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Week 1:

I didn't sleep the whole flight. Not for fear of flying, (although this was my 1st time flying overseas and there were moments of turbulence) but I didn't want to miss a single sight whizzing past my window. As if the sun rising over the cotton ball clouds wasn't enough, I took in the most beautiful landscape I'd ever seen as we made our descent: snowcapped mountains, lush ridges and valleys with silvery rivers coursing through. This is Ecuador.

My host, Lorena, met me as I was exiting the airport and we took a taxi to her home. Coincidentally, Lorena was a teacher at the Spanish language school where I and other CFHI students would be taking lessons. Her sons Marin, 6, and Alex, 4 were shy but adorable. I only wish I had brought gifts for them all. After settling in, the sky turned dark and it rained all afternoon, providing the perfect environment for a nap. I would soon learn that this was to be the weather pattern: the golden rays of sunlight every morning were almost always balanced out by clouds and rain in the evening. I woke to the sounds of the next CFHI volunteer arriving. The three of us then had dinner and attempted to converse in Spanish. I knew when it came to Spanish I was a beginner, and the dinner conversation definitely confirmed this. I couldn't wait for Spanish lessons to begin so I could see improvements in my Spanish.

However, before Spanish lessons could begin, we had to take a test for the teachers to assess our language level. It was then that I met the other CFHI students. There were both medical students and pre-med students from California, New York, Oregon, and Massachusetts. Getting increasingly nervous about my beginning Spanish skills I decided to take nothing but Spanish lessons the first week and postpone my clinical rotations. In retrospect, I'd advise students to just go ahead to the clinics and hospitals because you can't make up this lost clinical time in the future. Plus, you will easily pick up Spanish from the interactions between the doctors and nurses and their patients.

That first Friday was a national holiday, la Independencia de Guayaquil. The other students and I took advantage of the three day weekend by arranging a trip to Tena. The bus ride was an experience in itself. The roads quickly became unpaved and narrow, steeply weaving down through the mountainside; with the bus wheels unbelievably close the cliff edge of the road

the entire six hours. All of us were also easily amused by an elderly man who briefly hopped onto the bus to sell pills he called 'Ameba Plus,' which he claimed cured everything from cancer and parasites to menopause. Ridiculous, considering they were mainly made of sodium! You could definitely feel the climate change toward the end of the bus ride. While Quito was rather chilly, it quickly turns warm and humid as you travel down in elevation. During the weekend, we went on an Amazonian jungle tour, white-water rafting, tubing, and hiked to an indigenous village. It was an amazing experience and allowed us to meet many locals and learn about the various plants and insects of the Amazonia. A spider managed to bite me in my bed the first night and I had a close encounter with a scorpion, but all in all the trip was fantastic.

Week 2:

The morning walk to the Spanish school was a sight I never tired of. On a clear day you could not only see most of the valley of Quito sandwiched between the slopes of the Volcano Guagua Pichincha and the Andes Mountains, but sometimes the snowcapped mountains in the distance. Spanish classes were very helpful, especially when it was one-on-one. The teachers went at your own speed and were very understanding and personable. However, the highlight of the week was visiting the clinics. Dra. Susana Alvear was the director of the CFHI medical program in Quito and it was arranged for me to spend the afternoon hours of week two at the clinic where she worked, La Clinica de La Y. La Clinica de La Y is a family clinic but most of the patients are young children or their parents. You can truly see first-hand what a young population Ecuador has (70% of the country under age 35). Through the clinic, I also gained a real appreciation for family practice. Family Practitioners will follow a patient throughout most of their lifetime and therefore must have a wide knowledge range of the medical issues spanning each age group and the entire lifetime. Dra. Alvear explained everything as she examined her patients; showing me x-rays, lab results, and allowing me to assist her when needed. I observed everything from child vaccinations to genital warts, pericarditis, and cases of the flu. I was also allowed to assist with the biopsies on a young woman who had the human papilloma virus (HPV) and an elderly woman with large irregularly shaped moles on her back by applying pressure to stop the bleeding.

The second weekend also afforded us some time to travel to the touristy town of Banos. Before our arrival, there had been some slight activity in the local volcano and the streets and buildings were lightly dusted with ash. We took a vigorous scenic hike and then explored the local shops and restaurants. We rented some cheap mountain bikes in town to explore the countryside. Unfortunately, my bike trip was cut short when I got a flat tire and took a bus back to town. Still, even the bus ride offered some spectacular views of the mountains and valleys.

Week 3:

Although I was scheduled to travel to the more rural town of Chone for the final two weeks of the program, I asked to stay in Quito the following week in order to have the opportunity to visit another clinical site in the city. I did this for two reasons: I missed out on going to the military hospital the first week in order to take extra Spanish classes and I was told that the people in Chone spoke Spanish much faster so I wanted to take a few more Spanish lessons before leaving. Dra. Alvear was very understanding and went through the trouble of arranging for me to spend the next week in the emergency room of Hospital Eugenio Espejo in Quito.

I got slightly lost my first day traveling to the hospital. Well, not lost. It's easy to get confused since there are two hospitals next to one another. Through the process of elimination/trial and error I found the correct E.R. I walked through one set of doors and into a crowd of people. They were waiting for the next set of doors to open. Even though this was a waiting room, no one was sitting. The crowd was at one end of the room and the empty chairs at the

other. A security guard lets the patients and/or family in every few minutes and he kept a heavy silver chain on the door when not opening it. Once inside the E.R. the patients come to a small area with a hospital bed next to a desk where either the triage nurse or Dr. Vaca would ask a few simple questions and a quick examination. *Cual es tu nombre? Donde vives? Que te molesta?* The small triage curtain was seldom used when examining men, but for women it was used as a courtesy despite its inability to conceal much. The patients and their families never complained about privacy or autonomy and were very grateful just to be seen.

Hospital Eugenio Espejo is the one of the major hospitals in Quito and provides care to all patients with only charges if lab work is done or imaging was needed. There is only one trauma room with room for approximately 5 beds, a separate intensive care room with 4 mechanical ventilators, and toward the back were about 20 beds for patient observation. Some patients traveled long distances to been seen at the hospital as well. An elderly man who had been bitten by a snake traveled a few hours to reach the hospital. During my week of clinical observation in the E.R. I saw many other interesting cases: a woman seemingly consumed with chills was diagnosed with malaria, men and women suffering from various complications due to hypertension and diabetes, and a steady stream of motorcycle and car accident victims flowed into the trauma center. An elderly woman was brought in that suffered third degrees burns over most of her body after an accident with a gas stove. We watched as she had to endure the burned skin being removed and the wounds cleansed so they could wrap her body with dressings.

One morning, a particularly sad case arrived at the ER just as I was getting in. A woman was brought in that was unresponsive and whose extremities were purple. She had suffered a stroke and I was taken a back as right before my eyes she went into respiratory failure and was incubated. Her husband was allowed in the trauma room once the doctors decided to discontinue their resuscitation efforts moments later. For a very painful half hour he cried out her name while all the while saying asking her to "levantante" (get up). She was merely 28 and her distraught young daughter stood in the trauma room doorway looking on as her father said goodbye to her mother. The hospital staff was clearly saddened by this case but went about their jobs caring for their other patients. There were also moments which the staff was able to take pride in and know that their efforts and diagnosis lead to a patients' recovery from a previously bleak point. They worked long hours and often were physically worn down from lack of sleep but continually did their job well, always caring for the patients first. Their dedication and patient care was admirable given the limited number of beds and resources.

Dr. Vaca was very encouraging and helpful in explaining cases to us. There was even an ongoing national conference on emergency preparedness in the hospital that week that he made sure we had a chance to attend.

Week 4:

That weekend I and another CFHI student decided to catch a bus to the indigenous town of Otavalo. Dra. Alvear was kind enough to make arrangements for us to be able to visit Jambi Huasi, a small but infamous clinic for its traditional healers. Jambi Huasi, which means Health House in English, provides both modern and traditional medical treatment to the nearby indigenous communities. Many indigenous communities are remote and roughly 90% of its people are living below the poverty level with limited access to healthcare. The resulting fact is high maternal and infant mortality rates. We were told that in some remote communities maternal mortality reaches 250 per 100,000 live births, compared to the national average of 130. Jambi Huasi reaches out to indigenous people, which consists mainly of Quechua-speaking natives, in a culturally sensitive manner by staffing traditional healers such as a Yachak (Shaman), a Fregador (Massage Therapist), and Partera (Midwife) on site. Upstairs in the clinic is the general medicine section; a clinical lab, pharmacy, dentist, and gynecologist. While we were there we had the chance to observe a traditional healer treat a patient with a broken collar

bone. She used a lot of manual manipulation and the rubbing of different ointments. She also showed us some of the cuy she used for the cuy cleansing therapy many patients come to the clinic for. The cuy (guinea pig) has a revered place in Andean culture, and is used as food as well as in spiritual practices. The cleansing involves the live cuy being rolled and rubbed up and down her patients' legs and arms, across their chest and shoulders and on the top of their head. The cuy is believed to be an absorber of negative energies and so by doing this the afflictions of the patients are absorbed by the cuy and the healer can dissect the cuy to provide insight into the patient's health. We also spoke with the Yachak who explained many of the over 3,600 native plants he uses for medicinal purposes and spiritual therapy.

After our enlightening visit to Jambi Huasi, we went to the colorful and lively indigenous market in Otvalo which is incredibly large on Saturdays. I found lots of artwork and jewelry and because you are expected to haggle, it was good Spanish practice. We spent the whole day in Otvalo and still didn't visit all the stalls in the market.

We rode the bus all night so that we would arrive in Chone early in the morning. Despite the fact we woke up our host family when we arrived at 6am, they showed us great hospitality. After resting for two hours we went straight to the local hospital, Hospital Napoleon Davila Cordova. Chone is a very rural but beautiful town and the hospital is the tallest and largest building. Our preceptor was Dra. Diaz, a pediatrician. We followed her in the mornings while she worked both in the pediatric ward of the hospital and in her office on the first floor and in the afternoons we were basically free to visit any area of the hospital we were interested in. We got to know four medical students who were actually living together in one room on the top floor of the hospital during their internships in Chone. We had the chance to go with them on their rounds with Dra. Diaz on the pediatric ward and they were nice enough to allow us to borrow scrubs so that we could also go with them into surgery.

In the few days we were in Chone I had the chance to observe many cases of tropical diseases that I might not have been exposed to in the U.S. Chone is near the coastline of Ecuador and so cases of malaria, dengue fever, and parasitic infections were common. In addition there was also a young pregnant woman with a case of toxoplasmosis. Witnessing Dra. Diaz treat children with parasitic infections helped me to see the true reasons for good public health through sanitary food and water practices. The physicians I met in Chone were dedicated, but few. Because of the shortages of doctors, if a child needed to see a specialist they had to transport to the city hospitals several hours away. The differences between the rural and urban hospitals were like night and day but the physicians' compassion for their patients remained the same. Each and every preceptor I had in Ecuador emphasized prevention, vaccinations and proper nutrition to their patients regardless of their socioeconomic status.

Thank you CFHI for such an amazing opportunity. In a relatively short amount of time, I learned so much about the difference in healthcare in urban and rural areas, the politics and factors that are reflected in national healthcare systems, and met some of the most inspiring healthcare workers imaginable. I gained an appreciation for a culture and traditions I had never been exposed to, all the while meeting new people and making memories I will cherish forever. The experience challenged me and was also a time of personal reflection and growth. More now than ever, I have a desire to go into the field of medicine so that I can provide the sort of care and compassion exhibited by all my Ecuadorian preceptors. It is important to be aware of the different levels of healthcare internationally and strive to improve the global healthcare overall. What works in one country may not work in another, but you can certainly learn from each system's strengths.

Advice for other CFHI volunteers:

- bring small gifts for your family and their children if you can
- ask to travel with donated medical supplies from CFHI
- do not miss any of your clinical rotations unless you are on your death bed!
- the climate greatly varies depending on where you are in the country (Quito is rather chilly but it turns warm and humid when you travel anywhere below Quito's elevation) so pack accordingly
- practice speaking as much Spanish as possible before your trip
- take a laptop, just be careful when in public with itthat way you can use the free wi-fi available at many malls and restaurants and avoid the cost of internet cafes
- the web telephone program, skype, is a great way to call home
- bring scrubs so you don't have to borrow any