner for “**MED TO ONE**.” Make sure to select “charities.”



*MED TO ONE is an official 501 (c)(3) charity
www.med2one.org.*



Martin Cabrera, Ica



Jesus Gonzales Vilca, Ica



Rubensio Ortis Reynoso, Lima



A MED TO ONE Easter in Bolivia



Iver Ortiz with his Easter treats

What is MED TO ONE ?

MED TO ONE is a non-profit charity designed to provide long-term medicine and medical care for impoverished patients in third world countries who have specific medical conditions that require constant long-term care, such as epilepsy, diabetes, high blood pressure, or heart conditions.

While many organizations exist that provide medical visits and prescribe medicines on short-term missions, these organizations are not funded to provide more than a month's medication. Doctors in these organizations counsel patients to seek medical care or another prescription from a local doctor at the end of that month, but the economic situation



Some of Lima's littlest patients waiting to be seen at a clinic.

of many of these patients makes it impossible for them to obtain more medicines once they run out. **MED TO ONE** will provide medication and continued care and for patients with chronic conditions.

Ways to Get Involved

As **MED TO ONE** expands, so will the ways you can help. Here are a few ways to get involved:

- **Time?** Willing to donate some time to help with administrative duties?
- **Add MED TO ONE to your corporate "donor match" or giving campaign programs.**
- **Write to your local newspaper about MED TO ONE .**
- **Special Skills?** Know anything about grant writing? Marketing? Accounting or Bookkeeping?
- **Do you have access to medicines?** Carbamazepine and glyburide are the medicines most needed by **MED TO ONE'S** epileptic and diabetic patients.
- **Help spread the word about MED TO ONE;** request a video to show to your church, small group, business, or organization Contact Tauni at info@med2one.org.
- **Rotary, Lions, or other club members,** arrange a date to discuss or show the **MED TO ONE** video. Tauni would be more than happy to present if possible.
- **ONE TO ONE Sponsorship.** Consider committing yourself to **MED TO ONE'S** mission of giving medicine to chronic suffers, one patient at a time.
- **Become a "Friend of MED TO ONE " through a one-time donation.** You can contribute through the **MED TO ONE** website, or by sending checks to **MED TO ONE** to PO BOX 26 in Bloomingdale NJ, 07403.
- **Pray.** **MED TO ONE** exists only through the Grace of God. Your prayer is essential to the continued success of **MED TO ONE**.

Upcoming Events

- **June 14th mission to Kawai (near Lima)** with Health Bridges International. **MED TO ONE'S** goal will be to identify additional candidates (supported by Lima's coordinator)
- **June 14th mission to Arequipa** with MMI (Medical Ministry International). **MED TO ONE'S** goal will be to identify additional candidates
- **August - expansion to Honduras,** if funding is available to support the additional location.



Our next patient?

Board of Directors

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MED TO ONE is a non-profit charity under section 501 (c) (3) of the Internal Revenue Code.

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