My Spanish teacher reaches across our small table, takes hold of my Guatemala travel book and gazes at the cover photograph of two girls wearing colorful Mayan dresses and balancing baskets of tourist trinkets on their heads. Nancy Lopez smiles and says in Spanish simple enough even for me to understand, “I know them! They are friends of my children!”

Just that quickly, a realization of the obvious towers over me: The children of Guatemala, so beautiful in photographs and all-too-often so heartbreaking in person, are not anonymous tourist-book subjects or lost waifs. They do not exist only to help their weary mothers sell textiles and beads in parks and on street corners. They are not simply the unfortunate masses of desperate circumstance who, by their eagerness to be helped, make strangers from America feel better about themselves.

They have friends. They have hometowns. They have hope.

And sometimes, not much else.

Medical students follow in a saint’s centuries-old tradition of health care for Guatemala’s unfortunate children
Luis. Yasmine. Joshua. Mabel. These are some of the Guatemalan children who gather with their families before daybreak on a Sunday morning, Aug. 1, at the sprawling Obras Sociales del Hermano Pedro (Social Works of Brother Peter), a church, orphanage, hospital and resident-care facility that covers an entire block in the heart of Antigua, Guatemala, about an hour’s drive from the megalopolis of Guatemala City.

Antigua—not to be confused with the idyllic island of the eastern Caribbean—is an intriguing old city, one of the oldest in the Americas. A team of KU doctors, nurses, medical students and their families and friends has traveled from Kansas to volunteer here for a week, and dozens of Guatemalan families have made treks—if not so lengthy, certainly more arduous—in search of medical care they can find nowhere else.

Their timing is not an accident. “Obras,” as it is commonly known, and its affiliated volunteer organizations hustle to get the word out literally across the country when teams of doctors from the United States or Europe plan to visit. In this case, the foreign medical professionals are from KU, on an outreach trip organized by medical student Doug Cowan, c’02, president of a student group called KUMC International Outreach, and University Relations photographer Shari Hartbauer, both of whom are veterans of many trips with the Kansas City-based Medical Missions Foundation.

Some members of the KU traveling party arrived in Guatemala a week earlier, to study Spanish in Antigua’s world-famous language schools. The rest fly into Guatemala City late on a Saturday, July 31, and the entire group assembles at 7 the next morning to begin a long week that will, in one way or another, change all of us.

The KU group consists of 10 medical doctors, including ear, nose and throat surgeons assembled by Doug Girod, chair of otolaryngology and the trip’s medical director; 11 medical students (some of whom are already qualified health-care professionals, including nurses and a pharmacist); seven nurses; and a PhD student in audiology who is a certified speech pathologist. Also in the traveling party are lay volunteers and family members.

We are greeted at Obras by operating-room chief Dolores Sian. She helps us understand the history: This huge place looks and feels old, but it is so only in spirit. This is the modern realization of a caring tradition begun in the 17th century by a Franciscan brother named Pedro de San José de Bethancur. Hermano Pedro walked Antigua’s cobblestone streets ringing his bell, asking for assistance for the needy. “We have but one soul,” Hermano Pedro told the citizens. “If we lose it, it cannot be recovered.”

Founded in 1643, the site’s first hospital for men and boys was destroyed by earthquake in 1773. The hospital was rebuilt in the mid-19th century, but was again destroyed by earthquake in 1976. The site remained a ruin until 1985, when the Franciscan Order established a private orphanage for disabled, abandoned and malnourished infants.

In the years since, Obras has resumed its role as a home for medical, humanitarian and spiritual outreach. In 2002, during his visit to Guatemala, Pope John Paul II declared Hermano Pedro a saint of the Catholic Church.

“They can’t take care of them, so they come here,” says operating-room secretary Anabela Morales De Ajú. “Little babies in boxes. They are left on our steps in the night. Here, they take care of them. They do great work.”

Minutes into the tour, our spirits are hollowed by despair. It is a Sunday morning, and the residents, many of whom are severely disabled and mentally handicapped, are slowly gathering in their glass-walled, open-roofed wards to share breakfast and begin a Sabbath that will offer rest for no one who works or lives here. They watch us closely. They have seen us before. They see us virtually every week, newcomers planning to do good works. These patients and residents remind us of our limitations.

“It feels so good to help people get well,” Doug Cowan said the afternoon before, as we relaxed in our elegant hotel, overlooking immaculate gardens and a cobalt-blue swimming pool. “You do what you can, and you feel you did...
an excellent job and did a lot of great things for people, but you will also leave with an empty feeling.”

Cowan knows this from personal experience. Like the other medical students on the trip, he has just completed his first year of medical school, yet he has already traveled on nine trips with the Medical Missions Foundation. He traveled twice each to Romania, Cuba, Mexico and the Philippines, and he made a trip to China. His warning is valid, but on that warm, luxurious Saturday afternoon, it perhaps did not feel real. Now we see that his prediction will be painfully accurate.

During our tour, medical student Nick Algarra, a 43-year-old certified registered nurse anesthetist and native of Colombia, translates for Dolores Sian. He also offers his own gentle words of wisdom: “Lay hands on everybody you treat.” Algarra is asking the professionals and students to break down barriers of language, culture and status. His words will echo with each of us every day.

Here inside Obras, we see the wretched, the poor, the discarded. Our senses are bombarded with smells we would normally associate with a third-rate nursing home, and everywhere we see people for whom even hope is asking too much. And yet they smile. Everywhere, there are smiles.

When the tour ends, and after we have been formally welcomed by Father José Contra, we tear into the bags we brought with us, luggage stuffed with donated medicines and equipment. Some will be unloaded and organized in the hospital’s surgical suite; the rest will travel with the doctors, nurses and students assigned to spend the week at family-practice clinics in the nearby villages of San Antonio Aguas Calientes and Santa Catarina.

As the bags are unpacked and the operating rooms prepped for a busy week, hopeful patients and their families fill every hallway and waiting area. Triage will consume the entire day, and many of our group will not return to the hotel until well after the dinner hour. But none of us forget that the patients have been waiting even longer, sitting for hours, their stoic children having to be nudged to accept offers to play or draw with some of the KU volunteers.

There is a polite boy named Luis Ricardo, who seems nervous and shy while other boys scampers merrily. When the coloring pads come out, though, Luis, the boy who will steal my heart, eagerly begins writing and coloring his name. He is given an outline of the United States, with Kansas highlighted in the middle, and carefully colors our country in lovely shades of green. Little Yasmine gently corrects my Spanish vocabulary while her older brother, a silent boy named Joshua, chases a bean-bag ball being thrown down a hallway.

And there is another Luis, who will win all of our hearts. He is deaf, and he is a bundle. He is our first reminder about happiness—how we need not be physically whole to be spiritually complete.
After his first few hours in the operating rooms, medical student J.T. Gertken comes to the break room to gather his thoughts. He cradles a cup of thick black coffee, sipping carefully because his hands are trembling. He is jazzed.

“We just had a really hard year; this reminds us why we are doing this, why we want to practice medicine,” Gertken says.

Like other students assigned to the O.R., Gertken, c’02, is in the midst of his introduction to surgery’s “continuation of service,” including triage, pre-op, surgery, post-op and, finally, discharge.

“Our system is so automated; they never really get a complete feel for all it,” says surgeon Doug Girod, the trip’s medical director. “This is a wonderful opportunity to really see that entire process, all so compact and accessible.”

Even after just a few hours of surgery, Girod announces that he is thoroughly impressed by the hospital’s competence. Though the KU team had to pack and haul many hundreds of pounds of medicines and equipment—thanks in large part to tireless efforts of KU nurse Sheila Sewing, who single-handedly arranged for many of the donations—the facilities here in Obras are good, clean and efficient.

An anesthesiologist from Guatemala City has been hired to join the team and oversee two nurse anesthetists; all of the KU doctors had to submit their resumés to examiners from the Guatemalan health authorities; and, though students will enjoy exceedingly rare opportunities to get close to the action, none of them will be allowed any responsibility beyond the most basic procedures, and at every step they will closely supervised.

And yet there remains a certain freedom that is cherished by the Americans. When the old desktop computer breaks down (yes, the computer), Girod sketches the surgical schedule by hand. There are no insurance forms to fill out. Stacks of supplies and racks of equipment look to be outdated by our standards, yet everything comes together in a harmonious tribute to simplicity.

“This is an opportunity to learn what you have to have to get by,” Girod explains. “The reality is, we don’t need nearly as much as we have to work with back home.”

“It feels so good to help people get well. You do what you can, and you feel you did an excellent job and did a lot of great things for people, but you will also leave with an empty feeling.” —Doug Cowan

As the morning’s surgeries progress, I remember my friend Luis Ricardo, the boy who drew the United States in verdant hues. I scan the schedule, and see a Luis. I find him in Pam Nicklaus’ operating room, where she is mildly concerned with the size of his swollen adnoids. Nicklaus, m’84, tells me she already cleaned Luis’ ear canals and fitted him with ear tubes; I realize he was shy, at least in part, because he could not hear very well. She removes his tonsils and, finally, the adnoid glands.

I want to help Luis in the post-op recovery room, which is about four strides from his operating room, but he is thrashing around on his bed as he comes down from the anesthesia and has to be restrained. “It’s scary to see them come out of it,” says Bruce Banwart, a pediatric physician at Kansas City’s Children’s Mercy Hospital who "It feels so good to help people get well. You do what you can, and you feel you did an excellent job and did a lot of great things for people, but you will also leave with an empty feeling.” —Doug Cowan
quick lunch in the hallway, Luis opens his eyes and scans the room. He sees me, and weakly extends a slowly-opening hand. He smiles thinly and mouths the words, “Amigo. Amigo.”

The next day, it is the other little Luis who will become the star of the trip. Profoundly deaf, he cannot be fitted with a hearing aid by audiology student Gabriel Bargen until his ears are cleaned. Like so many of these children, Luis has endured terrible ear infections. “We are seeing chronic ear diseases we don’t see nearly as much in the States,” Girod says. “Usually they are treated with antibiotics or tubes in the ears. Here, they become chronic ear problems.”

Luis is feisty. Not only is he deaf, but he communicates with a private sign language used only by himself, his deaf parents and deaf grandmother. He is given a mild tranquilizer; as the physicians and nurses wait for it to take effect, lay volunteer Travis Langner fetches the guitar he brought to the hospital.

With nurse Sheila Sewing cradling Luis, Langner strums a few chords. Luis reaches for the guitar, and Langner, c’03, encourages him to pluck the strings. They are convinced that Luis can hear some of the low sounds (which the audiology student confirms). Luis finally calms, so Girod tries to clean his ears. But even with doctors and nurses holding him, Luis squirms determinedly. Girod decides it is too dangerous to continue.

So Luis is anesthetized and wheeled into Nicklaus’ operating room. She later says it is the first time in her career that she has seen a child anesthetized for an ear cleaning, but she adds that the buildup in his ears was horrendous.

Soon after lunch, though, Luis has recovered, and he is dressed and waiting outside Bargen’s audiology clinic. She hopes Luis and his aunt can wait, because her translator has not yet returned from lunch. Luis makes it clear that waiting is not on his agenda, so Bargen sends for medical student Scott Mullen, c’02, a fluent Spanish speaker. Luis bounds into the little room and watches attentively as Bargen mixes two different clays that will interact and, when applied to the warmth of the ear canal, quickly harden and form a mold.

Mullen is speaking with Luis’ aunt, a young woman named Isabel, and he reports that she is telling him Luis has been deaf his entire life, except for one moment: A classmate had once been fitted with a hearing aid, and Luis put it on himself.

has joined the KU group on this trip. “But Luis is doing fine.”

As soon as he is allowed, Luis’ father comes to his son’s side. He caresses his forehead and worries aloud that Luis is hot. “Tiene calor,” the man says, glancing my way. He does not know I am not a doctor. I tell Steven Simpson, a KU pulmonologist who is another of the post-op physicians, what Luis’ father just said, and Simpson, m’83, immediately checks for himself.

“Luis is fine,” he tells me, and then smiles and nods at the father.

Later, as his father takes a break for a
“He could hear really well,” Isabel says, through Mullen’s translation. “So he’s very excited.”

While we wait a few minutes for the mold to harden, Bargen shows a table full of supplies that have been donated for this trip: hearing aids (28 in all), tubs of specialized clays and 3,000 batteries. “I wish I had another hearing aid to give him,” she says, “because I’m sure it would help that side, too. But I just don’t have enough.”

Luis, though, is anything but disappointed. He cannot hear her, he cannot understand her, and he would not care anyway. He is, at this moment, the most excited soul in all of Obras.

The time has arrived. Bargen runs a small plastic tube through the clay mold, then affixes the other end to the hearing aid. She fits the earpiece in Luis’ left ear, then secures the amplifier behind his ear.

“OK,” she says, “we’ll turn it on.”

She gently touches a switch and says, “Luis? Can you hear me?”

And there comes a smile, the biggest, broadest, happiest smile you can imagine.

Aunt Isabel says a few words, and Luis turns to her, hearing his aunt’s voice for the first time. He cannot stop smiling, but when he turns back toward Bargen, Isabel’s face drops just a little. It seems she is processing the reality of the situation: Her charming nephew has never heard language, and there won’t be hordes of professionals swarming through their little hometown to teach him to speak and comprehend Spanish.

I turn my attention from the aunt and instead focus on Luis. It is good to be young, when everything is exciting and troubles do not extend beyond the moment. Luis showers us with hugs. We are rich.

One person on our trip does not avoid the heartbreak by looking away.

While inspecting a clinic site during the slow week before most of the KU group arrived, Algarra and his wife, Kim, stopped for lunch in a tiny restaurant in a tiny village. Nick, a friendly, bilingual conversationalist, saw a 10-year-old boy sweeping up. “I asked him why he wasn’t in school,” Algarra says. By the time their meal was done, the Algarras were following the boy across the street and up a dirt path between plots of scraggly corn.

A few hundred yards back from the street, they entered the family home: a tiny strip of dirt and mud, a few tin shacks, sick and shoeless children. By the time he left Guatemala a week later, Algarra had enrolled all of the school-age children in the local school, paid their tuition and fees (40 quetzales a year per child, or about $5), rounded up medicines for a girl with an infected ear and a boy who suffers from seizures, and delivered clothes and toys. Each time he took along others from the KU group and with every trip the shock worsened and his affection grew.

“I just took my own children out shopping for their school supplies,” Algarra said from his Lansing home a week after our return, “and I got this terrible twinge ... these outrageous prices for the shoes my son wanted, I realized we could send all of those kids to school for a year, or buy all of their school supplies for a year, just for the price of these shoes.”

The extended Lopez family of San Lorenzo de Cubo consists of 12 children, two mothers (they are sisters), and at least one grandmother. There are no adult males. Their horrifying condition will stay with all of us who visited, and their plight was one of the most educational, broadening experiences of the entire journey. But it was not everything.
Algarra, a nurse anesthetist who recently retired from the Army, says he enrolled in medical school because he simply wants to know more about the things he is already doing. While overseeing anesthetized patients in the operating room directed by surgeon Julie Wei, he was offered countless learning opportunities.

“To me, surgery is beautiful,” Wei says to the students who have gathered around her during a challenging ear operation. “It’s like a dance.”

In the next room, other students are watching surgeons Doug Girod, Keith Sale and Andrew Celmer work their way through a delicate operation on an elderly woman with a cyst—or so it was thought—on her neck. In this case, the hospital’s antiquated imaging equipment did not reveal what would have been easily detected at KU: Her cyst was, in fact, a slow-growing tumor attached to her carotid artery. Any attempt to remove the tumor would risk extreme blood loss, and would likely not be attempted in the States, either. She is sewn up with the growth still on her neck, the only operation of 62 that did not go as planned.

During four days of outreach clinics, the KU team saw nearly 500 patients, and countless medicines were dispensed by Matthew Caldwell, PharmD’03, a pharmacist and first-year med student. Logistics were flawless, and even a grand banquet came off with flair.

The credit goes to KUMC International Outreach, a 2-year-old student group that has organized only one previous trip, last spring to Belize. Cowan, the group’s president and the trip’s principal organizer, says the group must rely on first- and second-years, because no medical student will have time for the endless hours of organization and fundraising by the third year of school.

“This was a full-time job for Doug for six weeks,” Girod says, “and it was half time for the previous three months. It’s absolutely incredible, the amount of work that went into this. Now the key is to find someone to pass the baton to.”

Algarra, for one, plans to return. He and his family will visit Antigua during next year’s spring break. He plans to deliver plenty of clothes and toys for the Lopez children, and bring enough money to pay for another year of school and supplies. He says he also plans to find a social service agency that will help him locate a small plot of land where proper housing can be built, and the family can make payments on an actual home of its own.

The children seem to sense that their American friend’s commitment is real, because as we start the car on the street down the hill from their disheveled home, they wave and smile and say something about next year. We, too, smile and wave, until Algarra translates a small boy’s final shout to us.

“He said, ‘Next time you come, please bring me some pants.’”

We fall silent, pondering this last plea of hope. Not for surgery, not for medicine, not for housing or school.

For pants.

Cowan was right: We leave with an empty feeling.

Editor’s note: This story and photographs are collaborations between Kansas Alumni and KU Med, the official magazine of KU Medical Center.