

Daniel Curiel's Report: Urban and Rural Comparative Health Program, June 2011

My name is Daniel Curiel and I am an undergraduate at Butte College in Oroville, California. I traveled to Ecuador on June 3 2011 for one month in the Urban and Rural Comparative Health Program taking place in the cities of Quito and Chone.

Growing up in a small northern California town it seemed that a trip of 4,000 miles was an impossibility. This scholarship made an unforgettable journey possible. On this adventure I met students who I would now call friends. I met incredible doctors



who are dedicated to providing the service of healthcare in underserved communities, which allowed me to grow in character and in medical knowledge. These doctors show a level of patience and self-sacrifice that I couldn't have imagined previously. They face the obstacles of meager medical supplies, shortage of instruments, and inadequate space for patients. I felt humbled as I observed them defy these obstacles on a daily basis. I realized that the people of Ecuador, and indeed those of the United States, take a leap of faith every time they seek medical attention at their local clinic or hospital. The relationship between doctor and patient requires the patient to have complete faith in the doctor. The patient does not know if the doctor has had a bad day, is functioning on little sleep or having to balance too many tasks at the same time. All the patient can do is trust that the doctor is rested and ready and that everything will turn

out alright.



For the first two weeks in Quito, I went to medical rotations in the morning and Spanish classes in the afternoon. During the first week I was at the Ministry of Public Health clinic, Cochapamba, which serves a poor

barrio in the north of Quito. I would have breakfast of fresh fruit juice and bread at my homestay and then take a bus to the clinic. From the clinic I would take another bus back to the school and then find a local restaurant for lunch. After Spanish classes I was free to explore the town. The routine was much the same in the second week when the medical site was the Military Hospital's surgery floor. The last two weeks I spent at the hospital Napoleon Dávila Córdova in Chone.



Being the first generation son of Mexican immigrants I've never enjoyed the comfort of having much money or many luxuries. However, Ecuador gave me visual proof of how much I truly have in this country and how rich Americans really are when compared with the global population. I saw people in Chone living in small shacks without the luxury of clean water, heating, or even floors and windows. We in the States take amenities

such as air conditioning and clean tap water for granted, but there are many places in Ecuador where these things are either too expensive or are simply unheard of in the general populace.

Regardless of the lack of these comforts, the people of Ecuador were the some of the friendliest I have ever met. The host families I stayed with were freely giving of their food and home, and always made us CFHI students feel welcome. Many times my homestay families used the phrase "Ésta es tu casa" which means "this is your house." It is a very polite way to tell us to relax and feel at home.



I learned Spanish as a child but you could say I was out of practice since I speak only English at home or with my friends. However, what previous knowledge I had helped me immensely when communicating in Ecuador. I met a small group of men in Chone who were sitting in front of one of the



many small shops that line the rough roads in the tiny town. They were memorializing the passing of a man's father by playing some of his favorite songs from "back in the day." I was walking by and stopped to hear their music. Being a guitar player with an appreciation for classical music, I couldn't help but be entranced by their Spanish style. They were playing old songs native to Ecuador and when they saw me listening they quickly invited me to sit in.

They could not have been more amiable as they questioned me as to where I was from and why I was in Ecuador. It was an emotional tribute that they were kind enough to let me be a part of and it was an unforgettable part of my cultural experience in Ecuador.

My Mexican background influenced my experience in Ecuador giving me perhaps a better understanding of the culture than those students who had not grown up around a Spanish speaking culture. Anytime I introduced myself to an Ecuadorian they were first curious as to where I was from and then surprised by how well I could speak Spanish given that I was from the United States. Some were quick to spot a Mexican accent in my speech. There were some who called us students "gringos," but they did not have the least bit of malicious meaning. The



doctors and nurses could not have been more accommodating and with few exceptions, everyone we met was very friendly. My ability to speak Spanish helped me translate for other students and allowed me to

understand more of what was said in the hospitals and clinics. But I do not feel that I was treated any differently than the other students because of my race. There are few similarities between Mexico and Ecuador in terms of culture but I did recognize the many vendors who walk the streets carrying their wares which range from gum to locally made trinkets called “artesanías.” Ecuador is approximately 95% Catholic and a large church is central to seemingly every town.

Before I left for Ecuador, I was confident that I wanted to be a doctor and perhaps specialize in internal medicine. I had not seriously considered surgery, but after seeing surgeries in Quito’s Hospital Militar and the hospital in Chone, I have developed an interest. I had never witnessed a surgery before, but I did not feel uncomfortable partly because the relaxed nature of the doctors and nurses in the OR made me feel at ease. I saw gallbladder removals,



hernia repairs, prostate operations, orthopedic procedures and many more. My medical knowledge grew substantially thanks to the doctors and nurses in Chone who were very open to my questions. I’ve



shadowed doctors and nurses in a clinic and emergency room in the United States where they seem busier and under more pressure. Therefore, I felt more reticent when asking questions of them than I did in Ecuador. The small Chone hospital is run by the government’s Ministry of Health and there is a relaxed environment with a feeling that everyone is part of the same family and

everyone knows everyone else. I scrubbed in on several surgeries in Chone and the doctors would take the time to point out nerves, veins, muscles, and the names of various features of the human anatomy to

me. I asked questions such as why they cut in a specific place, why they would stitch in a particular way, or simply the names of various structures and they were always willing to answer. All of the doctors and nurses we encountered were gracious enough to take the time to teach us CFHI students even though their jobs keep them busy enough.

Dra. Jazmin Benavides was a shining example of this community spirit. I shadowed her for several days during the afternoon in the emergency room. She never enjoyed a moment's rest as she



went from her patient exam room to the nurses' exam room to the gynecology exam room and back again. She was always seeing patients and writing prescriptions. Under Ecuador's socialist system patients can receive some medications free of cost. She favored prescribing these free drugs since the majority of patients visiting the ER were poor. Mostly they came for non-emergency

conditions since they cannot afford private clinics.

Dra. Benavides specialized in doing ten tasks at once. She would be seeing a patient in her exam room when another patient would walk in asking for drugs, directions, or immediate treatment. It could have been a patient she had already seen or one that she had never seen. Regardless of who it was she never lost patience or raised her voice. She simply asked what was wrong and what the patient needed. She could be pulled from the middle of a physical exam of one patient into the wound stitching of another patient without skipping a beat. The environment in the ER was one



of controlled chaos. True emergencies, such as when a man came in with a facial chain saw injury, were rare. Many of the cases were of children with colds, runny noses, and the flu. Regardless of the case, Dra. Benavides went beyond the call of duty in her service to the patients of Chone. She is a role model of what a health care provider should be.



Another environment full of patients in need was the Cochapamba clinic. Dra. Silvia Sancho was our supervisor and is one of the few doctors at the clinic run by the Ministry of Public Health. The clinic in the north of Quito is much like clinics in the United States, only smaller and with many more people. Dra. Sancho's office doubles as an exam room though it is barely large enough to stand up in. She is always in motion, always seeing patients, always working. There is only one nurse and one other doctor there, but everyone including the cleaning lady helps to get every patient attended to. The clinic is also involved in vaccinating children and we walked around the barrio knocking on doors and visiting schools inquiring as to the vaccination status. Many of the vaccinations are free to those in the low-income barrio.



From the clinic to the operating room, I kept my eyes locked open to see as much as possible of Ecuador's health system. There were many noticeable differences in the operating rooms at the military hospital in Quito and that of those in Chone. I spent my second week in the surgery department at the military hospital with Dr. René Vargas. He was a fast talking,

charismatic, and funny surgeon. During rounds in the morning he enjoyed catching the residents and interns off guard with test-like questions such as “What condition presents with intestinal obstruction, fever, and leukocytosis?” We saw many patients that were yet to be operated on, or that were in recovery. Rounds can be a gratifying experience. I saw the hernia operation of a woman, and the next few days of her recovery process. She was recovering well, even getting some exercise walking up and down the corridors. Dr. Vargas always tried to keep the mood light with his patients, extolling them to eat every kind of food and criticizing doctors who restrict patient diets after routine surgeries such as gallbladder removals. He said that for these kinds of surgeries, a restricted diet leaves the patient with more problems than they may have had before.



The surgeries in Chone contrasted greatly with those in Quito. While there were many ORs in the military hospital, there were only four in Chone and I only saw two in use. In the better funded military hospital many of the hernia repairs, prostate operations, and gallbladder removals were performed laproscopically. Small incisions were made that leave little to no scarring. Also monitors are used to image the inside of the patient as the procedure is carried out. I saw no laproscopic procedures during the two weeks I was in Chone. Being situated in a rural town and funded by the Ministerio de



Salud Publico (Ministry of Public Health), the Chone hospital lacks the equipment and amenities of the military hospital. It has air conditioning only in surgery, neonatal, and part of the ER.

The healthcare workers in Ecuador seem to ignore the lack of comforts. Instead they focus on providing service for those who

need it the most. Space is limited, supplies are scarce, and medication is often too expensive for patients to afford. What I really admire about these doctors is that they are not overwhelmed by issues in the healthcare system or the same old complaints they face every day. They hold onto a hope I had never seen before. It holds them to their patients as securely as a lifeline. It is that in the face of poverty, improper sanitation, and lack of health education they strive to change the life of every patient they see. They embody the ideals of service to an underserved community. The doctors who hold these ideals are truly worthy of a patient's trust.

