GUATEMALA VILLAGE HEALTH

Enabling Sustainable Access to Health Care in Rural Guatemala

"One Village at a Time"

Issue 1, November 2012 **GuatemalaVillageHealth.org**

CONTENTS:

Bienvenidos(Welcome)!

Greetings and welcome to the first issue of the Guatemala Village Health News. We hope you will enjoy the news and other information we share with you. We welcome your comments.

Needed: Guatemala Village Health Volunteers

By Carol McLean - Fearless! Caring! Tireless! and Friendly. These are a few words that describe many of our wonderful volunteers. Do you fit the description? If so, we are looking for you. If not, we are still looking for you. Our volunteers have different abilities and these are just a few. Many people have qualities that fit our volunteer needs. GVH wants you to be part of our team.

An example of caring, is a husband and wife, doctor and nurse team, *Chris and Pete Seyl*, that joined us on a trip in Feb 2012. Their ability to "go with the flow" and their great patient interactions helped GVH and the Guatemalan patients in so many ways. A tireless photographer, *Noah Dassel*, whose skill in photography we knew but didn't know his ability in Spanish, nor his talent as a teacher. The student, *Alana Gwilym Tso*, that joined our group and in her quiet and friendly way became one of our computer geniuses when we needed help with our medical records. We have volunteers that work at home getting us ready for trips, packing for us to make sure we have what we need and finding what we don't have, usually for free. Thanks *Lena Hightower* for your work in our warehouse at Group Health and to *Carol Stanley MD*, who has labored so long and hard on all sorts of medical procedures and policies. They are all great volunteers with multiple talents.

With all that said, we are growing and need more volunteers. Help is needed for trips and packing parties but we also need clerical help with fund raising, volunteers for trip planning, health education projects, board members especially with financial and public relations back ground, and various other activities to keep Guatemala Village Health a strong organization. We need and depend on our volunteers. Will you Volunteer?

Please Call 206-339-3352 for further information or to volunteer.

Ann Russell & Michele Maurery setting up clinic during Feb 2012 mission

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GVH By the Numbers 2012

- $0 paid to US staff members (all volunteer staff)
- 3 mission trips held
- 6 Villages with regular monthly visits by Promotores/Comadronas
- 20 Promotores trained in July
- 21 Villages served
- 30 Village visits by our teams
- 49 Team members total
- 67 Comadronas trained in July
- 2700 Patient Consultations
- 3750 lbs of medical supplies hand carried by team members
- $5100 of donated funds spent on medications used during trips
- 15,000 lbs of supplies shipped by ocean container
- $75,000 Paid by team members for their own expenses and towards medications

Every donation helps!

Shipping Container Delivered!

By Sean Murphy - In September, Guatemala Village Health completed delivery of their first ocean container shipment of medical supplies to the La Curvina Educational Center and Clinic, 3000 miles from Seattle. The 40-foot medical container was stuffed with medical supplies, including syringes, exam gloves, bandages, exam tables and chairs, clinic office supplies, operating room lamps, an ultrasound machine, and much more.

GVH divided the container capacity and nearly $8000 of shipping costs with the Fidalgo Island Rotary Club who shipped the other half of the supplies to a hospital in San Lucas Toliman, Guatemala. The GVH medical supplies are being used to supply the new La Curvina clinic.

Thanks to the following for funding the shipment: *Mill Creek Rotary*, *Ceceli Wilhelmi*, *Jeff Brennan*, *Martha McLean*, *Jennifer Hoock*, and *Carol McLean*.

Container Facts at a Glance

- $8,000 shipping cost
- 11 pallets
- 249 boxes
- 15,000 lbs of equipment
- 24 month collection period
- 223 emails to coordinate it
- Kuehne&Nagel – shipping co.
- June 18 – departed
- July 22 – arrival in port
- Sept 1 – Arrival at clinic

Thanks to all who helped!!!

Thanks to *Group Health Cooperative*, *Valley Family Medicine Residency program*, *Lake Stevens Rotary*, and the *Providence Hospital System* for equipment donations.

GVH volunteers loading container at Group Health.

And last, but certainly not least, thanks to *Teresa Blaize*, *Andrew Blaize*, *Jason Blaize*, *Aaron Deskin*, *Diana Orellana*, *Teresa Wallace*, *Ceceli Wilhelmi*, *Jeff Brennan*, *Alice Lobenstein*, *Lena Hightower*, *Derek Sylte*, *Teresa Kuramoto*, *Steve Miller*, *Martha McLean*, *Jim Frier*, *Carol McLean* and friends from Vashon, *Marjorie Milligan*, Cleveland High School students, *Alex Maki*, *Terry Marteus*, *Marianne Lyle*, *Pamela Curry*, and others who helped with packing and loading the container. Your help is sincerely appreciated and we could not have done it without you.

Volunteers unload container at La Curvina Clinic

Coordinators(U.S.A): *Jennifer Hoock*, *Steve Miller* and *Sean Murphy*

Coordinators(Guatemala): *Julio Grazioso*, *Vista Hermosa Rotary*, and *David Alvarez, CCCG*

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Malnutrition in Guatemala

By Teresa Wallace, M.D. - Approximately 49 percent of children under 5 in Guatemala are chronically malnourished according to the World Food Program. This is the fourth highest rate of chronic malnutrition in the world and the highest in Latin America and the Caribbean. Indigenous Mayan communities have a rate closer to 70 percent.

Called the "invisible killer," chronic malnutrition isn't necessarily a lack of food but a shortage of the right kind of food. Faced with insufficient nutrients, especially protein, the body compensates by simply stopping to grow---resulting in a condition called stunting. Stunting is what happens when a child doesn't get the right nutrients in their first 1,000 days of life. The damage to a child's brain and body is permanent. They will never learn as much as they could if they had received the right food from the start. Guatemala is one of the 36 countries that account for 90 percent of stunting in the world.

Chronic malnutrition causes stunted growth, as well as increasing the chances of heart disease, diabetes and kidney damage later in life. Chronic malnutrition is the single biggest contributor to the deaths of children under 5.

PAHO (WHO) reports that Guatemala has the highest rates of obesity among poor countries in Latin America, linked to malnutrition. Once a person is stunted and below-average height, it is much easier for them to become overweight. The same type of diet, heavy in carbs and cheap fats, which makes kids short and anemic, also makes adults obese.

The plight of the Mayans - Most affected by malnutrition are the Mayans, who make up 40 percent of the country and have twice the rate of stunting of the non-indigenous. All of the poor health indicators are basically double among the indigenous. They have lived in entrenched exclusion for decades. More than 70 percent of Mayans continue to live in poverty today. Many are geographically isolated, pushed into remote areas either fleeing persecution or seeking space to farm. They predominantly speak one of 24 Mayan languages. High illiteracy rates and traditional Mayan beliefs further complicate health efforts.

What Guatemala Village Health is doing - We are going to sponsor a Malnutrition Program that will give feeding supplements to children between the ages of 6 months and 3 years. We are currently gathering statistics on the amount of stunting seen in the villages we work with. If children can get adequate nutrition during this important period of growth, it results in improved health, brain development and improved productivity during their lifetime.

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2012 Travelers and Trips

A few members of the Feb 2012 team

Three health teams traveled to Guatemala this year:

Feb 2012(J. Hoock leader): - Alex Maki, Alice Lobenstein, Ann Russell, Bryan Sundin, Carol McLean, Chris Seyl, Debbie Beecher, Greg Blackstone, Jeanne Aldrich, Jim Danforth, Jim Freier, Julia Graham, Lena Hightower, Linda Danforth, Long Nguyen, Marjorie Milligan, Martha McLean, Mattie Curry, Michele Maurer, Nancy Green, Nick Aldrich, Norma & Randy Flett, Pam Curry, Pete Seyl, Sean Murphy, Walter Hautamaki

July 2012(J. Hoock leader): - Carolyn Bain, Derek Sylte, Peggy Visher, Erik Saksa, Sarah Leet, Teresa Kuramoto, Ben Rosellini, John Walter, Judith Pierce, Emily Walter, Charles & Lynn Morrison, Diana Orellano, Noah Dassel, Gil Mazurik, Angela Smith

Nov 2012(T. Wallace leader) - Grace & Gary Christopherson, Carol Stanley, Catie Light, Kristin Jeppesen, Debbie

Brunner, Anna Stewart, Myra Dudgeon, Vicky Baird, Betty Wammack, Stan & Mary Jeppesen, Alice Lobenstein, Kate Estlin, Robin Lindsley, & Eddie Espanol

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A SUCCESSFUL JULY TRIP

By Jennifer Hoock, M.D., M.P.H

Our first trip to ever occur in July, was a resounding success!

This year we expanded our travel to Guatemala with a new trip in July/August that was AMAZING. We tried many new things and were very pleased with the results. It started with a focus was on bringing young people together from the US and Guatemala to provide opportunities for cultural and educational exchange while providing service to those in need.

This was our first trip with our new in-country partner, Aldeas Sanas Guatemala. Directed by our longtime supporter, Samuel Alvarez, in conjunction with our Professional Nurse Manager, Maribel Parada. For the first time we were able to work directly with the village leaders in health and local government in new locations in the Rio Dulce and Monterico areas. Samuel and Maribel had traveled out to visit and establish relationships with health providers in each of these villages before we came. In addition, we had the most integrated Guatemalan and US health team to date with two young Guatemalans running registration, Danny and Santiago; Maribel and her promotor trainee, Marilu doing triage; Grace helping in the pharmacy, Saskia and Marlise from Antigua translating, Rodrigo with his two drivers helping with all sorts of logistics, and of course, Samuel directing the trip. It was a WONDERFUL experience for all!

From the American side, we had a new structure of teamlets each responsible for a set of activities. As usual the clinic started with registration, this time using our new EMR system on a portable router. Patients were triaged to see a physician individually or to participate in group visits for common problems – gastritis, neck and low back pain, headaches and skin problems. Group visits, developed by Carol Stanley, were implemented by Derek Sylte (family medicine resident from Group Health) with Saskia and Marlise. They consisted of sharing symptoms, talking about prevention and non-medical treatment, ending with a brief exam and dispersement of OTC medicines if desired. The exercise class for neck and low back pain was truly a sight to remember. Our older physicians John Walter and Chuck Morrison partnered with students interested in medicine, Ben Rosellini and Noah Dassel who assisted with translation and computer entry. The lab was efficiently run by Teresa Kuramoto and Erik Saska after Angie Smith trained them up to the task. Lynn Morrison ran the pharmacy with Emily Walter. We also had womens' health care where we placed our first IUDs and did group prenatal visits run by Peggy and Gil Mazurik.

Comadronas from 30 villages with their training certificates

Sessions were held for training lay midwives, 67 to be exact, in both Rio Dulce and Monterico – led by our midwife, Peggy Vischer translated to Spanish by our new Executive Director, Carolyn Bain and K'iche by our long-term collaborator Pastor Osmundo in Rio Dulce. Maribel Parada assisted with the comadrona training and followed up with the promotores on chronic disease management issues. In Monterico, she held a training session on diabetes care with my assistance for more than 15 promotores from La Curvina, Cebollito, Agua Dulce, El Rosario, Las Mananitas, El Dormido, and Hawaii.

Finally, we ran a special program for kids developed by Sara Leet as part of her masters program in public health starting with registration in a WHO database with weights and measurements for participation in a malnutrition program for kids 6 months to 5 years that we hope to begin this year. This was followed by an amazingly entertaining educational program developed by Emily Walter with her mom, Judith Pierce, and presented by Noah with Diana Orellano on handwashing, toothbrushing, water purification and good nutrition. The kids couldn't get enough.

Our amazing photographers Noah and Erik were everywhere recording the good work and fun had by all.

We started our work in Rio Dulce at Nimlebenque, a village lucky enough to have a clinic building and a full-time professional nurse. Pastor Osmundo from Agua Caliente introduced us to Professional Nurse Victor who is the sole provider for about 6,000 people in 11 villages served by the Puesto de Salud. He received us enthusiastically and was able to provide all the information we wanted about the health of his community, neighboring Chinabenque and his overall cachement area. We used the building to see patients while we ran other programs in the nearby schoolyard. The second day we went to Ensenada, about 5 minutes from Agua Caliente where we worked with Tomasa, the promotore, in a one room health building. She was eager to learn all that we could teach her while she helped us to see patients. After taking the boat west on the Rio Dulce to Finca Tatin, our "Swiss Family Robinson" accommodation, we visited with Maria Bolom at Ak Tenamit and then ran programs at Crek Calis (near Nuevo Nacimiento Calis) and Barra Lampra. After returning to the City for an overnight, we headed down to Monterico where we saw patients in the clinic for 2 days and added 2 new villages from the area, Las Mananitas and El Rosario. After a well-earned day of rest and cooking for our hosts, we spent our final 2 days in Ojo de Agua

working with the local promotore, Marilu, at the Puesto de Salud there. We attended 3 other villages from there – San Antonio, Cinco Palos, and Papatura.

In each village we were fortunate enough to have the opportunity to hold open meetings with all of the community leaders – lay healthworkers, cocode (local government), schoolteachers, and pastors. Using our new form, we systematically covered issues related to health and identified priorities. Samuel and Maribel are returning each month to continue working on the plans that we made.

We urgently need funds for an executive director to bridge us into grant funding to continue the mission. Please Donate.

This was my 10th trip to Guatemala, and I have to admit that this was a pinnacle experience for me – demonstrating the power of cross-cultural collaboration with benefit to the local communities and to all of us who learned from them. It is my dream

Give a Gift Donation
Check our web-site for details

that every trip from now on will build on this truly inspirational collaborative effort.

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Foods of Guatemala

Plantains, "cooking bananas," are the fruit of the musa paradisiaca, a type of banana plant. Plantains are more starchy than sweet and must be cooked before being eaten. They are a staple crop in much of Africa, Latin America, the Caribbean, and Asia, and are served boiled, steamed, baked, or fried. In these countries, plantains are consumed as a vegetable. Plantains resemble bananas but are longer, thicker and starchier in flavor. They can be prepared in all stages of ripeness, with nearly no waste and have excellent taste. As a plantain ripens, its high starch content changes to sugar. Plantains also keep their shape when cooked, unlike bananas, which get mushy. They can be used in soups, stews, boiled and mashed. Most Puerto Rican recipes that use plantains call for green plantains. Plátanos verdes need to be VERY green without a hint of yellow. The next stage of ripeness is when the skin is mostly yellow with a few black speckles. At this point, the plantain has lost some of its starch and is slightly sweet. Plantains at this stage can be thinly sliced and fried, mashed or baked until tender and served with roasted meats. When a plantain is very ripe, the peel is almost completely black. Although these plantains might look past their prime, this is when their sugar content is the highest but the flesh is still nice and firm. It is at this stage that the plantain most resembles a banana. A ripe plantain can be used in savory or sweet dishes. You pan-fry them with some butter, rum, and brown sugar and serve over ice cream.

Oven Baked Plantains

You will need:
- 4 very ripe plantains
- Cooking spray

Directions:
1. Preheat oven to 450°F.
2. Coat a nonstick cookie sheet with cooking spray.
3. Cut the ends off of the plantains and peel.
4. Cut each plantain on the diagonal into 1/2 inch slices.
5. Arrange in single layer and coat tops with cooking spray.

Bake, turning occasionally, for 10-15 minutes, until plantains are golden brown and very tender.

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Organization

- Carolyn Bain, Executive Director

Board Members:
- Jennifer Hoock, MD, MPH, *Director of Program Development*
- Teresa Wallace, MD, President
- Carol McLean, RN, Vice-President
- Sean Murphy, Treasurer
- Cay Vandervelde, Secretary
- Alice Lobenstein, RN, Director
- Teresa Bess, Director

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Upcoming Events

- 12/10/2012 Board Meeting
- 1/19/2013 Board Retreat
- 2/16 – 3/1/2013 Feb Guatemala Trip
- 7/27 – 8/9/2013 * July Guat. Trip
- 11/1 – 1/15/2013 * Nov Guat. Trip

* = unconfirmed dates

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Wish List

- Money, Medicines
- Committee members for Project evaluation, Fundraising, Program Development, Public Relations
- Financial Consultant
- Legal Consultant

July 2012 Team Members enjoying a well-earned break

MISSION STATEMENT:

To improve the health, education and economic prosperity of rural villages in Guatemala

GUATEMALA VILLAGE HEALTH

IRS 501(c)3 Non-Profit Charity Registered in Washington State

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