

## **SewHope Trip Report March 6-13, 2010 and Current Status of SewHope Projects**

### **Team members**

Anne Ruch, Deena Ellis , Vicki Hill (midwife), Puja Venkat (med student), Connor McNamara (med student), Mackenzie Phelps (college student).

Evan Keutzer (a UT med student) had to cancel coming on the trip the night before leaving because of a serious medical problem.

Jeremy Brenner joined us from Sunday to Wed. He is a young man from Toledo who has been volunteering in Guatemala for almost 2 years. He was previously working with HELPS, Guatemala and is now living in Chal and working on a website to unite all NGO's working in Guatemala. We employed him to help out with getting medications, supplies and books for this trip and we brought him up to the Peten so that he could see the work we are doing and to meet Ismael so that he might be able to further help us with projects in the future. He has many connections in Guatemala, knows the language fairly well and has a great enthusiasm and love for the country and its people.

### **A warm welcome in Pueblo Nuevo!**

The absolute highlight of the trip was the incredibly warm reception we received by the villagers of Pueblo Nuevo who were so suspicious of us just 2 years ago. The woman who could barely smile 2 years ago now came running up to hug me! They are so grateful to our organization for blessing their community with improvements in sanitation, health, clean water and education. They line up all day now to see us at the clinic and they all want pap smears!! Remember when we started, they all ran the other way when they realized what went on in the gynecology clinic!! One woman jubilantly showed me her baby. She said I had done a pap on her when she was pregnant with him. She had been afraid that it would cause him harm but he is perfect, and now she tells all the other women that paps are safe! But the funniest thing was that, the baby is light skinned so she calls him a Gringo Baby and named him "Brian" after "one of our team members" (although a "Brian" has never been on our trips)! It was clear that the villagers feel that all these efforts are being done jointly and that they are individually responsible for the improvements being made for their families and children.

### **"The Charlas"**

As usual, what was planned and what actually happened were so different!! I had spent so many hours preparing educational sessions to give to the women of the community and the health promoters and comedronas (midwives). Last summer, Marleni, a worker at the clinic in Mango, had asked us to give these since there was so much ignorance and eagerness for information regarding women's health. When Coral went last month, Marleni told her that all was prepared. She even said she had arranged a presentation for 27 health administrators. The plan was to have these presentations on Monday, Tuesday and part of Wednesday. Even our med students had prepared and in reality, as I hate to talk in front of groups, I was a bit nervous about all this. But I had Deena on board to translate the words and to be culturally sensitive as only she can be!!

So on Sunday (before Puja and Connor arrived), we all went to the clinic to get things arranged and meet with Marleni to plan the week. She reported having the “charlas” (chats) arranged and we set up the exact times. She suddenly seemed a little vague about meeting with the administrators (so much for my powerpoints on “Maternal and Infant Mortality in Guatemala” and “Cervical Cancer Prevention in Developing Countries”) and when we hinted that maybe we should have an alternate plan for that time (4 hours arranged!), she immediately said we should just do something else! Again, this was validation that we cannot rely on other organizations or the Guatemalan govt. to achieve our goals. So as it turned out, we ended up having 3 “charlas”. While Marleni had told us that they would be in a large room near the school with huge attendance, they ended up being casual talks with small groups of people in the clinic waiting area. So much for hauling my computer and projector!! (I have to stop thinking like an American!). But in reality, I believe the “chats” planted many seeds that may have had powerful effects.

We had 3 meetings that lasted about 90 minutes each. In attendance were 4 comedronas (midwives) and about 15 local women. The intent of the talks was to be education about pregnancy, childbirth, cancer prevention, women’s health issues, etc. But as we all know, most of the problems that women in developing countries suffer are the result of the complete relegation of women to such low status. It didn’t take long for this to become apparent in our discussions. My passion for women’s rights (strongly reinforced by the body language of my cohorts, Puja, Vickie, and of course Deena!) quickly surfaced and within minutes the women became very animated about the whole topic. As we talked about the reality of women, babies and young children dying needlessly in these countries, the reality of women’s low status came more and more to the surface. I couldn’t really tell if this is something they ever talk about amongst themselves but they were surely excited to talk about it in a room devoid of men and where their feelings were being validated and encouraged. As I talked about the reality that women will continue to die in childbirth when there is no adequate medical system, they all echoed that this would not be allowed to continue if it was men that were dying. We talked about the statistics of maternal death around the world and when I asked which country they thought had the highest rate (which is actually Sierra Leone and Afghanistan), 2 of them shouted out “Guatemala”! While they may be sheltered from the rest of the world in many ways, they are surely cognizant that their government and the richer countries have failed them. They talked about domestic violence and when I suggested that this is often worse during pregnancy, many vigorously nodded their heads. Their faces vacillated between anger and laughter when we talked about what happens when they are in labor. They have the option of delivering in their homes which is very comfortable for them but where they know that if an emergency occurs, there is a high risk of death (maternal mortality in the U.S. is 13/100,000, in Guatemala it’s 400/100,000 and among the Indigenous rural Guatemalans could be as high as 1,000/100,000). If they go to the hospital where mortality is still high, there is a high likelihood of Cesarean Section and they will labor in a stark room alone with no pain medicine and no one to care for them. They talked about how some of the women can be stoic but many have to scream for hours in pain in a room all by themselves. When asked why they thought the hospitals wouldn’t let family members in, they said that the family member might scream louder for treatment of their loved one and this would disturb the system! Then they started laughing together about how their husbands act when they themselves are sick and how they demand care and comfort from their wives! They even started mimicking the men! For me, it was amazing to watch their faces. I have rarely seen them be so

animated about anything. It made me realize how women's rights activists must have started in our own country. I wondered whether this little charla might be the beginning of change for them. But we all know that even in the U.S., many women suffered as they spoke up for their rights and I wondered how these women could ever stand up for themselves in a country where no one is protected by the law. For at least that moment, we all shared a beautiful unity that transcended language, culture and status. I was so moved watching not only the faces of the Guatemalan women, but even the faces of the women in our own group who were not just reading about injustice that poor women suffer, but were seeing it in the lives of real people sitting in front of them. There was one comedrona who particularly stood out as a leader. About 50 years old, she had a face that depicted all the strength, intelligence, beauty and resilience of the Mayan women. She had worked as a comedrona for many years and clearly had great pride in her work. Eagerly shouting out answers to my questions about potential complications of pregnancy and childbirth, she also listened intently and asked insightful questions about what needed to change to prevent maternal sickness and death. Clearly respected by her community, I thought about how change there will only happen through the efforts of women like her supported by people with resources and education.

We went on to talk about why women choose to have so many babies. They echoed what has already been endlessly researched and published. Families stop having children that they cannot afford only when women are educated and empowered to make their own choices. They all know that contraception is easily available there but they are not allowed to use it because their husbands view large families as "machismo" and want to "own" their wives. One woman eagerly talked about how her husband told her that if she used birth control he could easily find a woman who would be happy to have his children and that he would abandon her. We were careful not to suggest that they didn't have the resources to feed all these children, but in the tone of the discussion it was clear that these women knew their children were being denied basic food and education because there just wasn't enough food and money to go around. Sometimes trying to be lighthearted, you could feel their agony when they talked about how the men were given the best food (meat, protein) and the greatest portions while they and their children were given what was left.

We talked about some other women's health issues but the interest and mood in those discussions were nothing in comparison to the other issues which are at the core of their poverty. I surely sensed that they want better for their children but that they had no hope for change. Within me, I had so much torment as I watched all this. Yes, we all love to watch the great sense of community there. Driving through the streets we see the children running around, playing ball, laughing, holding hands, carrying their young siblings. We watch the women who have a great sense of community as they wash their clothes and cook together. I often feel and often hear from our team members a certain jealousy of these people when we consider the solitude and high price we pay for the constant stress that comes with "success" and competition for more in our lives in America. But surely there is no way we can justify the realities that we see in the poverty there. On my first trip to Guatemala in 1998, my breath was taken away when I observed tens of thousands of people living in trash and being treated like animals as they lived in the Guatemala City dump. I remember hearing God whisper in my ear that He never intended His children to live like that. In these rural areas, you don't experience the foul stench,

the loud noises, the evidence of prostitution, drug trafficking and child abuse. It is more peaceful but as you get to know the people and especially when you enter their homes and hear their stories in the clinic, you realize that the agony of their lives is much the same and God is still whispering to us who have so much that no, He never intended this and the world will never be as it should be if we allow this injustice to continue.

We found out after starting our “charla” that this was “The Day of the Woman” in Guatemala!!!  
Coincidence?? Happenstance??

Later in the week, we met with a few young teens. They happened to be the few who actually had dreams for themselves and were remaining in school. They clearly came from homes with parents who cared and were so unlike the majority. We talked about choices and some health issues and their eager faces inspired me that yes, change is possible.

### **Status of our medical projects**

Once again, we had our short term clinic throughout the week. The plan had been to do the majority of it in Mango since that facility had more rooms and tables and had electricity so it would be much easier to see pts and do pelvic exams. But we found that the day we spent in Pueblo was much more productive. Marleni once again let us down and failed to alert the community to the fact that we were there. But in Pueblo Nuevo, people even came from surrounding communities.

Jose, (the leader of the community), offered to set up our clinic at his son’s house! It worked out fabulously this week and should be ideal for the future. His son built it with the intent of living there but he now lives in Boston and may or may not return. They are not asking for “rent” and though it is not “ours”, I have learned that anything you do in Guatemala and in reality anything you do in life can be taken away from you. So for now, it is perfect!! We brought the exam table and other clinic equipment which had been shipped on the container at the end of the week and the men stood around in amazement declaring that this was the beginning of a clinic in Pueblo Nuevo! Ismael told us about a wonderful man in the community who has already been trained as a health promoter. If we send down regular teams, this man could function as someone who could provide first aid and perhaps follow up on some things we might need him to do. Now we can keep records and provide care in a meaningful and responsible way.

The things that we saw at the government clinic confirmed to me why we have to have our own facility. The govt clinic has lots of appropriate medication and all the right forms for prenatal care. The government is clearly showing on paper that they are following the guidelines of the Millenium Development Goals and international organizations that have made excellent recommendations for care of pregnant women. But the clinic staff is not trained and nothing is enforced. No records are kept and the women at the clinic give out meds when they don’t even know what they are prescribing. They dispense antibiotics at will and patients walk in and out in less than a minute getting the meds they want if Marleni and the other worker want them to have it. They say they give prenatal care, but it is a lie.

Several months ago, we sent Ismael all the results of the pap smears from the last trip and he gave them to Marleni. He even made sure that the women with abnormal results had already been contacted and they were treated by Dr. Coral. They were supposed to follow up this week but Marleni did not contact them. The ones who had normal results were told by her that we had lost their paps and they would have to be repeated! Now with our own place to have a clinic, we can avoid all these problems.

Throughout the week, there were so many times that I was reminded why you should never do medical care there in any more hurried fashion than you would do here. A young, pretty woman who has 6 children and a husband living in the U.S. came in with “a cough”. I thought about all the “medical mission teams” and the “voluntourism” groups flocking around the world to desperate countries to “provide medical care” or to use medical care as a means to “bring people to Jesus”. I will confess that out of sheer ignorance, my first trips to Guatemala were not much different. All over these countries, hundreds of people (usually women and children) line up all day in the heat for the opportunity to see an American medical person. Often that person is not even a doctor, midwife or nurse practitioner. Yet, the poor person is quickly diagnosed with a “cough” and given cough medicine or perhaps an antibiotic that might be completely inappropriate or might even make things worse. It is not the American’s fault that they don’t have the needed lab tests or X-rays but it IS their fault that they don’t at least find the time to listen to the person carefully. Can you really see hundreds of patients in one day??? Consider the conditions you’re working in. You’ve never seen this person before; you know nothing about their medical history much less their cultural and social history; you are lucky if you have a translator at all much less a translator who truly understands them; you are in terrible working conditions; and you have little or no experience diagnosing and treating tropical diseases. How can you possibly see and treat them in 2 minutes??? While I would agree that turning our backs and not going is not the answer, we can AT LEAST treat them like human beings. We can listen to them, really get their history and try to get the help we need to diagnose them correctly.

For this woman, her cough had gone on for years. She described how she can barely sleep at night because she brings up phlegm constantly. At times she feels that she is choking because the phlegm is stuck in her throat. She is so exhausted, yet she still has to take care of her children with no support and a husband in the U.S. who occasionally sends some money. Fevers come and go. She comes to the Guatemalan government clinic there regularly and walks off with cough medicine. She has even gone to Guatemala City in search of an answer. My guess is that if we had hundreds of patients waiting on line at our clinic, we would have also handed her the drug of the day and went on to the next person. I do not want to sound better than anyone else, but I guess God has shouted at me in my quiet moments at night that these people are just as worthy of my knowledge and my time as any other patient so why wouldn’t I at least TRY to find an answer. So we asked the women who work in the clinic (they are not trained at all in any medical teaching, yet they hand out the meds provided by the government on a daily basis) whether we could send a sputum culture. They looked perplexed and explained that we could send a culture but in reality, they just don’t see things like TB in this community. And if a culture did turn up positive for something like this, then the entire family would have to be treated. They seemed to know the significance of a diagnosis like this but in my mind I knew that first of all, the lab equipment for a correct diagnosis is probably non-existent and even if it were, does the health dept

really want to alarm the community and have to go to all the hassle of finding the family, treating and following them? In all the years I've worked there, I've NEVER heard of a patient with such a diagnosis (much less HIV!). I know it's not because these things don't exist! One of our med students, Puja, has worked in infectious disease in Detroit and spurred me on to keep pushing on this. So we collected a sputum sample from the woman and refrigerated it with the plan to bring it back to the U.S. for a legitimate diagnosis. But guess what? When we returned to the clinic to bring it back with us, Marleni had supposedly brought it to the health center in Santa Ana. I hate being so cynical but really???? Wouldn't it have been easier for her to just throw it out? Wouldn't it look bad for her and for the health dept if something did turn up after the woman had been coming there for years? Regardless, we decided to just go to the woman's home and get another one. Going to her home was an experience that provided so much insight. We drove through the dirty roads dotted with little dilapidated dwellings with despondent women and children idly standing in front of them watching the "gringos" drive by. Then we pulled up in front of her home. Though not quite as horrifying as the Guatemala City dump, it still filled me with anger at the injustice and inequality of this world. Surrounded by trash, a broken down car, half starved dogs and cats, a rooster and many chickens stood 5 forlorn children looking at us with curiosity. The mom came out and immediately recognized us and gave us a warm reception. In the midst of her poverty, she found a little bench for us to sit on and made us feel at home. We told her what happened so she went inside to easily produce another "specimen". We then asked her sister and all the kids if they'd like a photo of themselves. They were so excited about the possibility of a "family picture" so the sister ran inside to clean up the baby to look pretty for the picture! As we left, they all hugged us warmly and kept asking when they would get the results. She looked at us with such hope. Imagine years of suffering and hoping that maybe someone will take you seriously enough to even listen to you. I left with a fear that maybe the "specimen" won't be adequate to make a diagnosis or that maybe she has something untreatable. As I write this, the lab at Toledo Hospital is already working on growing the culture and Dr. Julie Westerink (infectious disease doctor at University of Toledo) has given me great advice on how to proceed. I've called Ismael and he's getting her started on an appropriate antibiotic for now until we have further results. There are many more stories about people like this woman, but what it teaches me is that as we proceed, we need to take whatever time is needed and pull in all the resources we have to get to the bottom of the health issues with the resources that we have. I know that Coral Matus and Gary Collins are in full agreement with me that lining up patients like an assembly line is not only useless but dangerous!

Ismael has established an excellent relationship with 5 surrounding villages and he will arrange to have the people from these places come to Pueblo Nuevo when we have future clinics. We can get a generator to use for the week if we need electricity (although I've gotten pretty good at doing paps with a flashlight!). Many of the people in these villages are Indigenous Mayan "Ketchi". They are often very suspicious of "gringos" and are historically the people who suffer the most from all of the problems associated with poverty. Ismael has been able to gain their trust and explain all the things we're doing. The fact that they are willing to let us do pelvic exams on them is remarkable. They are incredibly grateful for the KAH food which Ismael is providing to their schools.

I obtained 25 pap smears during the week which are currently being read again by the kindness of the cytopathology dept at TTH. Some of the older women who are actually the ones who are at greatest risk for cervical cancer were very reluctant to be examined. But because of the strong relationship we've built, they actually allowed this!! We've been keeping good records of all the women we've tested over the last couple of years and it will be interesting to follow them. I think this project is one of the things we've done best mostly because of all the support we've had from many people and because of the relationships we've developed there.

We are in great shape right now as far as equipment and meds. Everything is safely stored at the bodega. Our team got everything organized there. I have a full list of all the meds and supplies but suffice to say, we can do a lot of meaningful work with what we have. Jeremy was able to buy me all the meds I needed. I paid no more than I would have here and did not have to worry about getting them through customs. So now we can use our suitcases to send other items such as school books and supplies. I had to pay Jeremy a small amount for his time but this service is invaluable. As we run out of meds during the trips, we can just have him get us more. He will also be able to make sure we have a functioning cryotherapy tank available during each trip. He can get us a generator or autoclave unit also for a small rental fee if needed. At this point, I'm content to keep the meds at the bodega. If it looks like things are working out well in the Pueblo Nuevo clinic down the road, we can move some things there. Jose is willing to put in a locked area there. After all that has happened over the last couple of years though, I'd prefer to keep our things where no one can take them for now.

The ultrasound worked well during the trip. We were able to ultrasound about 20 pregnant women and although I wouldn't count on it to diagnose certain anomalies, we can certainly get fairly accurate dating, position of baby, number of babies, assessment of amniotic fluid status, placenta location and often even the sex of the baby (which the mothers loved!!)

We have obtained excellent forms which can be used for prenatal records. They include all the information recommended by the Safe Motherhood Initiative such as the usual prenatal stuff but also a place to indicate that you've talked with the women about emergency plans for delivery, post-delivery contraception, breastfeeding issues, etc. I'll make copies of these so we can use them for future trips. We have lots of prenatal vitamins for all the women we see.

### **Hospital Sayaxche/Surgical trips/Reduction of Maternal and Infant Mortality**

We drove out to Hospital Sayaxche on Sunday afternoon planning to meet with Dr. Sandra Sanchinelli, the medical director. Ismael had felt that during Coral's visit, he sensed some hesitation from her about our coming there. She was not there and we had to drive all the way back (90 minutes each way). Ismael remained persistent that we find time to meet with the head health administrator of the region who is Dr. Roy Flores. Dr. Flores seemed luke-warm about meeting with us but Ismael just allowed him to pick the time and we made it happen. So Deena and I went back with Ismael and Orphe on Friday. He initially seemed fairly uninterested and indicated that we could perhaps visit and see what might happen for the future. But then I started to tell him where our hearts were and what we had observed of "missionary teams" over these last 12 years. I told him of my observation that surgical teams

“swoop” in, take over and then leave the consequences and post-op complications to the Guatemalans and after the week, nothing is changed except a few patients who may or may not be better. We talked about our serious purpose of making significant change guided by the desires of the Guatemalan people. He then became very interested and is hoping that our April surgical team will not only be able to help them with some specific cases, but will also be a time when we can develop some longer term planning. Then I told him that although I’m happy to help them with surgeries, my real heart and one of the goals of our organization is to reduce sickness and mortality in pregnant women and babies. Then his whole demeanor changed and he became greatly interested! He is obviously well educated on the current lack of progress being made in these areas in developing countries but also of what can be done to help. He totally agreed with me that having well trained midwives in the hospitals is key to making any improvement. We talked about what this would involve and he already has some wonderful ideas. His community is crippled by the lack of government support and he would love to work with us on a serious plan to make changes in maternal/infant mortality. There is no such program in the country and he already has ideas to make it happen. He is clearly intelligent, educated and motivated and I had already known from Dr. O’Callahan that his heart is with the poor. So we made plans for April with the hope that that will be the beginning of much greater and more significant efforts.

It is wonderful that we have already had 2 wonderful American midwives come on our trips. They will be able to give us so much insight as we proceed. I think that both Sue Sommer and Vickie Hill were able to get a fairly good sense of the challenges we face there.

Also, I’d like to give great thanks to our 2 med students, Puja and Connor, who did an outstanding job in being flexible, hardworking, insightful and always willing to work hard. I add them to my growing list of some of the finest soon-to-doctors that have joined us in Guatemala. I believe they have ideas for our future relationship with med students. Randy and I are brainstorming on a proposal to become more involved with UT med students and residents and possible development of a Global Health certificate program at UT. Coral is already working with Promedica and WW Knight to expand our program with them.

We are very fortunate to have Coral and Gary Collins on board with us. They are both committed to regular trips down there and have been a constant source of insight, knowledge and enthusiasm. It is not unrealistic to think we can have monthly medical trips in the near future.

### **Status of nutrition projects**

The KAH food has been a tremendous success! It would take another book to describe all that Ismael had to go through to get the container through customs and shipped to the storage facility at the Nazarene Church in Santa Elena. The cost was quite a bit more than we had anticipated and turned out to be about \$8000. This would work out to be quite a bit for 120,000 meals alone but remember that the container also included 300,000 vitamins and was more than half full with medical supplies. In the future, if we sent a whole container with just food, it could hold 285,000 meals which would work out to less than 3 cents a meal. The KAH group here is working hard to make that a reality in the near future. For now, we have enough food there to continue our plans for 6 months.

Ismael has devised a detailed program of distribution for the food. If we send the food without serious supervision, this program will fail. It could be sold or the adult men could take it and keep it from the kids. Ismael has 5 schools identified that are providing the food to the kids 3 days a week. Orphe, Ismael's wife, has been meeting with the women who are doing the cooking to teach about the nutritional aspects of the food and how to best prepare it. This is also giving us opportunities to start talking more about nutrition and sanitation with the children. On every trip, there should be someone from our group who is talking with the kids to make sure they are learning about these things and are getting the food. Ismael plans on reevaluating the program with the community leaders every three months to make sure that they are following through on the contracts they have signed.

Ismael is currently working with the teachers to develop the best plan for distribution of the vitamins at all these schools. Obviously, we have to be careful that the kids don't take more than one a day, so it's important to have a good plan in place. This is also something we will follow up on during each trip.

During our trip, Mackenzie and Connor obtained accurate heights and weights on all the kids in the Mango school and at Pueblo Nuevo. We are currently graphing these on growth charts and will follow the kids' progress. We have not been able to obtain hematocrits on the children yet but someone suggested that we could get the instrument that the Red Cross uses when they screen blood donors. Although not completely precise, this would be certainly sufficient for our needs and should be cheap and easy. We're looking into this now.

Of course, the KAH food has never been intended to be a long term solution to the nutrition problems, but it is a great stop-gap measure for now. The agricultural effort that we are making is actually making great progress. The missionaries had always told me that the Guatemalans were lazy and would never do anything for themselves. Ismael believes that they are lazy because they have never had hope and never learned a different way. He told me the story of the "sandias" (watermelons). He met with the community several months ago and 20 of them excitedly planned to plant a garden. At the next meeting, the number was down to 5 and on the day of the planting, only 1 showed up! They told him that it was too hot and that nothing would ever grow in that soil anyway. But instead of calling them lazy, he and the other man decided that they would just "show them". So they worked all day in the brutally hot sun and half way through the day another man joined them. In a couple of weeks, the plants sprouted to the amazement of the villagers. Soon there were 100 watermelons! Ismael asked the other 2 what they wanted to do with their watermelons. They said that they were the ones who worked so hard so why should they share? But Ismael brought the original 20 together and split the fruit. (Isn't this what Jesus preached in so many parables?) What was the result? Many of the villagers are now planting 10 different kinds of vegetables including onions, cilantro, carrots, radish and peppers. They are so excited about adding these to the KAH food! We had the privilege of taking a picture of a woman watering her garden. Previously, only corn and beans had ever been grown!

Unbeknownst to me, Ismael has made huge efforts to work on this project in Pueblo Nuevo. He contacted the university in Santa Elena and has 2 agriculture students working out there. They brought the community leaders together and showed them a movie about how they can improve their land and what crops are appropriate for them. He then drove 16 of the men out to a place where a farmer had

been successful in growing a certain type of seed that greatly improved the soil and made it much more drought resistant. They have been so receptive and are already planning to start this. These agriculture students erected a beautiful sign that welcomes you into Pueblo Nuevo. I have never seen anything like it in any village in Guatemala!

### **Education Project**

During this trip, we did not get out to the school in Colonia Tikal where we sent the books last year. Probably more than ever before, this trip taught me that it is only through relationship building with the families, the children and the leaders that we are making any progress. As we move forward with the education piece of SewHope, we need to be sure that we will have regular visits to the schools we work with and that we meet with the teachers and parents before implementing any plans. If we are to meet our target of getting the children the equivalent of a high school education, that will take significant time with all involved.

We brought all the school supplies the teachers had asked for as well as about 30 children's books in Spanish. I did not have the privilege of being there when they were given, but it sounds as though the teachers and children were overwhelmed with joy! We brought flash cards, markers, pencils, paper, dry erase boards, books, etc. Although this was a small thing, again it is a step toward assuring the community that we are in this with them for the long term.

Mackenzie and the kids fell in love with each other. She unsuccessfully tried to sneak them back in her suitcase but she has promised me that she will be one of our leaders in this area when she finishes college! I will put her in touch with Sr. Pam for their education committee.

Deena had long discussions with the teachers which she will report back to Sr. Pam. There is a problem with transportation for the children who want to attend high school. It is several miles to walk to Mango so Deena has the idea of loaning the children bicycles to get there. She, Randy and the education committee will work on this.

Connor and Mackenzie spent extensive time in the school in Pueblo Nuevo and Mango making sure all the children received the fluoride treatment. Connor noted that for most of the children, the dental decay was already extensive. So we need to find a way to start the fluoride treatments earlier or to provide permanent sealants. Dr. Debbie Frogameni (a local dentist who heads up the dental program for the poor in Toledo) had been planning on coming with us this summer to start this program but after the recent tragic death of her sister, that had to be delayed. She plans to come with us soon. We can buy some children's books in Guatemala, but they may be more expensive than what we can get them for here. Jeremy spent extensive time looking into this, so I think future suitcases should be filled with books instead of meds. The children love the books which Sr. Pam has already chosen. A favorite series of books among children there are the "books of Barbuchin".

### **Sanitation project**

Jose (the community leader) proudly told me that the villagers have built another 3 latrines this month after we sent the money down. All the materials for 19 more have been purchased and the villagers themselves are constructing the latrines. A total of 14 are now done. Ismael planned on meeting with the villagers the day after we left to talk about how they are being accepted and if there are any changes in design which could be improved. Once they are all completed, Ismael will spend additional time working with them on issues of sanitation.

### **Need for translators!**

Having a “real” translator (thank you Deena!!!) on these trips is crucial. Just like the mission trips that don’t take time to spend needed time with patients, having a translator who can just speak 2 languages is insufficient. Such a person is relatively easy to find but finding someone who is completely comfortable in both languages AND has a deep understanding of the culture while being able to be lovingly accepted by the people (and the group!) is extremely rare. Deena continually enlightened me to the “world view” that these people have. Yes, my Spanish is getting much better (thanks again Deena!!) so I’m hearing and understanding so much more. But how do you understand something like the following when you just know the words?? I asked a woman why her baby died? She waved her hand and sadly said that he died of the “eye”. Hmmmm..... the eye? What, a bad case of conjunctivitis?? So I had Deena talk to her and she immediately understands that these women believe that someone must have looked at the baby and given it the “evil eye” and so it died. So in reality, this takes a lot of guilt off of the mom. She doesn’t have to worry that it was her poverty, or the baby’s lack of nutrition or whatever that caused the death. And the people don’t have to rise up in revolution against their government for allowing all these needless deaths because in their minds, it’s just an evil eye. So how easy for the status quo to remain the same.

One of our big efforts is to improve nutrition for pregnant women. We discovered that the women believe that eating good food and taking vitamins during pregnancy will make the baby too big to deliver naturally!! Wow! So we could provide all of this and they wouldn’t take it if this cultural belief is not overcome. It was a big topic during many of our prenatal visits and our “charlas” and though I’m sure this belief would not change overnight, perhaps we have planted seeds again. It’s one more example of why we need to make sure we always have a true translator on every trip. Deena and Gladys – please quit your day jobs!!!!!!

### **Where I see us going.....**

In my mind, this trip consolidated so many things. After 12 years of short term trips to Guatemala and over 2 years since the beginning of this organization, many doors have been closed. When each door closed, I wondered what God was telling me. I kept asking Him why He was making it so hard and asked myself whether any of this was worth it. It was taking an awful lot of time and money and effort. For what??? A bunch of short term trips that were wrong for all the reasons I listed above? Even when we tried so hard to have a permanent place with like-minded people who were always there, it never seemed right. When we started SewHope, we had the vague idea of providing hope by sharing God’s love, providing improved health care, improving educational opportunities and exploring means of

giving women job opportunities. At that time, we had a missionary couple who we closely worked with, a clinic where we could store our meds and equipment, a hospital where we could operate. We had a loose relationship with a little village in the middle of nowhere. Although the possibilities were endless, I struggled with seeing a clear picture. There were many things that remained very uncomfortable to me and I would come back after each trip with more questions than answers. But I believe that God completely shut doors for a reason. My understanding of what God is asking me personally to do is so much clearer now.

Perhaps this seems like a digression but it is really key to understanding where I am in my faith and where I see this is all going. I will never forget the moment that I read the email from our missionary friends that we could not work with them if our team included a homosexual woman. I remember the sick feeling in my stomach that every person that is discriminated against must feel whenever they are denied the opportunities that others have. I was so incredulous. Do you mean that you really think that a woman who loves God, who spends so much time caring for others, who is kind and compassionate, who actively is seeking a relationship with Jesus is not good enough to serve the poor???? She was not even openly talking about her homosexuality. She was not trying to convince anyone that she is right and they are wrong. She was not asking us if we were one of the judgmental ones. She was certainly not recruiting “unknowing poor children of God to her evil ways” as written in the letter of another American missionary working with us. At that moment, I had a group of 25 people who had bought plane tickets and had made plans to go on a mission trip. The door slammed in our face. All I had to do was say she couldn’t come and it would have been easy. We could have continued working in the missionaries’ clinic and hospital. But we would have always been risking the possibility that one of our sins might be deemed bad enough to eliminate us from working with them. As every day goes by, I am more and more convinced that Jesus is pleading with us to stop finding fault with each other and to merely live our lives as He did and follow Him. It seems that by doing this, we will bring far more people to the love of Christ.

Ismael shared many stories with me that confirmed to me that God must have really sent him to help us with this work. We affirmed that it is only in putting God at the center that we will be successful. I’ve often said that I’ve seen our efforts in Guatemala as a means to alleviate the different types of poverty in our 2 cultures. Sometimes it hasn’t always been clear how to do that, but so many of Ismael’s stories demonstrated to me that that is indeed what we are doing. Last week he was at the large storage facility at the Nazarene church where we are keeping the KAH food and the medical equipment for now. He said one of the pastors came up to him and accused him of using their church to gain status in the eyes of the Americans. He said that he quietly took the man aside and talked to him. He asked him if he and his community pray that God will end their suffering? He asked him if he continues to preach in the way of Guatemalan “machismo” and encourages his congregation to “propagate the earth” and have more children than they can feed? He told him that they had been blessed to find a group of Americans who were like “angels from God” who came to help them in their poverty. He told him all the things we had done and hoped to do. He said that the pastor’s heart was completely changed by the end of the conversation and that he then asked Ismael to come preach at his church the next week!

Ismael believes that for some reason God brought us together. He is constantly reminded of the injustice in Guatemala and he is so eager to work with us to do anything to help. As we drove out to Sayaxche, he pointed out a dried-up riverbed. On our last trip, it was long and deep and you had to go over the bridge to cross it. Now there is no water. Why? A rich man decided he wanted to put in a plantation and he had all the water diverted to water his crops. This wiped out the water for many villages. Oh, well!!! Too bad!! These desperate people just had to pick up and move. The rich man knew this would happen. It is this kind of injustice that we are up against.

He has had so many times when he missed death and now he feels that God has spared him to help these people. He told me about his childhood where he grew up in the general area of the village we are working in. At that time, there were no roads and at the age of 12, he would walk for 18 hours to work in the "campo". He would stay there for several days and sleep in a bed he made of sticks and leaves and described his fear of the jaguars in the jungle. One day he was traveling on a horse that was spooked by a jaguar and he was thrown into a ditch which resulted in a huge laceration on his arm. He described the agonizing pain he felt when his mother poured hot coffee on it to stop the bleeding! He told me about the times when a bus driver was shot on a bus that he could have been the one driving! When I called him last year to tell him about how we were being turned away because of Melinda, he pleaded with us not to abandon them. I told him the circumstances and knowing how homosexuals are even more hated in Guatemala, I expected that he would refuse to work with us. He laughed and reminded me that we are all servants of Christ and that over and over Jesus asks us to serve the poor and stop judging each other.

So after this week, I see us clearly doing all that we said at the beginning – working with the people to help them realize their own dreams through a better school, reasonable health care, opportunities for work, good nutrition, basic sanitation and most importantly, knowing that there is a loving God who brings others to us in our time of need.