Suffering in Silence

An ENT's bold mission to Guatemala

By Bob Stott
06.08.09

Just south of Mexico lies the small country of Guatemala; less than half the size of the United Kingdom, this former heart of the mighty Mayan empire is well known to be a country of stark contrasts. In a landscape that is predominantly mountainous, Guatemala boasts a striking variety of landscapes, including 33 volcanoes, lush tropical rainforests to the north, fertile plains of the south and east, as well as various pristine lakes and coursing rivers.

However, beneath that natural beauty is a history of violence that continues to permeate the land and oppress its people. Following years of military struggle, today's war survivors fear for the lives of their children – no longer due to government-funded "death squads," but rather because of the social and financial barricades to adequate healthcare.

Influenced by the Cold War, Guatemala has experienced more than three decades of political and social unrest between left-wing communist parties and right-wing anticommunist paramilitary groups. Brutal military campaigns to exterminate communist groups and sympathizers led to a bloody civil war between the military government and communist guerilla organizations composed mainly of indigenous Mayan laborers and peasantry.

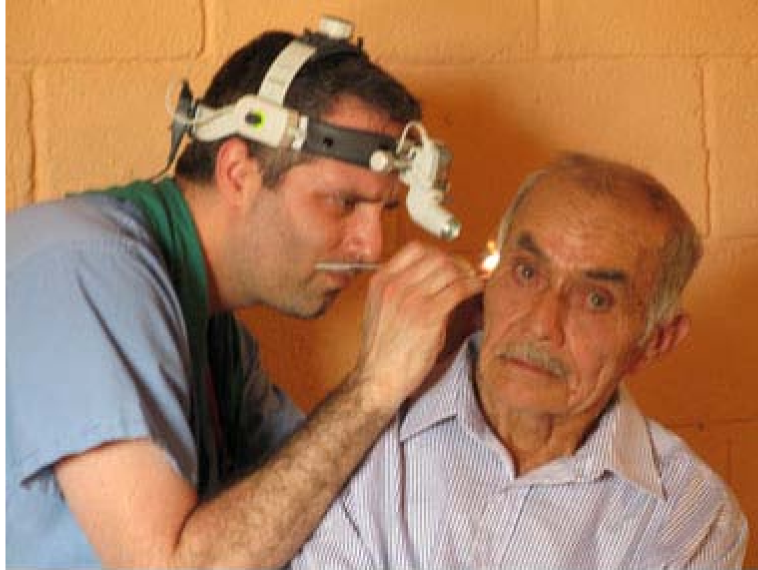
Facing intense economic and social discrimination prior to the war, many Maya joined insurgent groups who conducted economic sabotage and targeted government installations in armed attacks. Spurred on by these attacks, the State government entered a phase of "total war," marked by massacres of Mayan villages in the Guatemalan highlands, the disappearance of suspected insurgent sympathizers, extrajudicial killings of civilians, and notorious human rights abuses.

By the end of the Guatemalan Civil War in 1996 – what some analysts have deemed an "ethnic genocide" of the Mayan people – more than 450 Mayan villages were destroyed and more than 1 million people became internal and external refugees.

War torn and depleted of government monies after decades of heavy military expenditure, medical care in Guatemala is now too costly for most families, especially the rural poor – and there is little government support for charity programs to aid these demographics. Into this country, where post-war animosity between veterans could easily erupt in violence, volunteer American healthcare professionals are working to see that the needs of these rural survivors of war do not go unheard.

Carrying Hope with Them

In January of 2009, a combined contingent of American and Guatemalan physicians, dentists, pharmacists, nurses, and audiologists embarked a week-long trek into the Guatemalan highlands to visit two remote Mayan villages. Sponsored by the Houston-based Faith in Practice humanitarian organization, the group and its Guatemalan military escort were guided to these two villages where they would eventually treat nearly 2,300 people – many of whom had never seen a doctor before. Among the 12 medical professionals involved in the mission, Mark Hoeplinger, MD, arrived in the villages to confront some of the debilitating auditory conditions reported among the villagers.



Dr. Mark Hoeplinger of Faith In Practice Village Team 205 in Santa Rosa, Guatemala.

As a clinical instructor in otolaryngology at the N.Y.-based University at Buffalo, Hoeplinger joined the group going to Guatemala to lend his expertise in diagnosing hearing problems among the villagers. And, like many of the healthcare professionals used to working in more clinical environments, Hoeplinger acknowledges that the condition of the village and the gratitude of its people took some getting used to.

"The big cities have medical services, they have electricity, doctors, hospitals, and such things," says Hoeplinger. "But the remote villages have nothing – they don't even have sewage systems. They have no fresh water and they have no electricity. So typically when a medical team comes to visit, that's a major event. It's like Christmas and the 4th of July rolled into one."

He continues, "The entire village will be waiting in anticipation for the busload of doctors to arrive. As you pull up, even though you are still a quarter mile away from the village, you start to see them lining the dirt road, waving and smiling and blowing kisses. It's really quite an emotional thing."

Upon arrival, the group was welcomed by the mayor of the town who made a formal speech, followed by the village priest who lead the villagers in prayers of thanks. After the formal greetings were completed, the group and villagers immediately unloaded all the medical equipment, so the healthcare professionals could start seeing patients as quickly as possible. Working with Guatemalan doctors – who comprised nearly half of the group's healthcare staff – specialists like Hoeplinger have forged some amazing relationships.

Two Faith In Practice volunteers triage patients for a rural medical clinic.

"The Guatemalan doctors are typically wonderful doctors, wonderful human beings, and wonderful people to work with," says Hoeplinger. "It's a pleasure to work with them because they're such hard-working doctors. They don't have MRIs and they don't have CT scans and things that many Americans have access to, but they're excellent clinicians. In particular, they're better with topical medicine than I am, so I try to learn from them."

Hearing Their Needs

By the end of the first day, the urgency to see the doctors and healthcare specialists was obvious: many of the villagers had been waiting in line for a number of hours by the time of their examination; others had walked many miles, starting even before dawn, just to get to the village. Many of the Mayans have myriad health issues and the translators worked closely with the specialists to explain the patient's medical history and guide the patient through the medical assessment. Some of the patients Hoeplinger observed had healthy eardrums but defective auditory nerves, requiring the fitting of hearing aids.

"A 5-year-old named Miguel had a severely deteriorated auditory nerve that provided only a little sound, but his ear drums were healthy, so we fit him with a hearing aid," says Hoeplinger. "Distant music was wafting in through the open windows, and when the audiologist switched on the hearing aid, Miguel started dancing around the room to the music. We almost started crying."

Faith In Practice volunteer gets to know some of the children during triage.

One company in particular – Godisa Technologies Trust, a nonprofit enterprise in Botswana – has been pivotal in supplying solar-powered hearing aids for use in populations that seldom receive medical attention. Godisa makes reasonably cheap hearing aids for usage on this kind of humanitarian mission. While in America, a hearing aid might cost around $1,800, the hearing aids from Godisa usually only costs about $160 and are designed for hard use.

According to Hoeplinger, "These are built for missionary work. They're waterproof, they can take a beating, they're durable, and they last for years. All they have to do is leave the battery out in the sun for two hours a day and it's fully recharged."

However, one of the most common auditory ailments Hoeplinger diagnosed during his stay in the Guatemalan villages was middle ear effusion – or fluid in the ear canal. In a healthy ear, air fills the middle ear space. But, whenever a child has an ear infection, germ-containing fluid enters the middle ear space from the back of the nose or throat. Therefore, the eardrum cannot vibrate freely, resulting in a 15- to 40-decibel hearing loss. Prolonged fluid that does not drain from the canal can reduce a person's ability to distinguish a range of sounds.

Mayan mother with her daughter at a medical clinic in Antigua, Guatemala.
(Photo: Jarred King of Houston, Texas)

"It's common all over the world and it's particularly common in young children," says Hoeplinger. "These children are at an age where they're developing speech and language and cognitive development and emotional development and psychological development. If there is fluid behind the eardrum, that typically will impose a 20 percent to 30 percent conductive deafness. That can really cause speech and language delays and all kinds of developmental delays."

For several of these patients, it was determined that surgery was required to drain accumulated fluid from their ears, as well as the insertion of a shunt to allow continuous drainage. Seventeen villagers were scheduled for surgery at the closest suitable hospital in the city of Antigua, which Hoeplinger participated in during his return trip to Guatemala in April.

A Network Approach

"The patients that will benefit from ear surgery can be referred to the other surgical team in the cities," says Hoeplinger. "We provide bus transportation for the patient, and if it's a child we usually send the mother or both parents if they want to come. We put them up in a hostel called *Casa de Fe*, 'House of Faith,' which is a couple blocks away from the hospital where the surgeries are done. They stay there for several days after surgery. We don't them to go back to their remote village until it's appropriate – we don't want any medical complications."

He adds, "In work like this, you need consistent follow-up. I like this group, Faith in Practice – it has the level of organization that is needed, and I feel I'm providing a great caliber of care."

Dr. Amy Johnson of Faith In Practice Village Team 209, consults with a patient in El Progreso, Guatemala. (Photo: Jarred King of Houston, Texas)

A force of positive change in this part of the world, Faith in Practice is non-profit, ecumenical Christian organization intent on improving the medical care given to the poor in Guatemala through short-term surgical, medical, and dental mission trips, as well as health-related educational programs.

Faith in Practice was founded in 1992 by Joe and Vera Wiatt, a couple who were inspired by the stories of the Franciscans at Las Obras Sociales del Hermano Pedro, a home for the incapacitated and abandoned in Antigua, Guatemala. Later that year, the Wiatts and members of the Memorial Drive Presbyterian Church in Houston organized and led the first Faith in Practice surgical team to Antigua, Guatemala.

"In Guatemala, we have a village network director that maintains contact with village coordinators who assist when patients are referred from village clinics to surgery dates at one of the facilities where our teams will be," says Krista Scranton, director of communication and events at Faith in Practice.

She adds, "Joe Wiatt and Bob Vela, along with other staff, travel to remote areas to see where the greatest needs are and where some infrastructure is in place to hold a village jornada – the primary medical clinic. They often set up in a school, church, or community center. The volunteers bring all of the supplies, vitamins, education materials, and medicines in preparation for seeing thousands of patients in a 4-day period."

Since its start, Faith in Practice has expanded to provide continuity of medical care to some of the poorest areas of Guatemala. Volunteer workers for Faith in Practice pay their own personal mission fee of $835 and airfare, and participate in Share the Mission fundraising to defray the cost of the trip and supplies.

Nurse Practitioner, Bob Rice of Needville, Texas with patient on Village Team 212 in El Peten, Guatemala.

While some teams have their supplies generously donated by hospitals or pharmaceutical/medical supply companies, financing these missions can still be a staggering feat: approximately $25,000 to $35,000 is required for each team to cover the cost of supplies, medicines, equipment, and transportation of the patient. Yet, even these figures are not slowing the organization down.

"In 2009, we have approximately 35 different trips to Guatemala," says Scranton. "Eighteen will be surgery teams, eight will be rural village medical clinics, two will be dental teams, and three will be [visual inspection with acetic acid]/cryotherapy training courses for nurses in-country."

Despite the dangers and expenses inherent to these missions into the rugged Guatemalan highlands, it has obviously not deterred many healthcare professionals from using their skills to aid those without healthcare coverage. For example, Hoeplinger intends to return to Guatemala again in the winter of 2010 to begin an otolaryngology training program for Guatemalan doctors.

"The nearest ENT program is in Mexico City," Hoeplinger says. "Guatemala needs its own training program, and I hope to help get that started."

As Guatemala continues to rebuild a stable infrastructure from years of internal strife and martial law, healthcare professionals and missionary teams are pushing to ensure that the needs of those rural poor living so far from the urban centers are silent no more.

— Bob Stott is the editor of **Therapy Times***. Questions and comments can be directed to bstott@therapytimes.com.*