



## **Annelise Adams**

Amazon Community Medicine

Ecuador, November 2008

Scholarship Report

Swollen abdominal cavities, debilitating diarrhea and severe malnutrition are just a few of the hallmarks for poverty driven health issues common in rural Ecuador. Despite a lush green landscape and tropical atmosphere, Ecuador is plagued with the detrimental issues of infectious diseases, lack of clean water supply and inadequate nutrition. During my participation in CFHI's Amazon Community Medicine in Ecuador in November 2008, I was able to witness these social and economic issues pervading one of the most biodiverse and culturally diverse locations in the World. Working in a variety of clinical rotations and situations allowed me to strengthen my personal capacity of understanding community health and development; experiences which have been invaluable to my future as a Public Health student.

The first week in Ecuador was somewhat of a "transitional" period. "Transitional" in terms of adjusting to Quito's high altitude and cultural differences; transitional in reprogramming my mind to speaking solely Spanish. My inability to speak Spanish confidently when I first arrived in Quito created a bit of an initial challenge. Luckily, the Spanish immersion aspect of the program allowed us to stay with patient host families who understood the difficulties of speaking a foreign language and who supported us throughout the entirety of the program. After taking additional Spanish classes at the Amazing Andes Language School I gained a new sense of assurance when speaking Spanish; all of which came in hand when conversing with patients and Doctors. During this initial phase of the program I was also able to develop relationships with my fellow participants. All coming from different places in our educational careers and having varying ideologies on public health provided a certain dynamic to the program.

During the second week of the program we remained in the Province called Pastaza where we would engage in clinical rotations, develop an understanding of infectious disease and participate in community-based educational programs. Under the direction of Dr. Wilfrido Torres, our local coordinator and the Medical director at the Servicio Nacional de Erradicación de la Malaria (SNEM), we were provided with weekly lectures on the tropical diseases that devastate the socioeconomically poor communities of the region. He allowed us to go with



him to a private school in Santa Clara where we educated the staff and students on the importance of preventing Dengue because of its irreversible effects and lack of treatment. Additionally, Dr. Torres and his staff educated us about the different species of mosquitoes that transmit Malaria and demonstrated many of the common breeding grounds for mosquito larva (such as the one in the photograph above).

While in Pastaza, we headed on a 4 hour hike into a small *Shuar* community called “Uwijint”. Greeted by our *guia*, Gustavo, the next three days were spent emerging ourselves in the indigenous community. We learned about the medicinal plants used by the indigenous for curing illnesses ranging from cancer to diarrhea. Like many tribes in the Amazon, the *Shuar* placed a lot of emphasis on traditional medicine. And, although Gustavo didn’t wear a lab coat or hold a medical degree, his role as a medical healer was nonetheless vital to his community. On one occasion while Gustavo was showing us plants such as the “Yierba Louisa” used for fever and stomach pain he stated “the jungle is our pharmacy”. This comment resonated with me during the arduous hike back into town. The people of Uwijint, despite lack of access to clean water and adequate food were all relatively healthy and happy people because of the medicinal plants around them.



A week later we had the opportunity to encounter another aspect of Ecuador’s health system; the public health sector run by the government. At the “Subcentro de Salud” in Arajuno,



the physical conditions of the government-funded clinic were unsettling. The 6 room clinic lacked basic necessities required for providing adequate health care. One nurse even described the facility as “obsolete”; a term I found to be particularly accurate when describing the lack of

running water, sufficient medical supplies and limited staff. Yet, despite the inadequacies, the clinic was still functional and provided essential services to all of the community. For example, all of the children in the small town of Arajuno were kept up to date with vaccinations and the emphasis on community health education was commendable.

During a national campaign supported by the Ministry of Health called “Campaña de Vacunas”, I was able to witness the emphasis on health promotion and education in Ecuador. At the Subcentro de Salud in Arajuno, the medical staff was given the objective was given the mission to vaccinate 100% of the children ages 6 months to 2 years old against the Flu. To the *medicos*, this meant going beyond the job description of simply providing in-clinic services. Instead, the dedicated doctors and nurses went into every sector, street and neighborhood in

Arjuno with megaphones, vaccines and syringes in hand to insure that every child was vaccinated. The image of stopping every maternal figure on the dirt paved streets to ask if their children had their appropriate vaccinations is still engraved in my memory. At that point it became blatantly obvious that the Ministry of Health in Ecuador provides a



significant portion of public health services to the indigenous communities that would normally do not have access to such services. However, as apparent from the “Subcentro de Salud” clinic conditions, there is still room for progression in the way the Public Health infrastructure functions in Ecuador.

Going into the Amazon Community Medicine Program with no formal medical training I assumed my participation in the clinics would be very limited. To my surprise I was witnessing medical procedures first-hand, engaging in patient interviews and assisting with community health education. During several clinical rotations at a missionary based private hospital, “Hospital Voz Andes” I was given the opportunity to explore aspects of medicine I had never experienced before such as observing endoscopies and assisting with ultrasounds. It was in this clinic that I was also able to observe a sense diversity in the types of patients and illnesses. Visits

ranged from indigenous women to American missionaries, diabetes to UTI's. Through direct patient contact and interaction I was able to experience a whole new realm of medicine that would not have been possible for me in the United States.

Towards the end of the program we had the opportunity to spend some time at a small orphanage called the "Fundacion de la Casa de Fe". The orphanage housed dozens of children with varying levels of developmental issues. Under the supervision of American Pediatrician, Dr. Norman, we performed "Denver II Exams" which measured the developmental capacity of the children. After individually testing the children's motor skills, language and social ability the results were indescribably sad. The majority of children tested (ranging from 1-5 years old) were unable to stack two blocks together or say more than 3 words. The obvious suffering in the eyes of the children was undoubtedly a product of the socioeconomic situation present in Ecuador.



I believe CFHI's Amazon Community Medicine program helped build a foundation for my familiarization of pathologies, community-based health and overall sensitivity of global health issues. The program offered a unique learning experience of understanding both the private and public aspects of the health care system in South America while supporting my educational goals of studying Public Health in Graduate School. With the new found ideologies that CFHI has catalyzed, I feel that I will be able to achieve my goals of being an advocate for global health equalities and a voice for the destitute sick. As I am making my decision for my future in Public Health I now have faces to put behind my future research and communities to inspire the promotion of a healthier global community. With that said, given the opportunity to participate in the program again I wouldn't hesitate.



**Above:** Students in a small Kichwa community during a “Health Day” where we assisted the Subcentro de Arajuno staff with providing dental and medical care