

## **Seeing Reality**

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Child Family Health International

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My name is Louise Ye and I participated in the Amazon Community and Indigenous Health program in Quito and Puyo, Ecuador. I feel very honored to not only be given the opportunity to participate in this wonderful program, but to also be receiving a scholarship from CFHI as many medical students understand that every cent makes an impact financially. I have always dreamt of doing medical missions as I feel that everyone should participate in some sort of community service where the availability of a doctor is minimal. Prior to medical school, I participated in a medical mission in Australia and New Zealand, and volunteered in a hospital in China. However this time, it was different. This time, I saw it through a doctor's point of view.

A month in Ecuador was quite a life-changing experience. One of my goals for this trip was to see the differences between the Ecuadorian and American healthcare systems. The disparities were much more dramatic than I had imagined. For example, in the US, people want to be "immortal" while in Ecuador, death is accepted and embraced.

My trip began at 2 AM in my hometown airport. I arrived at Quito International airport at 2 PM after a short layover in Panama City. During the flights, several things were running through my mind. The main one, language! I have never actually taken any Spanish classes and the little Spanish I knew came from working in a hospital during my third and fourth year of medical school. I printed out all the resources that were provided on the CFHI website and I went through some of the Spanish computer programs, but I still felt nervous. For the majority of my six hour flight, I was trying to memorize as many phrases and vocabularies as I possibly could hoping that I would be able to have an intellectual conversation with Ecuadorians.



**1: Day 1 at school- placement test, orientation and introduction**

Upon arriving to Quito, we were greeted warmly by our host mother, Rosita. She quickly assured us that our Spanish would improve dramatically since we would be immersing ourselves in their culture. For the first week in Quito, there were a total of 7 students living in Rosita's house while 4 other students lived in separate homestays. Hilariously, April 2011 became known as "girls only month" because there were 11 of us and all were females. One of the things that



Figure 2: Myself and Quito host mom, Rosita

CFHI warned us was homesickness the first week, but because there were so many students, I never felt lonely.

The first week consisted of 20 hours of language training at the Amazing Andes Language School. Monday and Tuesday were full days. Classes were from 8 AM to 5 PM with an hour lunch. Wednesday and Thursday that week were half days. On Wednesday, I worked with an emergency medicine doctor and that day was the test to see how much Spanish knowledge I actually knew. Surprisingly, I was able to hold a conversation and not only did we learn about each other, but I also taught him the US way of writing the complete metabolic panel and complete blood count. I also impressed him by reducing an inguinal hernia that apparently a surgeon was not able to do. At least for the time being, I was able to save a patient a trip to the operating room.

Thursday morning consisted of going to *La Hospital Maternidad*. This hospital was of particular interest to me as I am going into Family Medicine and Obstetrics. The hospital was public and free to all. Upon walking into the hospital, the waiting rooms were overcrowded to a point where patients and families were waiting outside. Within Labor and Delivery, there were 4 main holding areas: 1) pregnant females who had complications such as preeclampsia, placenta abruption, etc.; 2) normal laboring females; 3) actual delivery rooms; and 4) post-partum area. In the US, fathers are allowed to be in the rooms with the expecting mothers. In this particular hospital, no family members were allowed in these areas. The other major eye-opener was that each patient was lying on a plastic gurney mattress without linen covering and using their package of pads as a pillow.



Figure 3: Dr. Andean and myself at the Emergency Clinic in Quito



Figure 4: One of the delivery rooms at *La Hospital Maternidad*

More than 10 females were placed within the laboring area where there were no curtains or doors to separate them from the other patients. During rounds, doctors would check their cervix for progression in front of everyone. There was no privacy at all. However, once the doctor determined the female was ready for delivery, they are taken to a private room. Unlike the US, where mother and baby are allowed to bond right after delivery, the babies in this hospital were taken away to a nursery

without even allowing the new mother to see her newborn. It was definitely a culture shock for me. However, later on during the trip, I learned that mothers often breastfed their children up to 2-3 years old for the health of their babies. In the US, we are often too busy or impatient to even breastfeed past 6 months old.



Figure 5: View from one of the towers at *Basilica Del Voto Nacional*

Besides the Spanish classes and clinics, dinnertimes were also very educational. Rosita made sure that we all spoke Spanish while at the dinner table so that we can get more practice. She would often ask us questions regarding our lives back home.

Rosita gave us Friday off that week so that we could have the day to explore Quito. We were taken to several vista points. Our first stop was the top of a mountain overlooking Quito. It was a clear day and we saw a beautiful view of the city surrounded by mountains. The next stop was the Virgin of the Americas. This is a 134½-foot tall aluminum statue of Virgin Mary. Then we went by the Governor's palace and stopped at the *Basilica Del Voto Nacional*, which is a Roman Catholic Church. Some of us decided to climb up to the top of the bell towers for a small fee, but it was definitely worth it when we saw the view from above. After the tour, we were given two hours to pack and get ready before heading to Banos.

Banos is a small town where tourists enjoy going because there are many activities offered. During this particular weekend, we decided to canyon down waterfalls and ride bikes down the *Tungurahua*, an active volcano that forced an evacuation around the year 2000. On another weekend, we went white water rafting on a river located in the Amazon Rainforest. After the visit to Banos, we traveled to Puyo Sunday afternoon where we met Dr. Torres and his family. From day one, we felt like part of the family. Viviana took care of us as if we were her own children. She would often drive us to the clinics or bus stops to ensure that we make it to each place safely. There were also a few times when she would come home just for a few minutes to make sure that we made it home without getting lost and then leave again to do the rest of her errands. Dr. Torres' family was amazing and I am very thankful to have had the chance to live with them.



Figure 6: Puyo girls with their host families (Dr. Torres and Viviana to the right, Henry and Nancy to the left)

The first day we arrived in Puyo we met with Dr. Torres to discuss his expectations, our daily rotations, etc. We were each given a schedule and instructions on transportation to and from the clinics. He also gave a quick excerpt about each of the clinics so that we knew what to expect when we arrived. Our days usually consisted of working from 9 AM to 5 PM with an hour break in between. We worked in subcentral clinics, where healthcare was free for all, as well as a private hospital, where Ecuadorians had to pay \$5 for a clinic visit and \$10 for an emergency visit.



Figure 7: On our way to making a house call



Figure 8: One of the patients from our house calls

The first Monday and Wednesday, we worked at *Dispensario Madre Tierra* with Dr. Carlos Delgado. On Monday, Viviana dropped us off directly in front of the clinic where we were greeted by Nurse Nancy and Dr. Delgado. The clinic consisted of a doctor's office with two rooms, a dentist's office, a waiting room, and a common room which consisted of a small kitchen where they often made breakfasts and lunches. In the mornings, we saw about 5-10 patients. The types of diseases we saw included common colds, dermatitis, pregnant females, stomachaches, and diarrhea caused by parasites.

Once all the patients were taken care of, we would leave to eat *almuerzo*, which usually consisted of a large bowl of dense soup as an appetizer, rice and some sort of meat (usually chicken) for the entrée, and a fruit juice all for around \$2. After lunch, we would hitch a ride back to the clinic. On one Monday, we left the clinic to make two house calls. It took us about 20 minutes to walk to the first house. The patient was a 70+ year old female on dialysis suffering from diabetes, hypertension and renal insufficiency. I learned that she had to travel into Puyo every Tuesday, Thursday and Saturday to get her dialysis, but often missed her appointment due to the lack of transportation. She had uncontrolled diabetes and hypertension. Because of her blood pressure, Nancy raised the patient's feet up and massaged her back to attempt to decrease her blood pressure while Dr. Delgado educated the patient on her diet. The patient's daughter offered us fruit drinks and seemed very appreciative of us making the journey to their home.

The second house we went to was an 87 year old female who also had diabetes and renal insufficiency and was on dialysis. She was also visually impaired due to a complication from diabetes. She was complaining of stomach pain and loss of appetite. There was very little Dr. Delgado could do as there were limited



Figure 9: How to measure how much to eat and what you can eat at the Diabetes clinic

resources available. His diagnoses were based on the patient history and physical examination. He rarely sent anyone out to do blood-work in laboratories as many could not afford them. He prescribed medications based on availability. There were usually only 2-3 antibiotics available. The most common were amoxicillin and ciprofloxacin.

On the first Tuesday, we divided the day into *Asociación de Diabéticos* and *Fundación Casa de Fé*. For the patients that went to the diabetes clinic, it was a 7:30 AM to 1 PM ordeal. The clinic offered an exercise class and a cooking class, as well as a chance to see the doctor. We were paired with a doctor who worked at the diabetes clinic in the mornings and worked as a pathologist in the afternoons. He said he enjoyed working at the diabetes clinic because he feels he is giving back to the community. The doctor reviewed the patients' blood sugar levels from their journal that they were required to bring in, commenting on whether they were doing a good job or needed an increase in their medications. Other things discussed included diet and exercise. There were charts and posters all over the clinic showing what patients should and should not eat, along with portion sizes, how to check your feet, etc. The patients enjoyed their time together, cooking, exercising, and gossiping. They offered support to each other knowing they were not alone. Although we have programs such as "sweet success" in the US, the programs are catered to each patient alone. The dietitians teach them how to eat properly and record their sugar level, but the patients are usually on their own. Rarely do we see programs that allow diabetics to interact and support each other. Interactions usually occur only on the internet.



Figure 10: The toddlers' room at the orphanage



Figure 11: One of our little patients

After lunch, we were picked up by our host mother and she drove us to *Fundación Casa de Fé* which was located in Shell, about 15 minutes outside of Puyo. *Fundación Casa de Fé* is an orphanage where about 60+ children live. When we walked into the building, the nurse warned us that many children were sick with a virus, especially the babies. She directed us to the toddlers section. As we walked into one of the rooms, we saw wall-to-wall bunk beds; all of them were being used by a child. Before we could even step into the room, we were surrounded by toddlers wanting to be held or hugged. They seemed happy even though they were in such a dreary situation. As we were playing with the children, we soon realized that many of them spoke a little bit of English. One child was singing "Happy Birthday" and others were counting and saying the alphabet in English. It was amazing. One of the nannies told us that their currently housing is brand-new; they had only been living in the new building

since November 2010. The old house was old and falling apart and with the numbers of orphans increasing, there was not enough space. Behind the new building, a school was being built so each child will receive a proper education. Many of the children there had some type of disability that their family could not afford to care for. Other mothers came to visit their child every few months. Once their situation improved, the family wanted to take the child home. At this orphanage, I felt the love of the nannies, nurses, and volunteers who devote their time to the orphans. It was wonderful to see people with such big hearts.

Thursday and Friday consisted of *Subcentro de salud Pitirishca*, which is about an hour and a half away from Puyo. We worked with Dr. Gabriel Paredes, who is considered a “medic” meaning he recently graduated from medical school and is conducting his “internship”. All medical school graduates in Ecuador are required to work in a rural setting for one year. This is a wonderful idea, ensuring that the free subcentral clinics are always staffed. We spent the day seeing patients and Dr. Paredes pushed us to work on our Spanish by having us ask questions, examining the patients and giving him our thoughts of diagnoses and treatments.

This was of great help and made me feel much more competent with my medical Spanish.



Figure 12: Our hut for 3 days in the selva.



Figure 13: Map of all the homes around Pitirishca-shows where the pregnant females, special needs patients, etc. so special attentions can be given to them.

When we were within a few minutes of the Shuar community, Gustavo warned the community that we were coming by letting out a loud howl. This lets the community know we are friendly visitors. When we finally arrived, Gustavo took us directly to Ramón’s (the nurse at Pitirishca and father of Veronica) hut up the hill. The roof of the hut was built

The following week consisted of three days in the selva or jungle. We were required to arrive to Pitirishca where we met our tour guides, Gustavo and Veronica. The question that was burning in all our minds was how long the hike going to be. Gustavo and Veronica stated 4 to 6 hours depending on us. We had two horses in our group carrying supplies. Dr. Paredes and a dentist, Dr. Paul Osario, both joined our group for this long journey. The hike consisted with trekking through knee high mud, rocks, and fallen trees.



Figure 14: "I fell and I can't get up"

of palm leaves and the floor and walls were made up of wood. These huts are supposed to last up to 10 years before they are replaced. There was no furniture or anything else located within the hut. One sleeps on the ground with a mosquito net covering. The bathroom was located outside at the back of the hut, where there is a hole in the ground and some wood standing up to have some privacy.

After setting up our mosquito nets and sleeping bags, we climbed back downhill to Gustavo's hut where we met some of his children and we were shown where we would be bathing, which was the river. Since we were all sweaty and dirty from our long hike, we quickly changed into our bathing suits and went to bathe in the river. The water was cold, but it felt great on our body. After the bath, we went into our host's home to have dinner consisting of plantains, tuna and rice.



**Figure 15: Dr. Osario cleaning one of the children's teeth and checking for cavities-he had no cavities.**



**Figure 16: Kids waiting to be seen by the doctor in some of their "best" clothes.**

The next day, we ate breakfast which consisted of fried plantains and fruit. Then we went to the school to setup a small clinic. While the doctor prescribed medications, the dentist cleaned teeth and filled in cavities. Dr. Osario taught us that the children in the jungle rarely have cavities because prolonged breastfeeding allows their teeth to grow stronger and there is a lack of sweets. This was the first time in three years that a doctor to come to their community and they felt very appreciative. Even the kids wanted to show their respect by changing into their good outfits. As soon as they were done seeing the doctor and dentist, they changed back into their "comfortable clothes" that were muddy and had holes. It was adorable!

After the clinic, we walked through another part of the jungle to learn about different trees and plants used for traditional medicine. There were plants used for leprosy, urinary tract infections, dermatitis, abscesses etc. We also stopped at a tree that produces natural soap. It is so amazing. Gustavo took us to a clearing where we sat and admired the beauty of the jungle. He also painted our faces with various animals. Afterwards, we hiked down to the waterfall and were shown how the soap bark worked.



**Figure 17: Tree used for abscesses and any other type of dermatitis.**

During our stay at the Shaur community, we learned how to make sharp arrows that we later fired into the tree. We were also given a ceremony on our last night where Gustavo's daughter and two of his sons dressed up in ceremonial head dresses, costumes and jewelry. The necklaces the boys wore were made of boa constrictor vertebrae while the head dresses were made up of animal furs. They taught us a traditional dance and made sure we all participated. The whole thing was a wonderful experience. The third day, after breakfast, we headed back into town. This route was mostly uphill and it truly made me appreciate what the people in the jungle have to do to get supplies. One or two family members usually trek through the jungle once a week to get supplies for their family and for others; otherwise, they only trek outside of their community when someone is severely ill to seek medical aid. It is wonderful to see how simple a community can live without the typical resources such as a computer, oven or electricity.



Figure 18: Traditional dance at the Shaur community in ceremonial clothings and jewelries



Figure 19: A Swiss surgeon at *Voz Andes* performing a Laparoscopic Cholecystectomy

The final week in Puyo started off with two days at *Hospital Voz Andes del Oriente*. This hospital was a private missionary hospital located in Shell. The majority of the doctors there were missionary doctors from the United States or Europe. Most stay for two years, however one doctor had been there for over five years. Many of the people that come to this hospital are more affluent patients who can afford service. We saw patients with dermatitis, prenatal care, laboring patients, stomachaches caused by parasites, etc. The doctors told us that we should take anti-parasite and anti-worm medications when we arrive home to the States. Apparently, all Ecuadorians take these medications every six months to relieve themselves of any stomach infections.

The last day in Puyo was spent in *Subcentro de salud Arajuno*. When we arrived to *Arajuno*, we realized how small the town was. We could walk the entire town in less than 10 minutes. The doctor on duty that day had just left for the jungle and would not be back until two days later, so we worked with the nurses. The nurses were visiting schools to give vaccinations for MMR, Hepatitis B, and tetanus. After assisting with vaccinations, we commuted to other communities' schools. We vaccinated all the students that needed them. The nurses also brought toothbrushes and pastes for all the children. All the children were excited to see us and provided us with hugs and kisses.



Figure 20: Some of the several kids we saw while at *Arajuno* where we provided vaccinations



Figure 21: We became best friends by the end of this trip.

The last two days were spent in Quito, where we prepared to return home. This has been one of the most amazing experiences and I would not hesitate to do this program again. I learned so many things and made new friends in the process. I encourage anyone to participate in a service-learning experience at least once in their lifetime. I now feel more confident when I speak Spanish and am more appreciative of what I have in my life. I hope to continue serving the communities that really need my help. Taking part in international services will allow me to learn about various cultures and traditions and better treat my patients. CFHI was definitely an eye-opening experience for me.