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RETURN TO HONDURAS

UC medical team helps fight fear, depression, disease

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Honduran children wait to be seen by the UC medical team. (Gary Landers photos) | [ZOOM](#) |

EL PROGRESO, Honduras — In the dim light of an incandescent bulb, a group of young Americans and Hondurans sing and dance to Elvis Presley songs in Spanish.

As their laughter mixes with the frenzied music, the group passes for an average crowd of young people cavorting on a weekend night. But these young partyers have a mission. They are a University of Cincinnati medical team

that has traveled to this tropical country to treat malaria, dengue fever, malnutrition and other illnesses spawned by Hurricane Mitch six months ago.

"There are tremendous needs there," says Dr. Jeffery Heck, director of the UC Family Medicine Residency & International Health Program. The Wyoming physician is leading the group of 60 doctors, students and volunteers from UC's humanitarian partner, nonprofit Shoulder to Shoulder Inc.

Mitch's aftermath will be a formidable foe, the students have been warned.

"There is a chronic fear and sense of hopelessness," Dr. Heck says.

The hurricane killed more than 5,600 Hondurans when it pummeled Central America in October, making it one of the worst storms ever to hit the Western Hemisphere. It stripped 1.4 million people of their homes; downed bridges; destroyed operations of the world's largest banana company, Cincinnati-based Chiquita Brands International; and crippled an already wobbly economy.



Maria Chavarria stands amid banana trees destroyed by Hurricane Mitch. | [ZOOM](#) |

The students do not flinch. They are young and earnest. As they dance in the bar, a few feel a twinge of nervousness. Yet no one is intimidated by what they expect to see in the two remote villages they'll visit the next day.



Dr. Doug Collins, a UC resident physician, examines Carmela Alfaro.
| [ZOOM](#) |

Bright-eyed and on the brink of graduating into their careers, they came to Honduras to share their medical skills. Their goal: to treat 10,000 patients in two weeks.

But by the end of their stay, the students will have discovered a new enemy. Something bigger than Mitch. Something less visible but more frustrating. It's their feeling of futility as

doctors in an impoverished country with more wounds than their medical skills can heal.

Yet on this night before they begin their mission into the Honduran countryside, enthusiasm reigns. Merengue music breaks out. Dancers twirl, twist and swing.

And in a moment of youthful abandon, a group of UC students jumps on a makeshift stage and belts out Madonna's "Like a Virgin."

A hard thing to teach

It's only 9 a.m. but already, Heather Owens' freckled skin is starting to burn. Heading for the mountain village of San Jose with half the medical team, the 25-year-old Wright State University medical student climbs inside a U.S. Army transport truck.

Climbing the sharp mountain switchbacks amid coffee fields, Heather is reminded of the Appalachian Mountains in West Virginia where her husband grew up. At the end of her three-year residency, she plans to return to her own Appalachian roots in her Clermont County hometown of Felicity.



Dr. Amy Ruschulte entertains kids.
| [ZOOM](#) |

"I always wanted to practice in a rural clinic," she says, as dust collects on her blue-print dress pulled up to her knees. She came to Honduras to learn how to do that. "I want to see how people live, and do some good."

When they arrive in San Jose, the team quickly converts a five-room schoolhouse into a clinic, pharmacy, registration room and sleeping quarters. There will be many patients to see the next day because washed-out roads prevented any medical relief teams from coming here since the hurricane.



Russell Richmond, a medical student, checks a sick child.
| [ZOOM](#) |

Down in Urraco about 60 miles away, the other half of the team spends the afternoon rearranging a community clinic for its own use.

The government of Honduras directed the team to Urraco and San Jose as two areas with a dire need for medical care. Dr. Heck, through Shoulder to Shoulder, has long been involved in the country. He set up a permanent clinic in the southwestern town of Santa Lucia in 1993. Since then, Shoulder to Shoulder has staffed the clinic and sent doctors and medical students there every six months.

The night of the team's arrival in Urraco, students Russell Richmond of Hyde Park and Tracy Kramer of Memphis, Tenn., rest under zapote and cocoa trees. The couple, to be married in May, talk with Dr. Heck about the trip.

"To me, everyone should have this experience," says Russell, 26. "It's a hard thing to teach in Cincinnati."

The next morning, the first day of the clinic's operation, 27-year-old Tracy is awakened by squawking roosters and barking dogs. She is nervous about the day ahead. As a fourth-year medical student set to graduate in June, Tracy has never treated masses of patients. Now she expects to be faced with crowds of patients who speak no English and suffer from tropical diseases. The team expects to see several hundred people a day.



She pumps cold water into a bucket and splashes off layers of sweat and insect repellent in a wooden shed behind the community center where team members slept under mosquito nets, afraid they might catch malaria.

Dressed in green scrubs and a stethoscope around her neck, Tracy reviews names of antibiotics with her fiance and another UC student, Michelle Drury of Sandusky, Ohio.

At breakfast, Tracy quickly thumbs through her English-to-Spanish book at breakfast to learn key phrases: *How can I help you? My name is Tracy. How do you feel?*

"It didn't hit me until this morning," she says. "I thought, "Oh, my God, we're going to be seeing all these people.'"

Where's the malaria?

The clinic does not open until 8 a.m., but already 100 patients are lined up. As the morning wears on and the temperature soars into the 90s, the face of illness in Urraco takes shape.

And surprisingly, it looks much like what students have seen in the United States.

The group left Cincinnati expecting to be inundated upon arrival with tropical diseases. Instead, students spend much of the day confronted by arthritic knees, scabies and skin infections. There are even cases of cancer and AIDS.

They can treat many of the problems, but there's a hitch: The students cannot provide long-term medical care.

"For them, the biggest challenge is not in the difference in the diseases," says Dr. Heck. "It's the difference in the resources."

Later that morning, Dr. Heck strolls through the clinic and notes the low number of suspected malaria cases. Doctors have spotted only about six.

At lunchtime, Dr. Heck seeks out Dr. Nancy Cruz for an explanation. She is the Honduran doctor in charge of the local clinic.

What kind of cases has she been seeing? he asks. Conditions should have been ripe in the area for malaria and dengue fever. He was expecting to see numerous cases of malaria, which can easily be treated with two medications. Dengue fever, though, a mosquito-transmitted virus that causes fever and muscle pain, cannot be treated.

"Dengue seems to be under control," she answers, but malaria is a different story.

There have been 161 cases of malaria reported in three dozen outlying regions of Urraco, Dr. Cruz says. But the city itself is largely malaria-free. The country's dry season eliminated standing bodies of water and the accompanying malaria-carrying mosquitoes.

Also, Dr. Cruz points out, three other international medical units have visited since January.

The revelation stuns Dr. Heck. He's also perturbed because he was told by government officials to bring his team to this corner of Honduras because of high rates of malaria.

"I'm not negating what they are trying to do," Dr. Cruz says about the government. "But I feel strongly, there has to be other areas that need help a lot more than this area."

Dr. Heck walks away frustrated that their help might be needed more in other areas.

"I'm a little bit ticked off" at the government, he says later. But as the lines increase each day at the clinic, he realizes the need is great in Urraco, too.

The neediest person

In the following days, frustration builds among the UC students inside the Urraco clinic.

About 300 patients are filing through the doors daily. But doctors say without follow-up care, food to keep them strong, clean water or jobs to provide money for medicine, their patients have little chance of staying healthy for very long.

Russell stands outside on the back patio of the clinic, enjoying a limp breeze in the afternoon heat.

His last patient had an enlarged prostate, surely cancerous. The old man said he had difficulty urinating. In the United States, the patient would have been given a full exam and some hope of treatment. But Russell could provide neither.

"Here it's all symptomatic relief. We're really not going to be able to do anything for him. We can't give him medicine to shrink it or do surgery," he says. "All we could do was just give him vitamins."

Across the tile floor of the clinic, Michelle feels his pain. The 25-year-old, who will enter the UC international health residency program in July, cares for a 2¹/₂-year-old girl with AIDS.

The girl, suffering from diarrhea, was accompanied by her grandmother. She told Michelle the girl's mother had died from AIDS — but not before she passed the disease to her daughter during birth. The grandmother tries to get the girl to the hospital whenever she gets an infection. The last time was in December, with a chest cold.

Michelle calls Dr. Heck over for a consultation. Moved by the scene, Dr. Heck hands the grandmother \$20. It was given to the doctor by his son, Parker Heck, who instructed his father to give it to the neediest person he finds.

The grandmother is overwhelmed. The money amounts to 200 lempiras, almost an entire week's salary for a banana plantation worker. She cries and hugs Dr. Heck.

Michelle can only prescribe the girl an antibiotic and vitamins.

"She'll never be able to get the medicine she needs like she could in the States," she says.

Spreading too thin

High up in the mountains, about 60 miles away from Urraco in San Jose, UC students are learning the same lessons.

Students and doctors remove cysts and treat skin and upper respiratory infections. But now, villagers are asking for more help than medicine.

After breakfast, student David Bailey of Zanesville, Ohio, reads aloud for the group letters sent to the team from villagers.

David, 27, learned Spanish after a year of college in Spain and time in Mexico building a church.

One woman, Carmela Alfaro, he says, is asking for a wheelchair. Another needs help repairing her house damaged in the hurricane.

Suddenly, Pam Middleton interrupts. The 50-year-old UC medical resident, a former schoolteacher, warns against promising more than medical care.

"At some point, we have to pay attention to the mission, because if you spread yourself thin, you'll never meet all your needs," she says.

The wheelchair is part of the mission; fixing a house is not, she says.

Dr. Doug Smucker, a UC attending physician, intervenes.

We should do what we can, he says. But he agrees with Pam: Going house-to-house offering repairs could be a nightmare.

Someone offers the idea of building a wheelchair for the one woman, Carmela, from an old bicycle.

Dr. Smucker sends a group of doctors and students to see the woman.

Carmela has lived in a bed inside her mud-brick home for 51 years, her friends tell David and the other students and doctors. She fell in a river when she was 13 and developed a bone infection.

Although the 64-year-old woman told doctors she was waiting to die, her friends lobby them to provide a wheelchair.

Before they decide, the medical team asks to see the woman's leg, but Carmela is too embarrassed. Everyone leaves but David and Pam. Minutes later, the two emerge. The leg and the foot are separated at the ankle, Pam announces.

"If she had had physical therapy after the disease, she'd be walking with crutches," she reports. "But the leg has atrophied. It's too late now."

Someone mentions the wheelchair Carmela is seeking. Pam takes one look at the 2-foot-high wooden stoop at the door and shakes her head.

"Can you see a wheelchair going in and out of that?" she says. "This is going to have to be a community decision to build a ramp."

The bike idea might work if someone could build it.

"It won't be safe. There won't be brakes. But she'll have someone pushing her," Pam says.

The doctors cannot decide. They also need to continue their survey of Mitch's impact on the village. They must move on.

The group smiles to Carmela's friend, Melitina Matamoros, standing on the porch.

"Mucho gracias. Adios," they call to her.

The woman nods, but says nothing.

And inside the shack, Carmela settles back into her bed