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## GUATEMALA HOLIDAYS

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Stimulated by the "Holidays for Humanity" program, my wife and I and two of our daughters, volunteered to spend the month of February working at the Clinic of the Maryknoll Fathers in San Pedro Necta, Dept. of Huehuetengango, North West Guatemala.

Guatemala is the Northernmost country in Central America. Aside from the coastal plains of each ocean, the country is made up of mountainous highlands from 4,000 to 12,000 feet, with many volcanoes. At the clinic location of 6200 feet, the climate is spring-like — warm in the day and 2-3 blankets at night. The population consists of two basic ethnic groups, the indigenous Mayan Indian, and the Ladinos, who are descendants of the Spaniards. There is a large intermixture but the individuals tend to attach themselves to one class or another.

The Ladinos make up about 40% of the population but rule the country and a few of them control the wealth. They speak Spanish. The Mayan Indian makes up the laboring and servant class. Priests were re-admitted to Guatemala less than 20 years ago and there is no native clergy. They are sent from Spain and some are American Maryknoll Fathers. They constitute the clergy and episcopacy.

The two Sisters of the clinic who are registered nurses alerted us about what drugs were in short supply.

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We accumulated as many supplies as possible, purchased many of the remainder, and when we were off.

Our trip was enlightening, to a real degree surprising, but also frustrating. It was enlightening in that we had a first-hand look at a typical rural, Central American community. It was satisfying because we treated many sick people who have no physicians to care for them. On arriving in Guatemala there were some problems in obtaining a visa and a temporary license to practice medicine. I was requested to take an examination but this was circumvented by the Dean of the Medical School who appointed me an Intern for the month of February. Finally, after an exhausting trip over a tortuous jeep trail, we arrived at the Mission. Our house was of adobe, two rooms and one window, the price, 5 quetzales (\$5.00), per month, and not worth it. The so-called window was a non-glazed hole in the mud wall. The floor was mud. Sanitary facilities were in the back yard. One feature that was not obvious at first was the fleas. These we had with us in great numbers constantly. D.D.T. only made them more aggressive. This was a bit more than we bargained for but since we had come to work for God and humanity, we tried to offer it up.

As soon as we started working, we were ashamed of ourselves for even thinking of complaining. We averaged 74 patients a day. The peak load was 120 patients. The

condition of our patients was pitiable. Those with anemias of unbelievable severity came complaining of fatigue and inability to climb the mountain. Patients walked 8 to 10 hours from their mountain hamlets.

Some were carried for hours on the backs of friends and relatives by head straps. How they stood up amazed us. Hemoglobin levels of 2.3 grams are not uncommon. Beriberi, kwashiorkor and general susceptibility to respiratory infections were predominant. The "snotty" nose is the universal badge, and the local custom of wiping it on the clothing is hard to get used to. In numbers of cases, worms and other infections head the list; various forms of arthritis and muscle involvement are second. Every male has a callous over the 1st lumbar vertebra; the women's shoulders give them trouble from grinding the corn with mortar and pestle. There is much eye inflammation, both mechanical and infectious. This comes generally from smoke which also contributes to bronchial irritation. The natives build their houses without chimneys so that smoke from the fire goes up into rafters to cure the corn.

Frijoles, (black beans), and tortillas (fried pancake), of coarsely ground horse corn meal with occasional eggs, oranges, avocados and some meat, make up the standard native diet.

One happy note was that the Sisters had immunized practically every youngster in the district with DPT and Salk vaccine and also vaccinated them against small pox. Our patients loved "shots" and you had a hard time getting rid of them

without a "shot." The reverse side of this is their tendency to think that pneumonia can be cured with one shot of penicillin and not bother to get the succeeding injections.

Bathing is looked upon with disfavor. Personal hygiene and local sanitation is deplorable. There was a sense of frustration on realizing that most of the patients would be right back where we found them since their trouble stems from malnutrition, universal worm infestation and deplorable sanitation. We tried to reverse this trend by education. We made friends with all the school teachers and enlisted their support. We also had the good fortune of meeting two wonderful Peace Corps Americans and they helped in preaching the gospel of sanitation. We received permission to speak in the church at all the Masses on Sunday on personal hygiene and its connection with improved health and growth.

The Maryknoll Fathers have built a 17 bed hospital, but equipping the hospital is the continuing story. Import restrictions and high tariffs make this terrifically expensive. Things simply cannot be bought locally. Drugs come under the same restrictions as instruments, generators, beds and even linen. It will be a long process; but if we are to aid the people, they must be healthy enough to help themselves.

One might feel it impossible to overcome the ignorance and disease; but when you see the patience and gratitude of these poor souls, you know that you cannot give up. It will be slow. It can be done if we stick with it, and we must.

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