

**Denise Won**  
**Andean Health in Quito, Ecuador**  
**August 2011**

When I received notification that I had received the scholarship I was elated! I knew that I wanted to go into health care and become a nurse practitioner so I sought this experience to see if I have what it takes to thrive in this profession. Before my transition into health care, I worked in vocational rehabilitation and supervised a landscaping crew of developmentally delayed adults on an organic farm.



While applying for the CFHI program, I was a student at San Francisco College in the Medical Assistant certificate program. In my externship at San Francisco General Hospital, a public hospital, I typically interacted with people who were low income, intravenous drug users, Chinese or Latin American immigrants, and survivors of grisly gunshot wounds. After seven weeks at SFGH, I was eager to explore similarities and differences of another urban center. What population would I interact with in Quito, Ecuador?

I arrived a week before my program started to take a week of intensive Spanish, and I lived with an 80 year women in her 3-bedroom flat. Once my program started, my daily routine typically started with taking the bus to clinic in the morning. Clinic lasted for four hours and then I rushed through lunch before going to Spanish class in the afternoon. I had dinner at 6:30 and then some relaxation time afterward. My first two weeks were scheduled tightly



and on weekends, the CFHI group took overnight trips to Otavalo, Mindo, and Banos. I relished the extra time I had in the afternoons during the last two weeks after my Spanish classes ended. It was nice to have these afternoons plus the weekends available to do some leisurely sightseeing and cultural activities.

The experience of doing clinical rotations in Ecuador was similar to being thrown into the trenches. I experienced and did many things that I did not have the opportunity to do while in my externship at SFGH such as watching and attending live births, and watching surgeries which are highlighted in the following journal entries:

**17 August 2011**



An overwhelming first day at the maternity ward! A dozen residents and the attending made their rounds. Two dozen women in labor were lined up on roll-away beds

without their loved ones nearby. A dozen medical residents probed their patients to check for dilation. From my angle and as a foreigner, the examination appeared very impersonal...If I were in labor I would want a loved one by my side....I had in my mind an ideal birthing experience. A resident pulled me away to see my first vaginal birth! I felt better by the second pregnancy when I remained with the woman in labor and held her head and hand as she struggled and heaved to bring out new life.



**23 August 2011**

In Dr. Barrera's car on the way to Centro de Salud #4 Chimbacalle, we talked about the health care system in Ecuador. From what I gathered from my limited Spanish, the government is passing a referendum on health care.

Dr. Barrera added that in all the public clinics, all the services are free - that included consultation and medication. He sees his patients every two months to review their medication list and renew their prescription.

This morning he hopped right into giving a workshop on stress reduction for patients with hypertension where he emphasized spine health and stress reduction. He led three different kinds of neck exercises. He gave a great talk and really engaged the audience by ending his sentences in "Seguro?" or "Si o No?". After the workshop the participants excitedly lined up to have me and Patrice, an intern from the Catholic University, take their blood pressure.

Yesterday, Barrera saw 17 patients in four hours! Many had been waiting since 5AM. With each patient he was very direct yet caring about how they should improve their lifestyle.



**24 August 2011**

Today I started at the teen clinic. From 8-9:30, Doctor Carrera and two 6th year residents made their morning rounds. The ward has 30 beds and all the mothers are 18 or younger and were shockingly comfortable in comparison to the salo de parto/maternity ward! The maternity ward was tiled, in need of a facelift, and the women used their maxi pad packages as pillows. The teen recuperation ward was a resort in comparison: wood laminate flooring, pleasant lighting, warm earth tone walls, comfortable beds with proper bedding and actual pillows! All the young women received mini flower bouquets, and nurse aids gave them milk and bread rolls for snacks.

Dr. Carrera and her entourage routinely examined the newborns. After observing several newborn exams, I felt comfortable assisting with the exams. The most interesting part was feeling for the fontanel (soft spot) on newborns because if it is too large then Carrera orders an ultrasound.

**26 August 2011**

After a few days of well baby visits and seeing a few dozen nubile teens toting newborns, these young women - especially the younger teen mothers in their budding skinny not-quite-women bodies, began to faze me

less. They come in wearing skinny jeans and skateboarding shoes along with a diaper bag. Often, the gals come alone and other times they are accompanied by their boyfriend or mother, and sometimes with both.



To think that last week I was in the maternity ward observing the apex of drama, the births in all their messiness, witnessing the agony of these women, the crowdedness of the facility -

and this week I see them in recuperation and that the baby's health and progress is carefully charted through frequent visits. Yet I wonder all the same about the mother's physical and psychological well-being. I think about the psychological health of one patient yesterday, the 13 year old survivor of rape and incest, who has to raise the baby, a constant reminder of her trauma. What will happen with her? Will she become a strong confident woman?

### **31 August 2011**

I spent this week in surgery. The bus ran slower than usual, but I still managed to arrive at the Military Hospital exactly at 8, powered up 8 flights of stairs, changed into my scrubs and lab coat just so I could finally observe

a surgery.

I witnessed the repair of an inguinal hernia from beginning to end. Mara [3<sup>rd</sup> year medical student from Germany] scrubbed in and I stood wherever I could get the best view,



which was behind the patient's head where I chatted with the anesthesiologist. The surgery went well...I saw the white mesh sheet that the surgery team used to wrap and fortify the seminal duct and the blue lace they used to hold and reposition it.

The only complication was that in the beginning during the prep phase, the urine catheter wasn't properly and entirely inserted into the bladder - which I learned could cause trauma if the patient is unable to void during surgery. Dr. Vargas called in the urologist who promptly reinserted the catheter and got the urine flowing into the catchment bag.

### **Conclusion**

Gaining insight of another country's health care system has helped me look forward to a career change. My experiences in the various hospitals and clinics throughout Quito opened my eyes to the realities and demands of the

healthcare profession. I now know that I have what it takes to thrive in health care.

