This April, I embarked on my first medical mission in Guatemala with Providence Health International and Faith in Practice. Opportunities like these are one of the many reasons why I became a nurse. I was thrilled to be part of a team that would set up clinics in El Soch and Belajú, in the remote highlands near Chicamán; a place where there is one doctor for every 10,000 people and incomes average less than two dollars a day.

There I met kind, hard working people who are passionate about their communities. A farm worker named Pedro helped us in the lab to translate Spanish into three different Mayan languages. In the summers, he works on the Pacific Coast of Guatemala carrying one or two “Quintals,” or hundred pound sacks of sugar cane, on his back up mountainous terrain to the roads that connect the sugar fields to towns where the sugar cane is processed.

Mission to Chicamán
Nursing in the Guatemalan Highlands

By Sara Hannon, BSN, RN
He was one of my favorite translators because he not only spoke four languages fluently, but he also had a knack for explaining the lab tests that we needed administered. Additionally, people also seemed comfortable around him.

Many people thought that peeing into a cup or having their fingers pricked for a blood sample was strange and invasive. There were many shy, modest people who had never been to a doctor’s office, and we provided them with one of their first medical experiences. Ladies would hold their scarves to their faces when asked for a urine sample. Pedro would explain why we were doing the tests and the patients would visibly relax, allowing us to check their blood pressure and do a fingerstick H and H. People would dutifully return with their urine cups, sometimes still giggling. To one patient that was reluctant to bring us a urine sample, Pedro posed a question: “The body is like a car, what is the point of looking good on the outside if the engine doesn’t run?” She brought us back the cup, though still well hidden under one of her scarves.

One day, outside of our lab, I heard the impassioned voice of Ana Garcia, RN, instructing a group of 20 women about sexual education; a much needed topic in a place where women are 10 times more likely to die from cervical cancer than in the United States and becoming a mother at the age of 14 is not uncommon. It was a hot, sunny day but everyone was paying attention.

When I was given the task of doing hypertension and diabetes education on the second day of our clinic, I spoke with Ana about the best way to explain these complex chronic conditions to people living in this region; people who are likely to have only a few years of formal education under their belts and little familiarity with allopathic medicine. During this time, Ana chose to share some aspects about her history. She grew up in a family of 15 children; her mother becoming widowed when Ana was very young. Her mother remarried and she fled an abusive step-father at the age of 9 to work at the front desk of a hotel in Guatemala City where she was given the chance to attend school. When she was a teenager, Faith in Practice gave her a scholarship to attend nursing school and she now works as a community health educator and does cervical cancer screening in clinics around the country. I was thrilled to meet a nursing colleague so far from home with such exemplary skills as a clinician and educator.

Women carried babies in shawls across their backs as did siblings with each other, mirroring their mothers up dusty mountain trails, across corn and sugar fields, and to our clinics. Children without shoes walked miles with their families.
There was a woman named Maria that was carried to our clinic in a plastic chair by her brother and husband. She was one of our first patients and had bypassed the triage line to be placed squarely in front of myself and Clarissa, our team photojournalist and Spanish translator. She held a small square card in her hand and asked us for help.

After she visited one of the family practice doctors, I found out she was only expected to live a few weeks and that she did not want one of the 10 wheelchairs that we could offer to those with impaired mobility. She gave me a hug before she was carried back to her thatched roof house in her plastic chair.

I am honored to have had the opportunity to care for and work with all of the people I met during my time in Guatemala. Our team of 30 professionals, including doctors, nurses, dentists, nurse practitioners, physician assistants, translators and pharmacists took care of 1,573 patients, pulled more than 1,000 teeth, filled around 4,000 prescriptions, and made several surgical referrals in just four days. With the help of Mayan language translators, I was able to educate six people about hypertension and diabetes. This number may not seem large, but I spent about 20 minutes with each person and taught them about their medications through an educational approach tailored to the needs of each individual. People were truly interested to learn about how their medications worked as well as how to check their blood glucose levels. They wanted to learn how to improve their diets despite healthy food being costly and money scarce. I hope to return and provide education about chronic conditions that are becoming more prevalent in the Guatemalan highlands.

**Resources for those considering a medical mission**


Faith in Practice: www.faithinpractice.org.

Providence Health International: http://www2.providence.org/phs/phi/Pages/default.aspx.