

Meeting the Medical Needs in Third World Countries

# A DELTA SIG'S EXPERIENCE

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Sometimes it is difficult to take the time to care for every patient the way we would like. Sometimes we are forced to cut conversations short or hurry through an explanation. Working in the Emergency Department at a public hospital has taught me a number of things, of course about health-care, but also about myself and about the people we serve. I have found that through this work I have seen the good that people have, as well as the harsh reality that is life. It is unfortunate that we have to refer to patients simply by their

room number or main illness, but with the enormous task that is presented to us on a daily basis, we often forget that we are there for these people, and they rely on us.

In February of this year I was given the opportunity to embark on a medical mission trip to the country of Guatemala. Guatemala is one of the poorest countries in the world, with a nearly half of its population living on under \$1 a day. Guatemala is also very well known for its large orphan population, due to mothers being prostitutes or

families simply not being able to afford another child. The country of Guatemala has recently put a freeze on foreign adoptions due to a lack of the government getting their “proper cut.” Healthcare is a luxury for these people. For some, the nearest hospital is 60 miles or more from their home, not to mention they would need public transportation in the form of a school bus to get there.

The program, ER Abroad, is set up through friends that live in the country. For one week our team operated a free clinic on the campus of a large orphanage in the mountains outside of Chimaltenango. For the most part, we saw villagers from the area, people who lived in small homes made of scrap metal and other discarded industrial items. People who were so grateful to see a physician and medical staff they were brought to tears. A contrast to the overcrowding of ERs in America, the villagers gladly waited sometimes two hours before seeing a nurse and physician. People presented for the most part with minor aches and pains, mostly from years of physical labor and farming. We performed numerous “well-child” checks, looking for everything from lice to diabetes. This year we were fortunate enough to have a dentist from Texas join us with his team. This group cleaned teeth and even did a few extractions.

However, not everyone presented with the normal aches and pains. On our first day, a woman walked nearly two miles, one of them uphill, to bring in her two children. She wanted a “well-child” check done. After it was determined the children were as healthy as they should be, their mother mentioned that she believes that morning her water broke. After a quick exam it was determined that she would be delivering her baby in the clinic that afternoon. After gathering the proper equipment, mainly a clean towel to wrap the newborn in and an umbilical clamp that just happened to be at the clinic, we were ready, we hoped. After nearly an hour of letting nature work its course, Mom was ready to deliver, with a little pushing and encouragement, baby Marco was born. He was of healthy weight and size, with all ten fingers and ten toes. The excitement was contagious that day and we were all very proud of Mom and ourselves. We recently received an e-mail from the clinic with an update on Marco; he is doing great and growing.

We continued seeing people in the clinic and one day went to Guatemala City to visit an orphanage and do “well-child” checks. A woman known as Mama Carmen runs the orphanage. Everyday she feeds, bathes, and gets her children off to school. She does not receive government funding or grants, she simply operates from donations and charitable gifts from the community and mission groups. Mama Carmen also feeds the homeless in her neighborhood.

The trip was very humbling in the sense that the people that we served were so grateful for their care. In the high paced world of emergency medicine, where we deal with

acute illness and severe pain, it is not uncommon for patients to become short with staff or families to get emotional. In Guatemala, where it is not common practice to see a physician and get medical care, being treated for a backache was a blessing. With the hustle that has become America’s hospitals, bedside manner and one-on-one patient care is quickly and sadly becoming a thing of the past. Where a nurse may take care of thirty patients during a shift in the ER, we were allowed to see each person or family individually and take the time to explain their medications or better body mechanics.

If I can pass on one thing to the Brothers of Delta Sigma Phi, I would remind them to remember that during our undergraduate years we served ourselves, our brothers, our school, and our community. In these uncertain times, we should look at ways we can improve not only ourselves but also those around us. A charitable contribution does not necessarily have to be financial. Donating time or manpower is sometimes just as valuable, if not more, than a check.



Matt Yarnell with one of the orphans he treated while in Guatemala.