



This is a trip report for my September 18-24,2010 mission to Pueblo Nuevo (PN). The report will be thematic rather than chronological, as I did not make daily notes. It also will be briefer than prior trip reports due to the gender of the reporter.

Overall, it was a successful trip. I planned to provide pediatric care to the residents of PN and surrounding villages. The number of patients was small (36) and exclusively from PN. This was likely due to encouraging only sick children to come, a 5Q per patient fee and the fact there was not also a doctor to see the women. To see children from other villages in the future we need to either also provide women's healthcare or travel to the other villages to see them. Other goals included gathering more information about various health, hygiene, nutrition, education, economic and spiritual needs and projects. The low patient volume allowed me more time to talk about these issues with Ismael and try to talk with Orfe, as my English has not yet reached the level of a three year old child. Overall, I feel that we are beginning to meet many of the unmet needs while monitoring for unintended consequences have great hope for these programs.

Patients – The total patient census was 36 (9,7,9,5,6), exclusively from PN. I think the annual or semiannual child health day is a good idea to see, examine and do screenings on the entire community. I also think that I did get to see most of the children of the village who needed medical care at that time. I did see a few patients discussed below who clearly made the clinic worth my time. In the future, a child only clinic in PN for 5 days is probably more than needed. In the future I may come down with FP or OB/GYN or else would need to do jornadas to other aldeas.

Karen Mishell Xona – a 2 year old who doesn't walk, rarely talks and eats dirt. I spent some time trying to guess the etiology of her disability, but came up with no good ideas. Only later did I realize that this is the child to whom Anne gave the stroller. She will have ongoing mobility and nutritional issues. Mother took her once to Physical Therapy but it didn't work. She is a patient we will want to follow.

Hamilton San Jose – a 3 year old with fever and leg pain. He had a cellulitis of his leg from an infected sore. I began cefalexin, but he return the follow day with continued fever, greater swelling, but I felt less warmth. I added amoxicillin (I didn't bring the rocephin with me) which was the best I could do. The following day as we were driving out of the village, I told Ismael that I wondered how the boy with the infected leg was doing. He points to the left and says, “there he is – do you want to go see him?” His fever was gone, he walked without a limp, and the leg looked much better. We also saw him at home the last day of clinic while collecting water samples and he was back to normal. We reenforce that he still needed to complete his course of antibiotics. I think that the mother was happy with his 2 clinic visits and two house calls.



Kateria Raymient a 2 moth old with diarrhea, irritability and a history of “heart problem” at birth, not yet evaluated. She was a very fussy baby, very tachycardic while crying. When she stopped crying, she remained quite tachycardic and a clear long systolic murmur was audible. She was acyanotic, had good femoral pulses, clear lung fields and no hepatomegaly noted. I don't know what CHD she has, but I suspect she may have some CHF. We strongly encouraged her to take her back to the hospital or doctor. We will have to follow her closely to see that she follows though and see if we can meet any of her needs.

Selvin Ortiz – a 7 year old with a history of hepatitis twice and poor eating due to dental caries. I saw several other children complaining of dental pain due to caries. Hopefully efforts to apply dental varnish and sealant combined with education to brush teeth may eventually help this problem. I am not as hopeful about the sugar as the whole society is addicted to sucrose. The kids eat candy, drink lemonade, very sweet coffee and the frozen

sugar drink they sell on the street. As there are still cavities, there might be some role for tooth extractions.

Auner Joel Moran – a 12 year old who cut his finger on a machete a year ago. He had a very poor repair done at that time which left him with some deformity and lack of function of the index and middle finger, and one of at least 2 retained sutures extruded itself a couple weeks ago and still has pain and drainage at the site. He has not attended school since the injury because he can no longer hold a pencil to write. Ismael suggested that mother have him practice writing with his left hand, but mother just laughed.



Yureily Garcia – a 19 month old with fatigue which was my sickest patient of the week. She has had visits to clinics for nebulizer treatments previously, and presented with cough, fever and increased work of breathing. She improved somewhat after two rounds of two puffs of albuterol via an amoxicillin box spacer. I sent her home with the inhaler/spacer, prednisalone, singulair and amoxicillin for good luck. We spent a lot of time explaining how to use the meds and some triggers to avoid. I explained to continue the singulair daily, even when she seemed better. I worried about her for two days, so we stopped at her house the last day of clinic while heading out of town. I was apprehensive as mother went into the house to get her, but knew she was better as soon as I saw her. Her fever was gone and her lungs were clear. And the fire for cooking was outdoors, just as mother told us. We again reinforced how to finish her meds, now use the inhaler for rescue only. Monitoring her chronic disease and educating about controllers and rescue and triggers will be a long-term program. If we can identify some of these kids with chronic problems, maybe we can be sure that they are seen every time we come. Also, the following house calls for the truly sick children are really quite gratifying and should be great patient pleasers.

I saw many other patients with the usual medley of headache, stomachache, cough, diarrhea, gripe, ear pain, anorexia and many many rashes. I have tried to decipher the words they use to describe rashes and what they think they mean. This list is a work in progress. Ronchas is a general term for rash.

Granos is a papule or pustule, that they assume is infection. Small ones are granitos. Manchas are macules or plaques. They may be white or red patches, often tinea or other hypo pigmented areas. Some think the white spots is a sign of a nutritional deficiency. Sarna actually means scabies, but they use the term sarna to describe a rash on pigs. Salpuido is a cluster of papules or vesicles such as herpes.

Meds – The purchase of the medicines went fine. Jeremy arranged the drop off. Unfortunately, I was on level one when he called to say the driver was on level three in a black car with no license plate and he could not wait there long. I sprinted up the two levels of ramps with my 2 checked bags, carryon and backpack, feeling my age. I saw a black car

parked, the windshield too dark to look in. The man in sunglasses that came out of the car spoke no English, but I think I got the right package of drugs. Squeezing all the little medicine boxes into my checked bags was a challenge, but I had help from an eager “skycap” who was well rewarded for his time and initiative. Next time I plan to wait on level 3 and leave more space in my bags.



I had most of the meds I needed. I did pick up a few bottles of acetaminophen (37Q/4 oz) and a bottle of cough med (73Q/4 oz) to supplement the supply, but this is not the best way to get meds. I am working on a new med needs and wants list of both meds and supplies.

I have a portable battery powered centrifuge that I bought on ebay which worked well for point of care testing, especially as there was no power in the clinic. The larger centrifuge would be better for screening at schools or child health day, but I was unable to get the spinny part to attach to the rotor. I think it works, not sure if it needs another part or maybe I missed something.

Vaccinations – A nurse from Santa Ana comes every one to two months to immunize the children. This is announced to the people but they are not compelled to participate. People refuse for various reasons including the idea that the shots give the baby an infection (fever, leg swelling, crying). Maybe if tylenol were available through the health promoter more people would take their children for shots. I don't think we can easily determine compliance with immunization and prevalence of vaccine preventable illnesses, but we can try to educate people and breakdown some of the barriers.

AIDS – AIDS is increasing in Guatemala. There were 400 new cases in San Benito in the last year. Ismael believes there may be cases of AIDS in PN. Many people go to different towns for treatment to preserve confidentiality. We need to keep this in mind with blood draws and if we train someone to draw blood in the schools.

Medical System – When we cannot help the people, they must use an inefficient, expensive, corrupt and incompetent system. To go to a clinic or hospital includes transportation cost, overnight lodging, doctor fees, lab fees, pharmacy fees, easily 1000Q per encounter. Since the government hospital has a long line and sees no one after 2 pm, many people go to the private clinics. The doctor writes several prescriptions and sends them to a specific pharmacy so he gets his 15% kickback. The same thing for labs. Due to this high cost, many family first try herbal teas at home and then the pharmacist before going to a doctor.

Vitamins – The vitamin distribution in the schools is going well. Some teachers have noted better attendance and improved concentration from the students. Student who had quite

going to school have returned in order to get the vitamins and KAH food. Most school keep track of their stock of KAH food and eagerly await it's arrival. The teachers at PN so far seem less interested in the programs. Ismael received a call from the school in Julecki which wished to receive food and vitamins.

KAH – KAH food distribution to schools is well accepted and appreciated. They find the food more palatable after adding some peppers and who knows what else, but they like it. The schools usually run out of the government sponsored food, so this fills a need. The home distribution is also going well. The controls in place appear to ensure that the food is going to the neediest families.

Ismael tells me that the current supplies of KAH food should last until February. The school distributions will stop with the school vacation but home deliveries still continue. Ismael makes reports of the food distribution to the Assemblies through the Nazarene Church to maintain tax exempt status as well as to Sewhope. As the food supplies dwindle, plans may need to be made for future fundraising, packing events and shipping plans.

Gardens – I had the opportunity to see many of the gardens that Orfe has helped initiate in PN and Mango. She has over 50 in Mango and 14 of 32 families in PN. The process of building the garden is quite specific and monitored by government agencies. Any disease or infestation noted is analyzed by government labs and a remedy is provided. The gardens are generally neat and orderly with small plants now sprouting. The women seemed very proud to show their gardens and are interested in how to improve them. This promises to be an extremely successful project and Orfe has been a tireless champion for the cause. She also works actively with the young women of PN to encourage creativity, they made felt chickens one day while I was having clinic. The women enjoyed the activity and it may foster creativity in other areas of the life. Other projects Ismael and Orfe discussed include adult school (so the parents can help their children in school), microeconomics (making clothing or handicrafts), better cooperation between the various churches, and ways to encourage better school attendance. Many women don't want to spend the time and effort involved in learning how to make things to sell or use, but if we could identify and train one or two motivated women and they success, then success breeds more success. I'm sure there are many other projects I am unaware of, as I focused on the medical needs.





Health Promoter – The current “health promoter” is the wife of the man who owns the large property at the town entrance and across from our current clinic. She is a good Christian woman who has the first aid supplies, and may benefit from some training or supplies from our group.

School – The school in PN continues to present challenges. Attendance is poor for students as well as teachers. Four of the five teachers are from Mango, and appear to take turns taking days off. The current director, one of those from Mango, also directs a private school in Mango, which may explain his apparent lack of interest in bringing a secondary school to PN. The fifth teacher is a young man from Santa Ana which might potentially become a new director. The ladies that cook are also frequently absent. They have been provided a nice stove with three cooking areas, but they continue to build a fire on the floor and cook there, they say, because the water boils faster there. There is limited pressure we can apply or we may lose complete access to the schools and potentially endanger Guatemalans who are working with us.

Building – The current building that we use for clinic is owned by Jose's son. He is rumored to be buying furniture in December with plans to move in next year. This would require finding an alternate site. The school is not ideal because the lack of privacy stifles confidential conversations. Some lots are available for building with pros and cons.



Water samples - I planned to collect multiple water samples from the pump spigot, tank, and in the homes. Because of recent rains, the people have plenty of water in their barrels, so they did not want to turn on the pump. Ismael says the water in the water tower is not

what the people use. We did collect both rainwater and stored pump water from barrels from 4 or 5 families. We might learn something from chemical analysis of these samples. Culturing their drinking water might also be useful in the future.

Family – The family structure compounds other problems. The large number of children which the men desire to demonstrate their machismo and keep their women faithful, only serves to worsen their poverty and increase their medical needs. Ismael showed me the picture of a 12 year old girl who he said is marrying an older man. While this is “illegal,” no one cares and the laws aren't enforced. I hope that the planification program will empower the women and improve the health of the families.



Different families prevent different challenges to providing care. We see many try to get as much as they can from the gringos, to use themselves or sell. A woman tried to give her a bottle of prednisilone that she thought was acetaminophen and Ismael explained that the doctor gave her what she needed, because he knew that she intended to sell it. Orfe said that sometimes it is better when the doctor doesn't speak Spanish, so the people can't take advantage of our sympathies and ignorance of their motives by lobbying for more meds. Other families have the opposite problem – too much ogullo or pride. They refuse food or vitamins as charity. This is particularly a problem with many of the men. The better we understand these complex issues, the better we can serve them by giving the right type and right amount of care and resources.

I'm sure that I have left out too much, but I have written enough to retract my initial sexist comment about the female reports being long. It is impossible to include everything from five days in Guatemala in a few paragraphs. I always feel my words cannot fully capture the “texture” of the people – it is a very complex society. The Guatemalans are so needy while we have so much excess. The challenge is to give in ways that preserve their dignity and encourage self-sufficiency.

I am also sending this report to Ismael, so he can correct any misunderstandings of our conversations. I also would like to thank Ismael and Orfe, faithful servants of Jesus, who have been a blessing to the poor people in Guatemala. May God bless them.

As I leave Pueblo Nuevo, the girls of the village eagerly await the return of “las gringas.”

God blessed us so that we may be a blessing to others. I pray the those blessed also go on to bless others.



Addendum – dining report

Most breakfasts were at Casa Amelia at 7 am. This was convenient, efficient and reliable. I did have a nice fruit salad one morning at a place down the street, but it was a little more rustic. I tried three times before I found Cool Beans open at 7 am (I was walking the island – I am not a “crazy runner”). The food was OK this time, but I can't really recommend their hash browns. I need to learn the spanish word for muffin before I return. Also, the rumored wifi did not show up on my ipod touch.

Lunch was a banana but sometimes it was an apple.

Cena!

My first night I had a chicken burrito at Capitan Tortuga, with live music and a view of the lake. Wonderful. The second night was shrimp at Hotel Santana – very pleasant. The third night was lake fish fillet in their upstairs dining area of La Caisona de la Isla – still my favorite. Unfortunately, no pescado del lago today. The fourth night, I had pizza at La Villa del Chef. This was the only busy restaurant that I saw, but it was full of gringos with it's english menu, happy hour drink prices, and pizza on the menu. They also still have glacially slow service. This was not my favorite dining night. My final dining adventure was the Gran Jaguar, in their night quiet courtyard overlooking the Lago Peten Itza. The chips with refried beans was tasty and the right size for a party of one. I ordered pescado del lago a la planche, and it was as good as what I have eaten at La Caisona. The meat was tender and with the skin scored, it was easy to separate from skin and bone. The vegetable medley and tortillas were nice accompaniments and the fries were unnecessary, but tasty. They even serve a shot glass full of toothpicks after dinner. How decadent is that? (Or maybe when I asked for la cuenta maybe it sounded like the Spanish word for toothpicks). I had little small change left and gave him a monster tip, so if he recognizes me from all the other gringos, next time I should be treated like a sultan.

Dinner for one is a quiet time to reflect on the day's events and try to center one's self and prepare myself for the next day. I usually spent the time while waiting for the food to make notes of needs and topics to address later and other things to try to remember to report.

When I came down for this trip, I had plans and goals but a little more uncertainty than usual. I had faith that God would provide, and he did in so many ways. I never come home from Guatemala the same person that I left. Hopefully, in some way, God had changed Guatemala for the better through me.

