



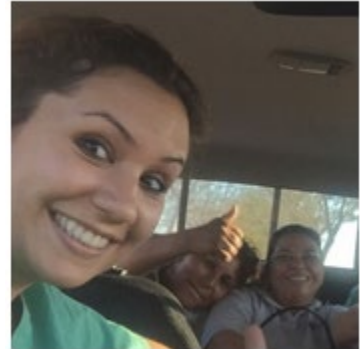
## Global Health Education Student Experiences

### **Atieh Novin**

Guatemala

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"I was surprised when I was asked to see the five-year-old boy with the distended belly on my own. I had seen countless similar cases of intestinal parasites while working side by side with Dr. Hernandez. By that point, I knew not to give albendazole together with moltiforte, the multivitamin that most children required due to not meeting their expected growth percentiles. I still felt like I was a little outside my comfort zone, but Dr. Hernandez and the on-site nurses' reassurance made me more confident and reminded me that I was there for a purpose and that I should help in any way I can.



"Chiquimulilla is a small town of 50,000 people in southeast Guatemala. The town is divided into 5 rural neighborhoods, each with a clinic on-site. Our team split the week in a different clinic everyday—Oliveros, San Rafael, Hawaii, San Antonito, and Obraje. The clinics were only accessible by dirt road. Everyday we would make our minimum one-hour commute to each clinic to be greeted with the residents, as well as the dogs, pigs, chickens, and turkeys that ran around (and sometimes inside) the clinics. On Tuesdays, we would make our commute to the most remote clinic, Hawaii, by first taking a one-hour ride on the dirt road and another 45 minutes on a boat.



"Patients traveled on foot, by bike, or by hopping behind the truck we were driving to the clinics. Although most of the cases we tended to at the clinic were conditions I had already become familiar with during my rotations in the US, the approach to diagnosis and treatment was significantly different. UTI's and most gynecological complaints were diagnosed based on symptoms. There were no labs for urine testing or blood work. The medications consisted of a total of four antibiotics and some anti-parasitics that were used according to symptoms. Needless to say, it was challenging for me to come to terms with this form of medical practice. I had countless conversations with Dr. Hernandez who assured me that the patients would not be able to afford lab work and that what we were doing was the best approach to promote health and prevent further disease.

"My away rotation in Chiquimulilla was unlike anything I had imagined. The practice of medicine was significantly different from what I had learned. This exposure significantly expanded my view of community health and the realities of the limitations when working in a low-resource setting. The most serious health issues were referred to the local hospital, about an hour outside of Chiquimulilla. However, for everything else, the trust the patients had for their providers and the initiative to promote their own health, was the key to the relatively healthy communities I witnessed. I am thankful for people like Dr. Hernandez as well as Dora, Marta, and Lucy, the team's nurses, for dedicating their lives to such noble work."

