Mission Trip to Guatemala a Life-Changing Experience for Nursing Students

Eileen Yost, Sacred Heart University

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While an October mission trip to Guatemala may have been life-changing for Sacred Heart University Nursing Department students and faculty, it was life-saving for at least one of their patients.

The weeklong mission, which was the department’s second to the impoverished Central American country, took place in the areas surrounding the city of Antigua and centered on providing obstetrical care, according to the nursing program’s technical administrator, Christina Gunther, BA, who was the team leader and trip organizer. The team also included 11 undergraduate nursing students; Assistant Professor and Director of Undergraduate Nursing Kathy Fries, PhD, RN; Professor Eileen Yost, MSN, RNC, RN; and Professor Connie Glenn, RN, APRN-BC.

Faculty members specializing in occupational and physical therapy accompanied them in anticipation of OT and PT students participating in future field experience opportunities, Gunther said. The next mission to Guatemala, like the first, will take place in March, focus more on general medicine, and include a larger group of both undergraduate and graduate students, she said.

Although the members of the first trip to Guatemala worked primarily with local doctors in clinics in the village of Pastores and served nearly 1,200 patients, the members of the second trip made visits to patients’ homes, many of which were one-room structures with dirt floors and cement walls. They were also set-up in various clinics in the region for half days,” Gunther said. “We went into different people’s homes to do treatment for those who couldn’t get out. We probably saw 40 women and children a day, maybe a little more, on this past trip.”

For many Guatemalans, obtaining any kind of medical care is difficult. “There’s just such limited access to health care for Guatemalan people that most will go a lifetime without ever seeing a doctor,” Gunther said. “Financially they’re so poor. They’re one of the poorest countries in the world, and they don’t have the government assistance that we’re lucky enough to have here if we need it. There is a public hospital in the area that we visited. If Guatemalans have a job, they can be treated there. If they do not, they will be refused treatment.”

A doctor’s visit can cost a week’s salary, Gunther said, and public transportation to a hospital or clinic may be too expensive or, in exceedingly rural areas, nonexistent. In Guatemala, 75 percent of rural women give birth without medical assistance, the infant mortality rate is almost 28 percent, and 43 percent of children under the age of 5 are chronically malnourished, she noted, citing statistics from the World Health Organization and the CIA’s 2009 World Fact Book.
A lack of supplies and equipment also can hinder treatment. On the first trip, Gunther recalled, the SHU contingent carried the antibiotic amoxicillin for children with bacterial infections. Unfortunately, “when it’s reconstituted, it has to be refrigerated,” she said. “Well, they don’t have refrigerators, so that’s an issue with treating children with proper medication.”

Another issue is the knowledge and training of the local care providers. On the last day of the second trip, for example, Yost examined a two-month-old baby who weighed only four and a half pounds. The infant “was just covered in severe eczema, severe,” said Gunther. “The mother had had a Caesarian at the public hospital, and they told her that because she’d had a Caesarian she wouldn’t be able to nurse, and if she did, she would give her diabetes to her baby. So the mother didn’t nurse.

“Now, the people don’t have money for formula – you’re talking about people who maybe make $4 a day at most, $100 a month – and they were giving the baby cow’s milk, which was what the eczema was from and the weight loss,” Gunther continued. When the mother returned to the hospital for help, “the doctors told her to take the baby home to die.”

During the mission, however, Yost was able to “literally save this baby’s life,” Gunther said. “We went out and got her soy formula, we tried a medication…to stimulate the flow of breast milk for the mom, taught her that, no, she won’t give the baby diabetes. We’ve been able to follow up, and it turns out that the breast milk did not come in but the baby’s skin has cleared – the soy formula is working – and we will continue to get soy formula down to the baby.”

In addition to making the home visits, the nursing students and instructors spent one day at a malnutrition center – “a very emotional day,” Gunther said. When they first walked into the center, she recounted, they saw a woman from another volunteer group holding a tiny baby. “I said, ‘Oh, that is a new baby,’ and she said, ‘No, he’s a year old.’ I thought the baby was about two months old.”

The children at the center are in treatment for six months to a year, and during their stays “they don’t see their parents for the most part because the parents can’t get there,” said Gunther. “These children – there were 65 in residence at the time, down from 200 because their benefactor had passed away – are cared for very, very well, but they don’t have any possessions of their own. Everything’s communal – that was hard for everyone to get used to. These poor kids run around with masking tape on their shirts with their names on them and nothing is theirs – no toys, clothes, nothing.”

For these and other children at the clinics, the nursing students have been collecting Beanie Babies, toothbrushes and toothpaste. “It’s like Christmas for the kids,” Gunther said. “Some of them never had a toy [before]. And it’s really an incredible experience to see that, and I think it really changes the students’ and faculty’s perspectives on life. So many come back saying ‘I’ll never say I need anything ever again.’”

The department also is preparing for the March 2011 mission. In addition to monetary contributions, which are tax-deductible, donations of children’s multi-vitamins, acetaminophen and Motrin; infant acetaminophen; and adult ibuprofen and acetaminophen are being sought.
Checks, made payable to Sacred Heart University, may be mailed to Gunther at the Department of Nursing, Sacred Heart University, 5151 Park Avenue, Fairfield, CT 06825. Other donations may be dropped off in boxes at the Nursing Department and the Campus Ministry.

Through the field experience missions, Gunther said, “the students get to do so many more hands-on things that they would never get to do up here in a clinical setting.” One young woman who went on the first trip noted that while she’d just seen two patients in a day upon her return to Connecticut, she’d seen 30 in a day in Guatemala, said Gunther. “And so they all say that they just feel so much more confident after the week, that they feel that they can do anything – they’re not afraid to be in clinical [care] here.”