

Trip Report - October 23-Nov 18, 2012

Trip Members Oct. 23 – Nov 18 – Anne Ruch, Tracy Benson

Oct 23 – Nov 12 – Dina El-Hagggar

Oct 27 – Nov 3 – Randy Ruch, Annette Collier, Gracie Davis

Oct 27 – Nov 18 – Peter Meinecke

Nov 3- Nov 10 – Dr. Lilian Miller, Linda Smith (Operating Room nurse)

1. Cervical Cancer Prevention Project

- a. Met with Isabel, Dr. Michael Dean, Dra. Marta and toured the new building donated to the Santa Catherina Foundation by the Guatemalan Government. The Founders (including myself, Dr. Dean, several Rotarians and other friends of Isabel) met on the evening of Nov 19 and signed the document to form this Non-Profit organization. Isabel and Dra. Marta presented a Power Point Presentation to us regarding the goals of objectives of this organization which are primarily to prevent breast and cervical cancer. They are looking to us to participate in the Foundation as well as to give them guidance regarding the medical aspect of it.
- b. The great majority of patients who needed follow-up from the project in February returned as requested. Some received cryotherapy and others had repeat paps done. One woman would have benefitted from a hysterectomy. When she did not respond on the phone, Ismael and Orfe drove to her home in La Libertad to emphasize that she could develop full blown cancer within the next couple of years and they clearly explained what that would mean for her. It was impossible to understand why she declined surgery – it would have been free and we would have provided transportation for her and a family member to San Cristobal.
- c. Another 400 patients received pap smear testing and 12 biopsies were done. All will be read by Promedica.
- d. Sadly, we found 2 additional women with full blown advanced Cervical Cancer which was not amenable to treatment.

2. Birthing Center

- a. We visited the site twice and had a lengthy discussion with Catalina and with the community leaders involved in the project. They are extraordinarily grateful to SewHope and especially to Dra. Coral Matus for her efforts in this project. They want to insure that this Center will go on for many years – long after they are gone! They really verbalized their wish that this Center will be a blessing for many generations to come. Some of the issues which we discussed and which need to be followed up are
 - i. A lawyer needs to be hired to draw up documents defining who actually owns the Center.
 - ii. A committee needs to be formed to make rules and regulations regarding the Center. They are anxious to include Americans (especially Dr. Coral) in this committee. This would include such things as:
 1. When patients should be transferred to the hospital
 2. Who can use the Center
 3. Consideration of allowing women from other villages to use the Center at a cost
 4. How to make the Center sustainable so that it would continue even if SewHope was no longer involved

3. Surgery/Gynecology jornada in San Cristobal

- a. By all accounts, this jornada was an incredible success. While I had thought that we would be spending the majority of time doing surgery, we actually spent more time screening patients and doing gynecology visits. We started out with a line of about 200 women on the first day but the line decreased each day as we made it clear that women could not have “surgery on demand” and that everyone would not automatically get an ultrasound!! We ran 3 rooms at all times. Dr. Salvador from Guatemala City joined us and saw patients all week. One of the med students worked with him primarily. Tracy saw patients independently and reviewed them with me before they left. Unless the issue was very minor, I also saw all patients. Dr. Miller and I saw patients and did colposcopy, cryotherapy, paps, biopsies and general gynecology. We also did a few non-gynecological minor surgical procedures.
- b. We found that several patients assumed they would receive hysterectomies and were even sent from Guatemalan physicians to have the surgeries. But we remained firm in only allowing cases that we felt were truly necessary and not just because women had such things as fibroids that were not causing problems or “annoying” problems with their periods. I would like to add that it was incredible to have a colleague along with the same heart for God and desire to only do what was best for the patients.
- c. We developed an outstanding relationship with the 2 Guatemalan physicians who worked with us (a gynecologist and an Anesthesiologist) as well as the nurses in the hospital (especially Claudia, the scrub tech and Natalie, the Nurse Anesthetist). At the completion of the trip, I felt even more resolved to always include Guatemalans in our surgery trips. In reality, their level of skill was excellent – they were energetic, enthusiastic and knowledgeable
- d. Of course, the supplies and equipment available at the hospital were abysmal and the needs were enormous. We felt we had brought all the equipment that we needed and we left much behind at the end of the trip. Documents were drawn up which we all signed regarding what was donated. Tracy filled out a spread sheet of all the Anesthesia meds that we left and Rudy will be keeping those under lock and key for use for ourselves in the future or for other jornadas that he will be sponsoring.
- e. All the surgeries went extremely well – no complications and all went home feeling well. We learned a few things such as that you don’t get much bleeding in the OR when the patient is completely dehydrated and Guatemalan people cannot tolerate narcotics!

4. Future trips and importance of following Guatemalan laws

- a. Several experiences during this trip showed me the importance of following the Guatemalan laws when we practice medicine there. Basically, they are not much different than in the U.S. except that it is much easier to get a temporary license in Guatemala.
- b. Rudy will help us get the licenses with each trip. He will have to go to Guatemala City to get them so we have to give him enough time. Each practitioner should only do what they are licensed to do in the U.S. If we are doing anything that would require Board Certification in the U.S., then we need to also provide our Board Certification documents (this would apply primarily to surgical and invasive procedures)
- c. Dr. Lucky Hernandez has agreed to be our sponsoring physician which we need to get the licenses. She is a friend of Isabel’s and has been working with me on the Cervical Cancer project. She is fantastic!
- d. Our clinic also needs a Guatemalan physician listed – she can do that also.

5. Public health projects

- a. Water filters – Rudy showed us the water filter kit that he has. All agreed that a combination of what we have and what he has would be better and Peter, Ismael and Rudy will be working on that. We are paying \$60 for each filter so we have to find a way to make this project somewhat sustainable.
 - b. Solar oven – Randy came up with a remarkable concept for a solar oven which is simple, cheap and effective. We tried it out after he left and it seems to work well although at this time of year, there is not sufficient sun. It is probably not good for cooking rice but would be excellent for the kinds of foods that “crock pots” would cook.
 - c. Stoves – Rudy showed us 3 types of stoves that he sells. One is especially outstanding and only costs him \$130 to purchase. We agreed (at my urging!) that we should pay him more than that since he does all the leg work to get it, he teaches us how to use it and he an enormous amount of time invested in it. Ismael was so excited when he saw it that I decided to buy one for him and Orfe. Now they have more than just their hot plate to cook on! We imagine this stove will be very acceptable to the villagers since it uses far less wood, has a chimney and has a large plancha to cook tortillas and large volumes of food for large families. There is no open flame and it does not get hot on the outside so it has the great advantage of protecting the children.
 - d. Food dryer – Again, Randy came up with a fantastic concept for a food dryer. He made a model which Ismael and Peter will be working on.
 - e. Tippy-taps – continue to be greatly loved!! Rudy put one in the back of his office next to his stoves and he uses it all the time. He will be the Americans in his future trips teach the villagers to install them in Alta Vera Paz
 - f. Gardens – Ismael and Orfe continue to develop their “model garden” in the back of their home in Santa Ana. They have been able to prove that the ground and weather in this region are sufficient to have a thriving garden at minimal cost
 - g. Solar lights – The batteries on all the solar lights that we purchased do not function. They can be replaced at \$3 each. The date on each box says “October, 2010”. Randy can discuss this with Jon Jakubowski. However, each box clearly states that the lights need to be used within 30 days of purchase. Ismael says the villagers love the lights and he thinks he can sell them all once he has new batteries. Coral can bring them with her on the December trip
6. Daniel – We did not have time to visit him but I brought the colostomy bags for him and now have access to unlimited bags. Coral will bring more in December
7. Special cases.
- a. One 72 year woman came in looking like she was truly near death. She was moaning in pain and her son (who had to carry her in) said that she had been losing large amounts of weight and he was sure she wouldn’t live long. Annette thought that perhaps she was just in pain from severe osteoporosis and decided to try her on a course of steroids. She returned 2 weeks later completely cured!!! She walked in by herself with a huge smile on her face holding her now empty bottle of prednisone requesting more of the magic medication! Her appetite was back and she was gaining weight!!!
 - b. One 37 year old woman was brought by a “bicycle carriage” by her son. She appeared emaciated and weighed only 60 pounds. Again, her family surmised that she must have Cancer or perhaps she was dying of sadness since 2 of her children had died. We did an exam and some tests and found a blood sugar of 500! Apparently, she knew she had diabetes but didn’t know how important it was to get treatment. They were so grateful for at least knowing what the problem was and though she is already blind and probably has

irreversible kidney damage, we felt some consolation in at least being able to give the family some direction.

- c. Boy from Juleque who is missing hands and feet. Tracy had planned on getting a mold of his feet that the Podiatrist who is coming in December could use to make a prosthesis. Unfortunately, Tracy did not have enough training to properly get the mold. We had great difficulty removing the mold but ultimately, we got it off and decided not to do the other side.
- d. 2 women with advanced Cervical Cancer
- e. 35 year old who lives near Santa Ana. She had a C/S 20 days ago and wants to give the baby for adoption. We visited her home which was about the poorest I've ever seen. The mother was feeding the baby tobacco from a cigar because she thought it would help the baby's digestion! Her own mother died 2 weeks earlier of cervical cancer. There is no other woman in the home and there are 3 boys (ages 11, 13 and 15) who look lost. It is so incredibly sad. We contacted Isabel who possibly has a family in the U.S. who would like to adopt a baby. Isabel is in contact with Orfe so we hope this will happen quickly. In the meantime, we bought formula and Orfe brought clothes for the baby. This situation raised the issue of Orfe wanting to start an orphanage again! I wrote to Isabel about that and Isabel is going to talk to the President's wife (Rosana) and the Minister of Public Health about it!!

8. Earthquake in San Marcos – tens of thousands are homeless.

- a. We delivered food to the Mayor of Santa Ana since he was sending down a truck full of supplies and corn. There were about 20-30 local people helping so our contribution was GREATLY appreciated and did much to deepen our relationship with the community.
- b. Ismael is coordinating a bigger donation with Isabel through her Rotary group

9. Clinic in Santa Ana

- a. When we weren't doing all of the above, we worked in the clinic. During 3 days, women came on a bus from surrounding villages and we were very busy. On the other days, the flow was steady but somewhat slow. This was actually a blessing as we tried to regroup from all the work and get the clinic back in order! Suitcases, boxes, supplies, etc were cleared out and things are actually in pretty good shape now! I will work with Coral on a list of needs. Tracy started a good inventory.
- b. The first week, we did ultrasounds on all that asked for one. Pretty soon, we were inundated and felt we couldn't do a good job! By the second week, we made it clear that ultrasounds were only done at the discretion of the physician which improved things a lot.
- c. Having the ultrasound, glucometer, urine dip sticks, microscope, BP cuff and hematocrit centrifuge really gave us most of the tools we needed! I even go to do 3 semen analyses!

10. Spirituality

- a. I felt that the Spiritual nature of the trip was outstanding. We had many, many opportunities to pray with and for patients. We prayed often as a group and had good discussions about the spiritual nature of our work. Personally, God revealed Himself to me in ways that have deeply affected me. Orfe and Ismael and their family continue to astound me with their goodness and their example of all that it means to be Christian.