



I have always admired Zach for being a "doer." He built and runs his own clinic called "Ajkun pa le Qatinimit - Clinica Medica Cristiana" for the under-served people of Guatemala in Santo Tomas la Union, Suchitepequez, Guatemala. I was greeted with "Utz Apetik Doctora Yee" as they speak a native Guatemalan language called K'iche there. Working in this clinic was a difficult but rewarding challenge that I

welcomed with open arms. With my arsenal of newly learned Spanish, I ran the outpatient clinic, seeing 20 patients each day and alternating 24 hour call with Dr. Self every other day.

As I stumbled through using my Spanish to communicate with the clinic staff, they then had to translate my Spanish into K'iche to speak to the patients! The breadth of patients that presented there were vast, including elderly patients that had never seen a doctor and complaining of neuropathy for 10 years or headaches for 20 years, versus young children brought in by their families for diarrheal illnesses.



During one of my 24-hour-calls, I was able to use my suturing skills taught to me by our plastic surgeon to sew up a facial laceration on a 2 year old boy who had fallen and lacerated his face with a stick. Even though he cried the instant he saw me on his post op visit, his parents were so grateful for my help.

My time at this clinic was not only a learning experience that expanded my clinical skills, but also a great opportunity for practice management and all of the hundreds of details that go into starting your own clinic. Some of the many tasks that I learned the importance of include how to perform point of care labs, how to manage a pharmacy, how to organize your medical supplies and how to train your staff to perform certain duties that help your clinic run more smoothly. Throughout my time in the gorgeous country of Guatemala, the most profound lesson I took away was how absolutely necessary it is to educate people because without health literacy and understanding the importance of treating illness, people may improve morbidity but not mortality.

On so many occasions, patients were under the false impression that "any medication" was a cure-all and chronic diseases such as diabetes and hypertension would only be treated for a month at a time because people did not understand that they would have these diseases for life. A prime example of this was a 14 year old girl who was admitted overnight for diabetic ketoacidosis and was given insulin throughout her stay. She had been taking insulin a few months ago but felt better so she stopped taking her medication.

Additionally, her mother could no longer afford the medication and they had no refrigerator to store the insulin. Another equally important lesson that was reinforced is that every person has a story. We must always think of the whole person including their personality, social situation, educational background and resources when making medical decisions to give people the most realistic chance at surviving. If a mother has to choose between feeding her children dinner versus paying for her antihypertensive medication, there is no fault in that decision. Finally, during my stay, I provided Dr. Self with a powerpoint presentation of malnutrition that he presented to his staff. I am so grateful for the opportunity to visit such an inspiring place with the help of the FMED fund and thank you all for your generosity in helping family medicine residents like myself explore international opportunities that are making this world a better place.