

**Presbytery of the Peten - Presbytery of Middle TN partnership,  
Medical trip 11/1-11/8**

**Team members, 14:**

**Brentwood First**, Stella Floyd, RN (2nd visit to the Peten), Charlotte Cone (1st), Mike Magee, MD (6th)  
**Westminster**, Karen Richardson, RN (5th), Kate Moore, NP (multiple visits), Steve Staggs, MD (1st)  
**First Nashville**, Susan Doughty (1st), Emily Dresch (1st), Bob Lagrone, MD (1st)  
**Trinity**, Hank Howerton, MD (1st)  
**East Brentwood**, Carol Hendry, RN (2nd)  
**First Columbia**, Don Piggins (multiple visits)  
**Forrest Hills Church of Christ**, Bill Staggs, DPh (1st)  
**Church of the Redeemer Anglican**, Tim Dial (3rd)

**Spiritual care of the short term missionaries**

Out of the 14 of us, only one developed traveler's gastroenteritis, someone who did not take prophylactic antibiotics. Our group suffered no other illnesses. We experience mosquitos every day, which I think is important to note, because I know some teams in June and July say they have never seen mosquitos during their trips. I thought it was a harmonious group, harmony contributed to by the multiple meetings we had as a group before going, the three worship services we had, eating all our meals together and with the HPs, and the twice a day devotions done by team members. We also had a chance to catch our breath and transition on Sunday by touring Tikal before we started working on Monday, and knew all week that we would have Friday afternoon off to tour the lake in the boat or shop, as we desired. Roger and I focused on being permission giving. Instead of going to Tikal Sunday, six of our team (Karen, Kate, Hank, Charlotte, Tim Dial, Don Piggins) mucked out the Concern America clinic. There was not a lot of free time, mostly because we were tired after working, but those who wished, buddied up and went shopping or walking in Flores when it did not interfere with meals, devotions, worship, or the trips to the villages. The group shared leadership decisions, with Kate Moore and Hank Howerton taking folks we were not equipped to treat to Shalom and Pescadore Hospitals on Thursday while the rest of us worked the village clinic. Mike, Charlotte, and Don went to San Andres Friday afternoon to see the library one of Mike's and Charlotte's congregation members supports through Williams College. Bill and Emily, who are Rotarians, went to the Flores Rotary club one night.

**Local health care establishment**

Of interest, Chepe Rojas' daughter is in nursing school, training to be an RN, and he is quite proud of her.

**HPs**

Martin from NC, Amalia from Mirador, Narcista from Tamariz, and Patrocinia from VN. Candalaria from NC and Otelia were no shows. SJA, Chinatal, and ZD do not have HPs.

Martin's Kekchi was not good, which was surprising. He seemed reluctant to stretch beyond his comfort zone, unlike Narcista and Amalia. But he was a pleasant fellow. I wanted him to help me with the medical clinic, but he let me know this is not what he wanted to do. He wanted to stick to the eye glasses. Narcista is worth her weight in gold, knowledgeable, knowing the limits of her knowledge, and eager to learn. In Patrocinia's absence, she seemed to assume more of a leadership role. Amalia seemed rather shy, but seemed a quick learner and had a good attitude. Martin, Narcista, and Amalia warmed up to us gringos as the week progressed, and went from not looking us in the eye on Monday to holding their heads high with bright eyes and smiles on Wednesday.

I do not know if it was Patrocinia leaving early Weds AM, or the fact that Narcista and Amalia felt better after getting to know us, eating meals with us three times a day, but they developed a lot of self confidence that was evident in their faces after the first day or two. They seemed to be somewhat different people when Patrocinia was not around, but I may have been over reading.

So that we ourselves would know the local facilities for long term care or services neither we nor the HPs could provide, like surgery, we visited two hospitals, Shalom Hospital in San Benito on Monday (contact info: Joe and Leslie Barbacci, [hospitalshalom.missions@gmail.com](mailto:hospitalshalom.missions@gmail.com), Joe's e-mail is [joe@vfgarner.com](mailto:joe@vfgarner.com) and Leslie is [lesliebarbacci@hotmail.com](mailto:lesliebarbacci@hotmail.com), Hospital Shalom's address: Km. 7 Caratera San Andres Colonia Juarez, San Benito, Peten, Guatemala, Central America 17002. Shalom's mailing address: Hospital Shalom, APDO 25, San Benito, Peten, Guatemala, C.A. 17002, Phone: (502) 400-461-67, website [http://www.hospitalshalom-peten.com/hospital\\_shalom.html](http://www.hospitalshalom-peten.com/hospital_shalom.html)), and Pescadore Eye Hospital in San Benito on Wednesday (contact info: Barrio 2 de Abril, cerca de la ceibita, 4a. av. y 17 Calle Z.1, San Benito, Peten, phone number 7926-4746, 7926-4754. Pescadore is where Narcista's son had surgery, and got his prosthetic eye. Both were happy to meet the health promoters who we pushed up to the front of the tour. We intentionally encouraged discussion between the HPs and the hospital administrators, who told them they are happy to take care of indigenous even without any funds. Both hospitals operate in the red, and both are not for profits who depend on grants from Rotary Clubs and churches and other benefactors. Shalom has 4 physicians on staff, but no subspecialists. They have two ORs, a laboratory, a pharmacy, and a radiology department. Pescadore has one OR, a pharmacy, a visual acuity station, an optometrist and an ophthalmologist on staff, and an eyeglass center.

### **Villages visited**

Prior to coming, we decided to stay north of the Passion River because of flooding. This limited us to either Nuevo Canaan or Zapotal Dos. We decided since our goal was not patient treatment but training the HPs and lifting them up, we would go only to the close village, ZD, to maximize clinic time with the HPs. But we ended up visiting two villages, Zapotal Dos and Evezezer, each for two days. ZD was a village with a Presbytery of the Peten church, and E was the village across the street with whom they have had an argument over water rights, and with whom they do not cooperate. The Flores Rotary club (Julio Penados and Raphael), who advertised our clinic on the radio, invited us to go to Evezezer across the road on days 2 and 3 (Tues and Weds), and we went there at their request.

### **Tension in Evezezer**

But there was a little tension in the village of Evezezer, because we moved the bed of one of the teachers to another classroom to use it for an exam table, moved the desks around and inadvertently left some of our supplies there after the first day. The mayor of Evezezer was present both days, so he must have known we were coming. But I can understand that perhaps the teacher was not warned about our intrusion. We planned to come back the next day, and thought both the teachers and the students were on a holiday. Well the students were out, but not the teacher. The teacher in Evezezer locked all the classrooms except two after the first day, because he was concerned that we had rearranged his classrooms to accommodate the medical clinics. He met us our second day in Evezezer, Wednesday, and said he had no warning we were coming. To try to make amends, we apologized publicly, and tried to put everything back the way it was when we left on Wednesday. We swept the concrete floor of the classrooms and the concrete breezeway, picked up all the trash, and tried to put everything back the way we found it. Thursday, while most of us were at ZD, two of us brought him two soccer balls for his kids. We also gave two soccer balls to the pastor at ZD.

### **Translators**

#### **Clinics**

We hired two excellent Spanish to English translators through Roger, PRESGOV supplied one who was very good, and our team had Roger, Don, Hank, Tim, and Bill (his Spanish was fair). So we had 8 translators. Each pod (three medical, one gyn, one pharmacy, one eye glass, one dental) had its own translator, and Roger filled in as needed and helped me trouble shoot. It is my assessment that we could not have gotten by with fewer translators.

Translator contact info: Mario Ceron, 502-5725-3572, 502-7926-2588, [marioherberth@hotmail.com](mailto:marioherberth@hotmail.com) The second translator was through Mario. His name was Julio, and he also was very good.

## Mealtime

We ate 3 meals a day with the health promoters, allowing excellent meal time discussions. It was important to socially interact with the HPs during meal time, to try to break down the barriers which divide us. We sent the two hired translators home, but had enough with the PRESGOV translator, Roger, Tim, Don, Hank, and Bill to carry on lively conversations with the 4 HPs, Chepe, Martin our driver, and Eleseo. I feel it was the enhanced interaction with the HPs during our down time that allowed them to feel more comfortable with us gringos.

## Operations and demographics

We spent Monday and Thursday at ZD, and Tuesday and Wednesday at E, opening with prayer everyday but Monday, worshipping at ZD on Thursday. The clinic ran from 10 AM until 4PM Monday through Wednesday, and 11 AM until 5PM on Thursday, with 8 "pods", an intake / vital signs pod for the general medical pods, 3 general medical pods, a gyn pod, an eyeglass pod, a fluoride / dental education pod, and a pharmacy pod. Each pod had two gringos, and except for the intake pod, each had both a Kekchi to Spanish (usually either a pastor or an HP) and a Spanish to English translator (two Roger hired, one from PRESGOV, Roger, Don, Hank, Bill, and Tim. Chepe Rojas was in charge of crowd control, and there was no problem with that. Our brothers and sister queued up nicely outside the pods they wanted to go to, as if they were from London.

There were a few overlaps between the encounters with history forms on the one hand, and the eyeglasses and the fluoride applications on the other hand, but unfortunately we did not keep track of them separately. However, to counter balance the "double dipping" because of incomplete records, at least one of our general medical teams did not get the message to fill out history forms regardless whether they got prescriptions or not, so I think the 1002 may be close to the true number.

eyeglass prescriptions - 200 per Tim

fluoride applications - 430 per Don

patients who had history forms filled out (which was not all of them) - 372 per Bill

total encounters - 1002

665 prescriptions were filled for 372 patients.

Steve said he saw about 100 women in the women's health clinic, 40 of whom were pregnant, 26 with amenorrhea. All received folic acid and ferrous sulfate. None wanted condoms. Urine testing, pregnancy testing, diabetic testing, abdominal and pelvic exams with Steve teaching both the health care promoter and our translator who happened to be a 2nd year medical student.

Many of the folks did not know their precise age, so we entered our best guess on the history and physical form, and 16 did not have an age recorded. With these considerations, here is the age breakdown:

0 to 4 - 67

5 to 10 - 57

11 to 18 - 45

19 to 30 - 91

31 to 65 - 84

over 65 - 9

The median age of the folks who came to see us was about 20, and about 3/4ths were under 30. This does not represent the population of the villages, just the population who came to see us. We assume the men were working the fields, as we had only 93 males, most boys, and 279 females. The women brought their children in to see us, and while we were there, asked us to see them also.

## Seminar

On Friday, we gave a two hour seminar that included practical instruction on arthritis, use of the glucometer, use of the BP cuff (primarily for pregnant women), visual acuity and eyeglass prescribing, and women's health. Of interest, the HPs had no interest in taking the condoms we brought down. They knew what they were, but did not want them.

We concluded the week with the Lord's Supper, and by giving them each large duffel bags with BP cuffs, stethoscopes, glucometers, eye charts, eyeglasses, fluoride varnish, toothbrushes, gloves, thermometers, and the 15 or so medications the HPs requested. We gave a "Where there is no doctor" in Spanish to each of the 4 HPs, and one to Pastor Miguel and one to Pastor Ricardo, since they were there, and have no HPs in their communities.

## Medication list and diseases seen:

For future reference, it is important to know the medications the HPs are familiar with. Here they are:

glyburide (used more metformin than this medication)  
trimethoprim-sulfa (used a lot of this)  
antacids  
oral penicillin  
benzathine penicillin injection  
metronidazole  
albendazole (we gave this to about everyone, even without known worms, but ascariasis was our single most common diagnosis)  
curita (bandaids)  
Gasa (gauze)  
Clotrimazole (antifungal fungal cream)  
acetaminaphen (we used a lot of this, and ran out)  
albuterol, inhaled and syrup  
ibuprofen (we ran out of this)  
clorpheniramine  
tetracycline eye drops (we used other antibiotic eye drops)  
prepacked suture with needles  
xylocaine without epinephrine  
amoxicillin, pills and suspension (we used a lot of this, and ran out)

Additional meds Kate Feibusch says we needed

Chloroquine (saw one sick malaria patient)  
Metformin (we used a lot of this, giving 6 month supplies to the 3 diabetics we found)  
Benzoate for scabies  
Fluconazole  
Ferrous sulfate (women's health clinic used a lot of this)  
Folic acid (women's health clinic used a lot of this)  
Lisinopril, Lasix (less than 5 congestive heart failures, NO hypertensive patients except among pregnant women)  
Procaine penicillin  
Cipro (we did not have this)  
Cimetidine (we gave out lots of this for GERD), but has drug interaction with chloraquine, need to use ranitidine next time

We gave moisturizing eye drops to everyone who with eye complaints, lot of irritated eyes because of poor ventilation in their homes

We gave out a lot of soap and body / hand lotions because of skin infections, for hand washing to reduce worm infections, and because of dry skin, and soap to wash the nipples of nursing mothers whose children had diarrhea

There were no hypertensives except for a few pregnant women, which was surprising, and impacts what medications we will take in the future.

We saw 83 folks with symptomatic helminthic infections, 60 with upper GI complaints unrelated to helminths, 23 with diarrhea illness unrelated to helminths, 46 with cough, 34 with upper respiratory infection, 44 with anemia, 37 with osteoarthritis, 26 with otitis media, 25 with exzema, 16 with bladder infections, 17 headaches, 7 with impetigo, 7 conjunctivitis, 4 asthma, and a smattering of other illnesses. We saw one patient with leishmaniasis, one with osteomyelitis, one with cardiac dysrhythmia, and one with a huge 8 centimeter diameter right sided neck mass of several years duration. Kate and Hank carried the latter 3 with 14 others to Shalom Hospital in San Benito on Thursday. Also on Thursday, Kate and Hank carried 3 patients to the Pescadore Eye Hospital in Sta Elena, including a 11 year old boy with bilateral catarracts.

With our glucometers, we diagnosed 3 diabetics from among the 370 we saw in the general medical clinics, and one diabetic from among the PRESGOV staff, gave them metformin and diabetes teaching, and referred them to Shalom Hospital for long term follow up.

#### **Distribution of excess supplies:**

We gave the surplus meds the HPs were unfamiliar with, and 25 additional glucometers (Kate Feibusch requested these), 1000 glucometer lances (Kate Feibusch requested these) and 4 vials of the general anesthetic propofol, to the hospitals and to Drs Julie Kiser and Kate Feibusch. We bartered with the hospitals, propofol for surgery for the Kekchi.

Julie Kiser on this and other trips has requested narcotics, and we told her we felt uncomfortable bringing narcotics across international boundaries.

#### **Cash / costs / exchange rate**

The exchange rates between Q and \$ are so different in Guatemala and the US, that if one could find a way to take dollars down and change to Q in Guatemala efficiently, we would get more dollars into the Guatemalan economy than we can by more conveniently exchanging it in the US.

Cash we took down (took down as Q, best exchange rate in Nashville = 6.7 Q per dollar)

1) Disaster relief, given to Roger the first day:

\$500 from the GTF

\$1000 from 2nd Pres

2) \$2300 from the fund raiser at Brentwood First

Costs (exchange rate in Guatemala = 7.4 Q per dollar)

1) Spanish to English Translators Roger found:

Mario Ceron Q 2600

Luis Arturo Gonzalez Q 1800

2) Hotel bill for HPs who stayed in Flores about 4 doors down:

Patrocinia was being honored on Wednesday, and left us before breakfast Wednesday. So for 4 translators to spend 3 nights, and 3 to spend 2 nights, the cost was Q 1650.

### 3) Meals for the HPs and the translators and Chepe Rojas

The two paid translators did not eat breakfast or supper with us, but the HPs did.

For 4 HPs to eat 5 meals in Flores, two meals in the villages, and 3 HPs to eat 6 meals in Flores, 2 meals in the villages, and 2 extra translators to eat 4 meals in the aldeas, and Chepe to eat 10 meals in Flores and 4 meals in the villages, for a total of 48 extra meals in Flores, and 26 extra meals in the villages, costs us Q 3490

4) PRESGOV also charged us for factura Q536.

5) We gave the three HPs who stayed until the final day Q100 each to travel back home, Q300 total.

6) We gave Shalom Hospital Q1000 toward the surgeries for the Kekchi, and Concern America Q1000 for disaster relief.

7) We gave Q100 to Pastor Ricardo from San Juan Acul for his transportation to ZD to help with translation. We gave Q300 to Pastor Miguel from ZD to rent chairs from another village.

### Things learned

1) The climate and mosquitos: Mosquitos were present every day the first week of November. The weather was cool, perhaps 80 degrees max, during our trip, but not cold enough in the evenings for a sweater or coat. There was no rain during our trip, do not know if this is representative of the first week of November

2) Bill Staggs, our pharmacist, was very helpful in keeping our medications organized, it would have been a struggle without him.

3) Rather than assigning one nurse to each physician in the general medical clinic, it flowed better to have an intake desk where the RNs had a translator to help them find out who was the patient, and to take vital signs, name of village, name of patient, and age. This was Carol Hendry's idea, and it worked well.

4) Getting to the chief complaint was difficult because the Spanish translators were usually not medical people, and the HPs were not trained to take a medical history, so something was lost in the translation. Also, the patients were not used to speaking in terms of how they specifically felt bad, and had trouble articulating more than "feel bad" or "hurt all over." The histories started out with open ended questions like, "What brings you here today," but quickly degenerated into closed ended questions like, "point with one finger to the center of where you hurt the most." The closed ended questions had to be repeated several times, requiring a lot of patience among everyone from the patient to the gringos and the two translators in between. But the act of taking a medical history seemed beneficial to the HPs, and after 2 days, the HPs were proficient at taking the medical histories with very little prompting.

5) One tenth of the villagers in ZD and E could speak Spanish, and were willing to help with translation, so we do not have to feel dependent on the local pastors and HPs for translation from Spanish to Kekchi in the future. Surprisingly, Martin does not speak Kekchi very well, and I understand that the other HP from NC, Candelaria, does not speak Spanish very well (she was a no show).

6) We very intentional about the spiritual needs of the team members, and it seemed to pay off. Multiple pre trip meetings (we had 6), including one with Roger, for information distribution, and for shared decision making, made for reduced stress and harmony during the trip, an important issue when "herding" people of high ego strength. Transition time on Sunday provided by going to Tikal on that day, and reviewing Dennis Smith's paper, helped us be more ready to be ready for Monday. Planned "play time" on Friday afternoon gave us something to look forward to. We more or less made the one hour evening reflection times mandatory. There was no announcement to this effect, but either Roger or I kept nagging the stragglers until they came down. I feel folks benefited, even if tired, from the reflection time. We will do

this again next time. Having enough translators that we were not so isolated from the HPs, Chepe, and the PRESGOV folks was one of the best features about the trip.

7) Although being flexible by allowing 4 of us to break off to go to Las Cruces Sunday instead of Tikal, and shared decision making by letting Kate and Hank organize the group going to the hospital Thursday and again Friday, worked well in this group with high ego strength.

8) Having MDs and NPs "specialize" for the trip in one area of medical expertise worked well. The RNs wanted to rotate among the areas.

9) The talks, BP cuff and glucometer training on Friday morning went well. The HPs seemed to appreciate that we asked them when they wanted to start this and how long they wanted this training period to be. They also seemed to appreciate that I went to their hotel room Sunday night to tell them what the week was going to look like. They seemed to appreciate that we disbursed the Spanish / English translators among them so they could communicate during each meal, appreciated leading our meal time grace, the gifts of stethoscopes, glucometers, and "Where there is no doctor" books given to them in front of the other Kekchi, and especially the gifts of duffel bags full of left over medications that they requested, toothbrushes, fluoride, and eyeglasses. I believe if we ever do another jornada, they and all their fellow HPs will want to come, maybe including Candalaria from Nuevo Canaan, who did not come this time.

10) Among the two south of the Passion River aldeas, SJA does not have an HP. Among the three north of the Passion River aldeas, Chinatal and ZD do not have HPs. The only two of the 5 aldeas with HPs are VN and NC.

11) The sanitation in ZD was not quite as good as we expected. E seemed a little better. As a result, there were more skin infections and more diarrhea in ZD than in E. I do not know if the water supply in E is better or more available than in ZD, or if E has more sanitary habits than ZD. This might be interesting to check on for future trips.

12) The new BP cuffs that were freebies from drug companies all but one broke down, and we had to purchase new ones in San Benito.

13) The non-medically trained folks were the most important folks on this trip, working in the pharmacy, applying fluoride, evaluating for and prescribing eyeglasses and eye drops, being in charge of photography, and serving as translators. The trip would have been a failure without them.

### **Suggestions for future trips / health care improvement**

1) Visiting the hospitals Shalom and Pescadore with the HPs, having enough translators, eating 3 meals a day with the HPs and pushing them to the front of the hospital tours, involving them in grace at meals, attention to the spiritual needs of the gringos, shared decision making, flexibility, having a pharmacist for aldea trips, using an intake desk for the RNs, asking Chepe to be our "bouncer" as the Kekchi queued up, having specialized clinics, and arranging transport and funding for those who we were not ready to help, are all aspects of our trip that I believe accounted for any successes we had. I suggest these aspects of the trip be repeated.]

2) Except for fluoride, we did not adequately address public health or preventative medicine, like vaccines, investigating the water supply or its cleanness at ZD, personal hygiene, latrines, or STDs. This was a failing of the trip, that we did not address public health or disease prevention. But we can do this on a future trip. It would be interesting to investigate why there is a difference in incidence of skin infections and diarrhea between ZD and E, considering that they were across the road from each other.

3) The next time we take such a huge group, we will formalize a buddy system, and encourage "buddies", perhaps roommates, to go no where without their assigned buddy.

4) I perceived a lack of leadership among the HPs. There seemed to be a pecking order, but not much leadership. We could work with leadership development among the HPs.

5) We could tweak our formulary as outlined, having more of some things, and less of others.

6) Hank Howerton, Steve Staggs, Bill Staggs, and Kate Moore are working on what we can do to enhance the Shalom Hospital, and the feasibility of collaborating with them on a surgical team in the future.

7) Before we assume we can use a school for our clinics, we need to have someone check with the local mayor and or maestro and get his permission.

8) We could develop a simple questionnaire in Spanish for typical medical history questions in Spanish, to eliminate the difficulty with taking a history across cultural, linguistic, and education barriers.

9) We could take down several "Where there is no doctor books" with each medical and non medical trip our Presbytery takes to each village, and distribute them to the community leaders like the pastors, HPs, and mayor. This book is highly recommended by every medical missionary I have spoken to, including Julie Kiser and Kate Feibusch, but except for Patrocinia, the other HPs had never heard of it.

10) We need to provide for the knowledge that not all the HPs speak Spanish, and not all of them speak Kekchi. NC might benefit from one HP who spoke both good Spanish and good Kekchi, and ZD and SJA could each benefit from having a HP. Not sure if we should work on an HP for Chinatal or not, because I think that congregation only has one family.

11) If we take BP cuffs in the future, take purchased ones not freebees. Not sure we need them except for pregnant women.

12) See if there is anything we can do for Chepe's daughter, to facilitate her nurse education