

Amazon Community and Indigenous Medicine-Ecuador

February-March 2011

Child Family Health International

Kristen Anderlite



Host mom, Rosita, in Quito, Ecuador

Quito, Ecuador

My name is Kristen Anderlite and I participated in the Amazon Community and Indigenous Medicine program in Quito and Puyo, Ecuador. Throughout my time in medical school I've always known that I wanted to participate in an international program. I believe it is an important part of medical education and helps to develop a well-rounded physician. This was especially important to me because I hope to continue serving communities on an international basis. It can be overwhelming with all the expenses of medical school as well as preparing for residency. With that being said, I felt honored to receive a scholarship through CFHI, which helped to make this trip possible and lessen the burden of the expenses.

The part that stood out most to me about this program was the variety. I spent one week in Quito. I lived with a host mother who had one daughter. It was fun because there were 5 other host students who were living there as well. Each morning we woke up to a wonderfully prepared breakfast and then would walk to the Amazing Andes Language School. The first two days I attended a full day of language classes from 8am-5pm with a one hour break for lunch. We usually walked to a local café. My favorite foods I tried were the "humitas" and "tamales." Having a bachelor of arts in Spanish I felt comfortable with my speaking abilities. However, I needed practice with Spanish medical vocabulary. The classes were extremely helpful in preparing me to converse with physicians and patients in the clinics. After a full day of classes I would retreat back to my host mother's house.

Dinner was at 7pm and I never went hungry! There was always a dense soup, then vegetables, some type of meat or fish and then, of course, dessert. Our host mother was wonderful. After dinner we would always play a game to help us improve our Spanish even more.

The next two days I spent a half-day in a clinic, “Fundación Medica Mosquera,” and then another half day in Spanish classes. To get to the clinic we had about a 35-minute “trole” ride. I was always thankful to arrive at the clinic and not be packed in like sardines anymore. The clinic was in the old center of Quito in “Plaza de Teatro” situated in an old historic house with a lot of European influence. The center of the clinic was a big courtyard. With everything being open you could hear the noises from the street. At one point there was a loud parade with blaring music that filled the entire clinic. The funny part was that no one seemed to notice expect myself. This was a very different experience from anything I am use to on my rotations in the United States. The first part of the morning was spent in the laboratory. People would line up and could wait for 40 minutes or more just to get a number before they were even called to get their blood drawn. People were called by their number, which was on a piece of scrap paper as well as written on a tube with a wax marking pencil. The



FundaciónMedicaMosquera



Clinic laboratory

dirty needle container was a 2L bottle mounted on the wall. The second half of the morning was spent with Doctor Vega, a gynecologist. It was interesting to learn that colposcopies are done on all women as prevention instead of a yearly pap smear. Doctor Vega was a wonderful teacher and made sure that I understood everything that was going on. He even took time to explain in detail about Human Pampillomavirus and the treatments and vaccinations that are currently being used. The biggest thing I noticed was no sense of privacy. The changing room was an itty-bitty space with

a shower curtain. Walls with out ceilings separated all the exam rooms. You could hear everything out in the waiting room, as I’m sure they could hear everything going on in the exam room. Those first two days in the Quito clinic were a great introduction to the Ecuadorian health care system. It was in stark contrast to what I am use to in the United States. Most of those first days were purely observation, which was ok because it gave me the opportunity to really take everything in.



View from bell tower of the Basilica in Quito

My time in Quito was short but allowed me to become more comfortable with the culture and navigating in a foreign country. The first week we were given Friday off in order to further explore the city of Quito. This was a wonderful opportunity to visit the old center and see the many old churches, buildings, museums and the governor's palace. I love the old center of Quito...tiny streets, colorful buildings and beautiful architecture. We also climbed the stairs to the top of a bell tower for an amazing view of downtown Quito—breath taking, with mountains in every direction.

After the first week in Quito I headed to Puyo - a small town in the Amazon basin. Each week we visited 2 different clinics. Most clinic days started at 8am. My host family would drive me to the bus stop or directly to the clinic, as our house was a little bit outside of the city. I would work until noon, have a lunch break until 1:30 or 2pm and then continue working in the clinic until about 5pm. Most clinics were a 20 minute bus ride. It only cost 25 cents! There were two occasions where the bus ride was almost 2 hours. These days we had to wake up at 5:30 or 6am in order to get to the bus station. Those made for very long days but were worth it. These were some of the more rural clinics with some of the more interesting experiences.



Doctora Serrano and me at
"Subcentro de SaludMera"

The first day in Puyo I worked a half-day at the "Subcentro de SaludMera" with a Doctora Ana Serrano. We pulled up to a dilapidated building surrounded by a fence with multiple dogs entering and leaving. Doctora Serrano greeted us with a big smile and a hug. This first day at the clinic she did not have a nurse...so first she took all the vitals of all the patients and then they had to sit and wait for their number to be called. There were no appointments—you just show up and receive a number. I helped with vitals and weighing patients. It felt good to be helping out. One by one we saw patients, and saw everything from colds to diabetes to STDs. The one

patient that stood out in my mind that day was a 16-year-old girl who was 36 weeks pregnant. She did not listen to previous advice and get her blood work done and has had no prenatal care. The doctor even told her that she hopes everything goes smoothly with the delivery.

That afternoon after the clinic we went to a botanical garden in Puyo called "ParqueOmaere." There a Shuar woman named Teresa taught us all about medicinal plants and traditions that still exist in Shuar communities. We learned about plants that were used for everything from upset stomachs to kidney stones to menopause.

The next day I spent another half day at the clinic in Mera. The clinic was already packed when we arrived at 8:15am. Doctora Serrano greeted us again with a smile, hug and a kiss. In the afternoon we went to "Fundación Casa de la Fé," an orphanage in Shell. Shell is a small town just 10 minutes from Puyo. What an eye-opening experience! As soon as we walked in kids ran to us with their hands up in the air to pick them up. At any one time there can be 60-66



"Jonathan" and me
Fundación Casa de la Fé

children at the facility. I felt so sad when I walked in. Even though it was a sad situation, every child was smiling, laughing and playing. Most kids had medical disabilities and their families could not take care of their needs. One child in particular made a huge impact on me. His name was 'Jonathan.' He came up to me and for the longest time he would not talk or smile. I just held and hugged him. Then I started pointing to colors and finally got him to repeat after me. The rest of the time he followed me around and talked to me. Being at the orphanage for just those few hours was such an incredible and humbling experience.

The next day was a full day at the clinic in Mera. I really liked working in the clinic in Mera. Doctora Serrano was so friendly and was always willing to answer our questions...the town of Mera was also very friendly. I guess we stuck out walking around in our scrubs but every storeowner was curious why we were here and for how long. Once we explained and told them that we were working at various medical clinics in the area they were always thanking us. That is another thing, people here are very appreciative.



Town of Mera

The last two days of my first week in Puyo were spent in a town called Pitirishca. This was one of the clinics that required a long bus ride in order to get there. Today was long and exciting. We woke up early at 5:30am to take the bus to the clinic in Pitirishca. We had an hour and a half bus ride up and down long winding roads and over cracked up bridges. We finally reached the stop in Pitirishca which was actually the clinic. The morning was spent seeing patients. Around noon we packed up cars with medications and vaccines and headed to a local community/orphanage. We arrived at a shabby wood building teaming with about 30 kids. The doctors of Pitirishca visit the communities once a week throughout the month. We set up our 'office', which was a child's table and chair. We started seeing kids one by one—most had colds, the flu or diarrhea caused by parasites. The kids with parasites had huge rotund bellies. It is no wonder they suffer from these diseases. There is no access to clean water and fleas and mosquitoes followed the kids everywhere. Providing medical care to communities such as this was another humbling experience. It was a good reminder of why I chose to pursue a career as a physician—to truly help those in need. As we left the community the kids waved bye because they were happy that we were no longer administering vaccinations. A little humor in a sad situation.

Setting up clinic



My second week in Puyo started with two full days at the Voz Andes missionary hospital in Shell. The missionary hospital was a very interesting place to work. I think it felt more like home because all of the doctors were U.S. trained and spoke English. It was nice to be able to converse with the patients in Spanish and then talk about it in English with the physician. It is amazing how far some people travel to get to this hospital. Most people we saw came from a town called Ambato. It is almost a 3

hour drive each way! Some of the doctors only stay a year to work in the hospital whereas others have already been working there for 5 years. It really is amazing the services they provide for the people of Puyo and surrounding areas. My second day the physician I worked with gave me a 'consultario' and handed me a chart to see patients all on my own. This reinforced my ability to speak and communicate with patients in Spanish. Most patients I saw were women in their late 50s and 60s with arthritic pain. One lady had lateral epicondylitis from milking cows while another woman had medial epicondylitis from washing clothes on wash boards.



The next three days were spent in the jungle and wow what a three days they were! It started by taking an hour and a half bus ride from Puyo to Pitirishca. We arrived in Pitirishca and were greeted by Ramón (nurse at the clinic in Pitirishca). He introduced us to his daughter, Veronica, who would be our guide. We started our 4-hour hike through rocks, trees and lots of mud. It had rained the night before so it was extremely muddy. At some parts your boots would get suctioned into the mud. Other parts were straight uphill or straight downhill. It was a very tough and demanding hike...As we got closer to the community our guide let out a loud 'howl.' It was the way to let the community know that we were friendly visitors

and not intruders. We finally arrived and were shown to the guest house, which was a typical hut with a thatch roof. That afternoon we rested and were shown around the community. At night, Gustavo (the leader of the community) talked to us about how this Shuar community came to be. Exhausted from the long hike we went to bed early. The sleeping situation was less than desirable. Cockroaches scattered across the walls of the hut. The floor was extremely hard and very difficult to sleep on. I was awake by 6am and greeted by a beautiful sunrise. Seeing the sunrise from atop the hill was incredible. Breakfast was Yucca (a typical type of potato in Ecuador), mashed up plantains and tuna. After breakfast we hiked to a waterfall. Along the way we learned about typical medicinal plants that the community uses. Before arriving at the waterfall we were each assigned a Shuar name and had our faces painted with a specific pattern. This ritual is always done before approaching a waterfall because they are sacred to the Shuar community.

That afternoon it rained so we sat in the main hut and ate different kinds of local fruit and learned about ceremonial head dresses and jewelry. The necklaces were made from boa constrictor vertebrae and the head dresses were made from animal furs and feathers. Once the rain let up we walked around and learned more about medicinal plants. I had a horrible cough while I was there so I learned how to use lemons to cure a cough. Heat up 2-3 lemons and then squeeze out the juice. Do this 2 times a day until the cough is gone. Before dinner we had some time to ourselves. As I was sitting on the porch of the school I realized that this is a simple life that the community lives. There is no rush or schedules. They live completely off the land. It was humbling to think of this and made me appreciate that sometimes less is more.

At night we sat in a hut lit by candles. We enjoyed a dinner of palmito (tasted like artichokes), corn and Yucca. Afterward, the people of the community performed a typical ceremonial dance. They wore the boa necklaces and feather crowns. We even got to participate in the dance!



Trying on typical ceremonial attire

The next day it was time to leave. It rained all night and that meant very muddy conditions for our hike home. The hike began with difficult uphill climbs through mud and slippery rocks. After 5 ½ hours we made it back to mostly mud covered, but we had made it. Hiking to and from that Shuar community made me understand how difficult access is to such areas. It takes a lot of time to travel in and out of the jungle. This makes it more difficult for health care access. The people from the communities usually only seek medical attention away from the jungle in very serious circumstances. Medical personnel usually visit the communities once or twice a month.

The last week in Puyo was still a busy week with a lot to see and learn. The beginning of the week was spent in Tena, which is a town about an hour north of Puyo. I worked with Doctor Wilfrido Torres and the Ministerio de Salud Publica helping to educate people about Dengue. Dengue is a horrible virus that is transmitted through the bite of a mosquito. This



Inspecting for larva in standing water

mosquito has a characteristic black body with white stripes on its legs. The mosquito is called “Aedes.” It can cause a person to have extremely high fevers, severe eye pain, vomiting and all over body aches. The larva of the mosquito that transmits the disease lives in standing water. Our goal was to evaluate houses for standing water that could possibly house the larva. We then treated standing tanks of water with a chemical called “abate” which kills the larva. We also picked up trash and containers surrounding the houses that had standing water. The larva can live up to a year in the

water. They are activated and hatch when they come in contact with rainwater. When evaluating the water for the larva it was important to look at how they swim. Those that transmit Dengue swim vertically because their breathing apparatus is on top of their bodies.

We walked around houses and looked for empty bottles and cans on the properties that could hold water. I was amazed at how much trash was strewn about the yards of houses. We inspected the water tanks for larva. ‘Abate’ was added to all the tanks and any standing water we found. We visited over 12 houses in the morning.

The last two days of the program were probably some of the most challenging, interesting and rewarding. I got in a taxi to go to the bus station, ‘terminal Mariscal.’ The terminal was nothing more than a little store on the street with a bus parked in front of it. The majority of the 2 hour bus ride was along a gravel dirt road that was very bumpy. I arrived in Arajuno, a small town in the middle of a field. I think the entire town was at the corner store or at the health clinic. I walked to the clinic and was greeted by nurses who informed me that the doctor wasn’t there this morning. ‘Well’, I thought, ‘I’ll just work with the nurses for the morning.’ I was shown to a ‘hotel’ where I could stay for the night (I was staying in Arajuno because the bus ride was so long and I had to be up early in the morning). That day was one of the busiest and most rewarding days. It made me realize how much smaller communities are hurting for health care. I was happy that I was able to help the community that morning. There was something about that town that was peaceful. I am not sure if it was because I was so isolated or if the people I helped that

morning were truly grateful for what I was doing for them. Probably both. That night I took a walk along the main street to reflect on what I had done that day. The walk was peaceful—just the breeze, the hum of bugs and the buzz of motor scooters.

I woke up the next morning ready to head to a local community near Arajuno to work. I got up and took a cold shower (my only option) and went down for breakfast. \$2 got me rice, beef, mashed plantains, coffee, pineapple juice and bread. It was delicious. I paid for my room, which was only \$5, and headed to the clinic. At the clinic I gathered supplies to bring with us. It was a dentist, a nurse and myself who traveled to the community. It took about an hour up and down winding gravel roads until we arrived at the community 'Shwiuaka.' We hadn't been at the clinic for more than 10 minutes and the patients started rolling in. I mostly handed out multivitamins. The amount of malnutrition that exists is unbelievable. I had seen about 20 patients by 11 am. I really enjoyed visiting the community. It felt good to help out and make a difference in the peoples' lives.



Clinic at the Shwiuaka community

Participating in this program through CFHI was truly an exceptional experience. As you can see based on my journal excerpts and pictures, I was exposed to a wide variety of scenarios. Traveling abroad as a medical student is a once in a lifetime opportunity. I think it should be a part of every medical student's education. It gives you the chance to see a health care system outside of the United States and outside of your comfort zone. This experience has shaped me as a soon-to-be physician. I know that I want to incorporate international health care into my future practice as a family physician. I hope to travel abroad to areas similar to those I visited in Ecuador because it is important to me to continue serving places in need. It has made me realize how some areas of the world have little to no access to health care. We need to continue to participate in programs, such as those that CFHI has to offer, in order to keep spreading the word about global health and helping areas that are less fortunate.



Puyo, Ecuador



With patient in Pitirishca