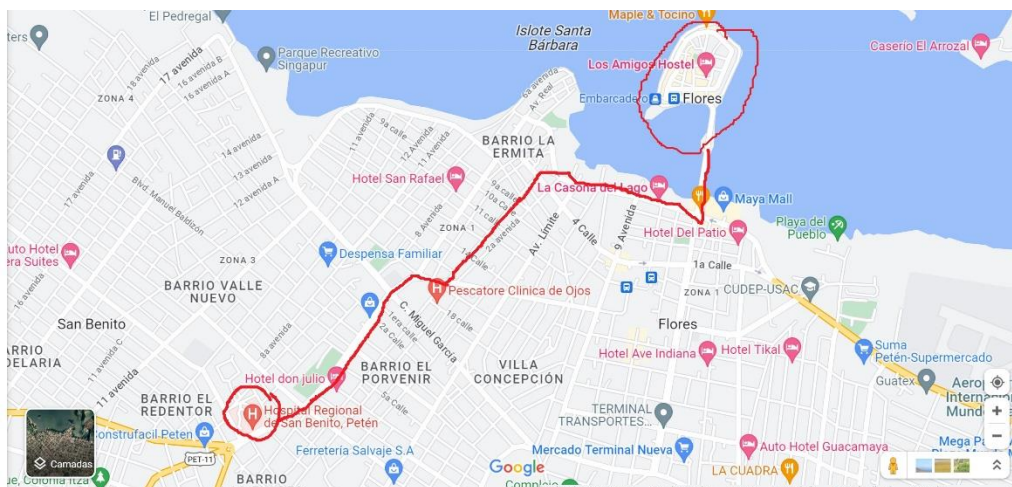


Aid Via Action (AVA) is a charitable, non-profit organization dedicated to minimizing healthcare disparities with a current focus on strengthening the healthcare system of low-income countries (LICs).

This was not my first trip to Central America, but it was my first trip to Guatemala. I can honestly say that the experiences I had during my 3-week stay left a permanent mark on my mind, heart, and soul (that would have sounded better in Spanish). I will preface this newsletter by saying that I did not take as many photos, but I like to think that it is because I was truly enjoying and being present in every moment, and I forgot about my phone.

The trip was rather long as my classmate, Tanya, and I had two connections: and overnight layover in Mexico City and a three-hour layover in Guatemala City. Upon arriving in Flores on Sunday afternoon, Dra. Anny Ochoa-Hernandez was kind enough to pick us up from the airport and take us to the AirBnb on the island of Flores. The AirBnb is owned by an OBGYN, Dra. Nadia, who in addition to having her own practice performs on-call shifts at the Hospital Nacional de San Benito (HNSB) every five days. We settled in and got some much-needed rest.

The next day, a Monday, was a national holiday, so most of the hospital was closed except for the ER. Dr. Eugenia Quiñonez (the chief of surgery), decided it would be more beneficial for us to go to the hospital the next day, and so we did. We took a Tuk-Tuk from the island to the hospital, which was approximately a 15-minute ride.



We arrived bright and early at HNSB the next day to shadow in the OR. We observed a laparoscopic cholecystectomy, inguinal hernia, and lipoma removal. This was a first for me as I had never been in a human OR before. Seeing how the surgeons expertly managed the patients was a true privilege. After a morning in the OR, we decided to get to work on the chart reviews. We asked around and were told that we had to go up to the admissions floor, read the “Egresos” (discharges) book, write down the name of the patient, their ID number and their diagnosis. We would then take that information down to the archives room and have the archives (shown below) staff help us find the patient files. We started what seemed like a monumental task.



In the archives room, we struggled to understand their filing system at first. Every patient has a four-to-six-digit number followed by a hyphen and a year (in this case from 2018 to 2023). For example, 17937-2022. This means that the first five digits are the patient's ID number, and the year is the last date in which the patient visited the hospital. In any case, the year was the key to locating the chart's location on the shelves. In the above case, we would have to find the shelf that held all of the files from 2022. From there, the charts are in numerical order, and we would just go through and find our corresponding number. However, many times the number we were looking for was not there. There were also a couple of times that the manila folder had the right name and number on the front but had a different patient's file inside. In any case, by the third week, we had mastered the system and were pulling charts from the shelves ourselves. It was a lot of work but the archives staff were a fun bunch, and that made the time go by very quickly. On occasion, I would also go upstairs and hang out with the interns and externs (4th-6th year medical students).



A couple of days after we arrived, Dr. Huerta informed us that a new internist, Dr. Javier Alvarado, would be visiting the hospital, and he wanted us to show him around. Dr. Alvarado is originally from Guatemala but moved to the United States when he was six. He told us he heard about Aid Via Action and was put into contact with Dr. Huerta. Dr. Alvarado and his fiancé were actually in town to celebrate their engagement and were taking advantage of the trip to meet the director of the hospital, Dr. César Ortiz, and to become familiar with the hospital. We met with him and his fiancé the night before, and I actually found out that his fiancé and I had gone to the same university (University of North Texas) and had been there at the same time! Small world. The next day, we showed him the hospital we had ourselves only come to know two days before. Unfortunately, we did not get a picture with Dr. Alvarado, but I am sure that he will make a great addition to the Aid Via Action team and we will have plenty of opportunities for photo ops.

Aside from all of the hard work, Tanya and I did have time for fun. We made fast friends with the medical students at the hospital and went out with them on several occasions, including Tikal.



We also went to visit El Cráter Azul, which is one of the sources of the river La Pasión in municipality Las Cruces, Petén and part of the Refugio de Vida Silvestre El Pucté. We met a lovely couple from Guatemala City (whom we also did not take a picture with) on the trip. The water was crystalline blue and tranquil.



During the second week, I got to experience the public healthcare system in Guatemala firsthand. Pictured below is the torta that landed me in the ER, not because my illness warranted an ER visit but because our onsite preceptor wanted me to receive care as soon as possible. On that fateful night, Tanya and I went to have dinner, and we both ordered tortas. Tanya ate hers entirely, but I only ate half. I thought, no big deal. I will take it home and eat it later. The only problem is that we were distracted on the way home. You see, there is a basketball court in the middle of the island that you could say is akin to the town square. Every night, there is a basketball game, and the people of the island gather to watch. We were enthralled by the game, which consisted of a team of middle schoolers playing against full-grown men. We absolutely had to watch until the end and were not surprised by the score: 80-34, full-grown men. By the time we made it home, my torta had been soaking in its own juices for a couple of hours. I need not say what happened next only that the next day I ended up with an IV in my arm, receiving fluids and IV antibiotics. Dr. Quiñonez took wonderful care of me, and although I was so embarrassed, she reassured me and made me feel at ease. I will never forget their kindness in this my time of need.



The end of my three weeks in Guatemala came all too quickly. On the last day, we celebrated one of the surgeon's birthday, Dr. Corzo. I went around the hospital saying my goodbyes to the medical students, the surgeons, and even the security guard with whom my interactions consisted of a daily fist bump and him reminding me to wear my mask. It was a bittersweet feeling, bitter because I truly wished I could stay more time but sweet because I knew I would one day be back. As a fundamental goal of AVA is to avoid medical tourism, my goal is to return, hopefully very soon, to continue the work I started. In my research I found that many of the trauma accidents were head or facial traumas due to motorcycle accidents. I would like to work with the local government to come up with an effective and fair way to enforce helmet laws. Another one of my goals is to bring an EMR system to HNSB. After speaking with countless medical students, doctors, nurses, and archives staff, I realized how excited and willing everyone was to make the change. It will be a longer-term project, but I am confident that we can make it happen. The hard-working people of HNSB deserve that and so much more. I wish nothing more than to be of service in any way I can to help eliminate any barriers that are keeping the excellent medical staff of HNSB from reaching their full potential and providing the first-rate healthcare their patients deserve.

