A gram of hope
Medicine for the Mayans
Steve Russell MD

Guatemala City, Guatemala. The police officers stand by the black truck with machine guns slung over their shoulders, casually glancing up and down the street, chewing gum and looking indifferent. The police escort, we’re assured, is just a routine precaution for any medical team visiting Central America. We don’t argue. Reassured, we board our team bus and set out through the streets of this sprawling city of 4 million people. We jostle for right of way amid a mosaic of bright red school buses, motorcycles, and bicycles. Black clouds of diesel smoke spew out of overloaded transit buses, engulfing tiny 3-wheeled taxis in noxious fumes that bear the aroma of progress. The avenues are lined with brightly coloured clay-brick homes of fiery red, burnt ochre, and jade green.

It’s a long and dusty bus ride through the volcanic mountains that surround Guatemala City. The 3 peaks of Fuego, Agua, and Pacaya loom over the city, smouldering giants that occasionally send fire and ash over the valley without warning. The gears grind and the dust flies as our bus climbs the hills of the Palencia district toward our destination at some 1800 metres above sea level.

A day in the life
Our team of 21 health care professionals and support staff from Port Perry, Ont, and the Toronto, Ont, area have come to Guatemala under the auspices of Feed the Children Canada (www.ftccanada.org), a Christian relief agency. We have banded together with doctors and dentists, drivers and youth workers from Guatemala, roaming the countryside with a mobile medical and dental clinic. We set up in village schools and care for an average of 800 patients per day.

The reality of village life here is that primary health care is in the hands of mothers and grandmothers, local healers, and wise old neighbours. The pharmacy in the next town sells diazepam, cefadroxil, and omeprazole over the counter. Most consultations requiring prescription medication, however, take place with neighbours who might have had the same ailment the week before. They rustle in the cupboard for the old packages of pills, and the suffering patient is carted off to the farmacia where an untrained proprietor sells another bottle of antibiotics for a tidy profit.
Many of the people we see today have never seen a doctor before. There are giggles and bewildered stares from the children as we poke flashlights in their clay-encrusted ears and peer into their cavity-riddled mouths. There is a sense of trepidation in many of the patients standing in the medical and dental line-ups. Many families have been decimated by disease and early deaths, violent murders, and the oppression of hopeless poverty. We soon become aware that we have to work at building trust and slowly win their confidence.

Our clinics are held in village schools, which are evacuated for the day for our purposes. The cinder-block classrooms have cement floors and iron-barred windows that let in just enough tropical sunlight to work by. The sounds of playing children and crying babies echo off the walls, and the chaotic atmosphere is punctuated by the bark of a stray dog that runs in and out among our feet until shooed away by one of the locals. There is a festive atmosphere outside in the clay-dirt courtyard, as children play with their new tennis balls, singing along with the youth workers and chasing each other around tree trunks and goal posts. A team of women dressed in brilliant blue, red, and yellow skirts and blouses fries up some refried beans and tortillas filled with guacamole to sell to the patients lining up for their turn at the clinic or pharmacy. The sounds of dentists’ drills reverberate from the far side of the courtyard, where dental colleagues restore the damage wrought by Coca-Cola, chips, and the scarcity of toothbrushes.

The cases presented to us are widely varied. We intravenously rehydrate babies suffering from diarrhea. We diagnose countless new cases of diabetes and high blood pressure, starting patients on metformin and ramipril and advising them about better diet. We provide healthy food ingredients for families to cook at home. Asthma and bronchitis are more prevalent in the communities with indoor cook-fires. We encourage them to move their fires out back, while we dispense salbutamol inhalers and cough syrup.

An unfair disadvantage
We discover an alarming pattern of burns on the bronzed arms and faces of children in the clinic at San Juan. Some complain of stinging eyes, claiming sparks from the fire flew into their eyes. Others have thick keloid scars running up their forearms like sinewy snakes. We’re assured that cutting has not entered into youth culture here. They fidget in their seats and cast sidelong glances at their parents when asked about the circumstances of the burns. It’s not until later that we learn from our Guatemalan colleague that this region has a thriving cottage industry in fireworks manufacturing, with raw materials supplied covertly by relatives in the military. The children are conscripted to roll the firecrackers and Roman candles in secluded huts behind their houses, with sometimes tragic results. The scales of life are tipped in the desperate quest to put food on the table.

We see countless children with pale eyelids, gaunt cheeks, and short stature. We are easily confused when guessing the ages of children—12-year-olds here look like 8-year-olds back in Canada. Parasites (Ascaris lumbricoides) enter through their skin and invade their intestines, robbing them of precious nutrition and slowly bleeding them internally. If left untreated, the local doctors tell us, the children might develop encephalomyelitis.
which will eventually kill them. A single dose of albendazole stops the parasite in its tracks; we give it out like candy at every clinic. Iron reverses the anemia and gives renewed energy. Antibiotics for pneumonia and dysentery help the children regain their strength so they can go back to school or work in the fields again.

**Another person’s treasure**

When we pack up at the end of the day, we are tired, dusty, and a little frazzled. The sheer volume of patients can be overwhelming at times, and the depth of their needs staggering. Yet the basic skills and subtle art of a rural Canadian general practice seem to be curiously well-suited to the challenges of a massive walk-in clinic in the mountains of Guatemala.

As we part company with the families of Palencia, we struggle through the crowd thronging around our team. The community leaders thank us all profusely. The mayor and town council will be the ones given credit for making this day all come to pass. They approached our agency to secure the free medical and dental care for their people.

Most of all, the villagers are grateful that a group of Canadians made the long journey from a land so far away, to visit their village, offer aid, and help build a better future. Today, they have learned to trust us and they are reminded that there is a world outside their village that cares about them. For these disadvantaged and struggling people, it is therapeutic in itself to be listened to by a caring doctor or nurse. To be touched delicately and examined with care is a rare encounter with kindness and compassion. We came to these remote villages hoping to share in some small way the generous and unconditional love of God for all humankind.

And for today, despite the hardships ahead, this measure of love seems to be the right place to start.

Dr Steve Russell is a family doctor who practises in Port Perry, Ont. He and his wife, Dr Elizabeth Russell, traveled to Guatemala with a team of family doctors, nurses, and paramedics in February 2008.

**Competing interests**

None declared