

The Presbytery of Middle Tennessee

Guatemala Peten Partnership Task Force

Medical Mission Trip Report 12-19 July 2022

This document is a report of the July 2022 trip, but may also serve as a template or manual for future trips to Guatemala or elsewhere. We have no pride of authorship, and if another church in our Presbytery wishes to use, for example, our successful Covid mitigation protocol, to God be the Glory!

This is a lengthy document, and those who wish to read only how lives were changed, please skip to pages 8-12. For those interested in risk mitigation, pages 13-14

Background

The Presbytery of Middle Tennessee's Guatemala Peten Partnership Task Force has several ministries, all for the benefit of the villages in which are located churches of our partnership presbytery, the Presbiterio de Q'eqchi Peten. (the PQP). Middle school scholarships, theological education and leadership training for the pastors, and women's empowerment, were not addressed on this trip, but are equally emphasized in our Presbytery to Presbytery partnership, at the request of the PQP. They were addressed in person with the PQP executive committee on an administration trip by teaching elder John Hilley, EBPC, ruling elder David Carlton, 2nd Nashville, and ruling elder Barb Hall, EBPC, in May 2022. They also carried down, in May, 100 obstetrical kits for 100 deliveries, to the two Q'eqchi midwives in the PQP, Cristina who lives in Chinatal, and Nohemi, who lives in San Juan Acul.

It is the task force's perspective that it is God who saves souls, not us, the Ambassadors of Christ. So the overarching purpose for the 12-19 July 2022 trip was to glorify God, by lifting up the local Q'eqchi Presbyterian churches and their pastors, through our offerings of the ministries of presence, integrated trilingual worship, recreation, promotion of Spanish literacy (the lingua franca of Guatemala), instruction in disease prevention, readers, flouride varnish, toothbrushes, water quality tests, nutrition education, and medica (eyeglasses) consultations and prescriptions. None of these ministries were comprehensive, but the communities we visit expressed mutuality with us, and we hope feel less isolation, as a result of our visits. And we hope we lifted up the pastor and his church among the community members outside his church. It is my observation that communities in third world countries are suspicious of leadership. Therefore we have in my opinion an obligation to support those called to be a pastoral leadership.

Because of the 2019 request of the Presbiterio de Q'eqchi Peten, we brought a mobile medical clinic to four villages with PQP churches in 2020: Tamariz, Chinatal, Nuevo Canaan, and San Benito. In October 2021, for the July 2022 trip, the PQP chose churches in four different villages: Valle Nuevo, San Juan Acul, Las Colonias Las Pasion, and Sexan II.

Leaders

Lavona Russell, ruling elder EBPC, was our and daily operations organizer and planner, data collector, and bursar. Dr Ann Carter was the chief medical officer. Guatemalan Ruth Schmutz arranged for ground transport, hotels, and meals, using the hotels and one of the drivers Mike has vetted. Mike Magee saw his role as assembling both the gringo and Guatemalan teams, its leaders, and translators, painting the broad strokes, communicating clearly, and being personally responsible for getting every one back home safely. Gonzalo Macz is the president of the executive committee of the PQP, Ricardo Chun is the executive presbyter, and Juan Andreas is the treasurer.

Team members

Thirteen gringos were called by God to Guatemala as Christ's Ambassadors: Lavona Russell and Mike Magee from EBPC, Pastor John Smith and Sabrina Cook from First Dickson, Adrienne Johnson and Margaret Ann Trail from First Lebanon, Cindy and Baird Dixon and Susan Brantley from 2nd Nashville, George Dent from First Tupelo, Dr Ann Carter from Knoxville, and retired PCUSA missionaries Richard and Debbie Welch from Spokane. Shortly after our arrival in Guatemala, we picked up 13 Guatemalan team members, most arranged eight months previously: four professional translators, two PQP midwives (Cristina and Nohemi), three PQP pastors (Juan Andreas, Gonzalo Macz, and Ricardo Chun), Abner Chun (Pastor Ricardo's son), two drivers, and Ruth Schmutz, co-mission worker and representative of the Guatemalan National Church (IENPG), and PRESGOV, the arm of the National Church that partners with presbyteries and churches outside Guatemala for short term mission trips.

Our professional translators were in every way part of our team,
as were our drivers

Professional S->E translators

Rubenia Pérez

Moises Pérez

Lesbia Lopez

Willy Alonzo (also fluent in Q'eqchi)

Volunteer S->E translators

George Dent

Richard Welch

Ruth Schmutz

Debbie Welch is fluent but translating is not her forte

Drivers

Rafael (knows a little English)

Elias

Volunteer Q->S interpreters

Pastor Ricardo Chun

Abner Chun

Pastor Gonzalo Macz

Pastor Juan Andreas

Midwife Cristina (she understands Spanish but translating is not her forte)

Midwife Nohemi

Daily schedule on the four clinic days

7:00 am breakfast, 10-minute scripture based devotion by a different team member each day during breakfast

8:00 depart for village

30 minute worship upon arrival

3 hour morning clinic

Lunch in shifts served by village cooks

3 hour afternoon clinic

4:00 pm departure each day to return to hotel

7:00 pm supper, “Thorns and roses” debriefing by Pastor John Smith after supper each day

Order of Worship

Pastor John Smith led a short worship before the clinic at each of the 4 villages

Opening prayer - local pastor

Opening hymn - local villagers

“Words of encouragement” - Pastor John

“Minute for mission” health education - Lavona

Offering – Pastor John presents the local pastor an envelope of offerings from the gringos, a soccer ball, a Spanish manual entitled “Where there is no doctor,” and 6 books to seed a library for young children

Closing hymn – gringos sing what they practiced on the bus, accompanied by Richard’s banjo

Closing prayer - Pastor John

Itinerary

Day 1 Arrival in the airport in Guatemala City, onboard two translators, bus north to hotel in Coban.

Day 2 Scripture devotion. Coffee farm tour and zipline in morning, on board Ruth, two translators, and the Welches, bus north to Sayaxche, where we onboard 6 Q'eqchi partners

Day 3 First mobile clinic in Valle Nuevo, 1.5 hours west of Sayaxche, home of recently deceased Q'eqchi midwife Patrocinia, home of her widower, Juan Andreas, treasurer of the PQP. The well water in this village is heavily contaminated by coliform bacteria.

Day 4 Tour of Sayaxche public hospital, acquired contact information for the medical director whom we met, and the social worker who gave us the tour. Second mobile clinic in San Juan Acul, one hour west of Sayaxche, the home of the president of the executive committee of the PQP, Pastor Gonzalo Macz, and of midwife Nohemi. The water is piped in three days a week, and we were there on one of the no-water days so could not test it.

Day 5 Third mobile clinic in Las Colonias Las Pasion, 30 minutes west of Sayaxche. The water was piped in from Sayaxche, and tested negative for bacteria. The pastor of this church was seriously ill from an impacted common bile duct stone, but no surgical specialists are available in Guatemala. So his son led worship, and he died shortly after our visit. We felt pretty helpless.

Day 6 Three hour bus ride south of Sayaxche, then turn east, and a 30 minute (one mile walk) east at the end of the road, to Sexan II, for our final mobile clinic. This village has never had a mobile medical clinic, and all the children were barefoot (in the mid). The gutter collected rain water in this village is also heavily contaminated by coliform bacteria. The clinic was abbreviated because of the long commutes, and the desire to be back on the road before dark. The day length does not vary much at this latitude. Two hour bus ride to, and night in Chisec. The six Q'eqchi partners are returned to Sayaxche in the second bus.

Day 7 Scripture devotion, Bus ride to Coban, to drop off two translators and Ruth Schmutz, purchase coffee from the family farm of a translator we met two years ago. Bus ride to Guatemala City. Welches and two translators continue with us to Guatemala City.

Day 8 Scripture devotion. toured cathedral, Central Plaza, Central Presbyterian Church, shopping, depart from airport

Operations

The mobile clinic at each village was, as on prior trips, set up in the church sanctuary, two triage tables at the front door for vital signs, obtaining a short medical history, and urine dipsticks if needed. Three medical consultation tables were spread along the walls of the sanctuary, and two “pharmacists” shared the table of our medication inventory. Each table had a pair of translators, Q’eqchi to Spanish and Spanish to English. Ruth facilitated the flow patients from triage to doctors and NP.

There were two stations outside the sanctuary in the shade: one for readers, and one for the children. Children were attracted to their station with a bubble wand, balloons, Richard’s banjo, and a soccer ball. We read to them from one or more of the children’s beginning reading books in Spanish, with pictures, and gave them coloring books with a disease prevention theme. We applied fluoride to those aged 5-16, and passed out toothbrushes after their use was demonstrated.

Illnesses seen

Statistics show everyone in the villages have worms: ascaris, trichuris, or enterobius. Most are asymptomatic, and in the absence of shoes, hand, and latrine hygiene, they quickly become reinfected after treatment. But we assume everyone with any GI complaints, not clearly related to acid reflux, has worms. So we prescribed a lot of worm medicine, either albendazole or ivermectin. Almost no one has ever had penicillin, implying almost no allergies, and no drug resistance, so amoxicillin was our go to antibiotic for almost all infections. Acid reflux, hypertension, iron deficiency, dehydration headaches, back strain, BPH, prostatitis, vaginitis, smoke irritated eyes, and diabetes were common, as were bladder and respiratory infections. A ten-year-old had his thumb almost severed by a machete he was using in the field three weeks before our arrival, and it was repaired surgically at the hospital an hour and a half away. They were grateful we had scissors and a hemostat to remove his sutures and save him a trip. I referred the pastor with an impacted common bile duct stone, and Dr Ann referred a lady with a breast mass to the hospital we visited in

Sayaxche, as a result of our new contacts there. A separate hospital visit report composed by Susan Brantley is attached.

Metrics including all 4 clinic days

310 medical consultations

930 prescriptions

228 fluoride varnishes

500 toothbrushes

400 health coloring books

140 readers

Seed library of books on health and Bible stories, 6 books per village

1 soccer ball and pump per village

1 manual on health care “Where there is no doctor” in Spanish per village

1 hearing aid per village

100 obstetric kits for the 2 midwives in the Presbytery (delivered by the administrative team in May)

Future

There has been on-going conversation about providing a scholarship for a Q’eqchi member of the PQP, who has graduated from high school (a rare event), and who wishes to go to nursing school. We might have located a candidate for this, more on this later.

There is within the task force a conversation as to whether to provide ongoing financial or other support for the PQP midwives.

We plan to purchase and deliver two 2 gallon microfilters to the two churches with contaminated water, Valle Nuevo and Sexan II. Each of the four filters costs \$56.00.

Reflections

Below are reflections of a few of the 13 gringos on our trip, and one of our Q'eqchi partners.

Pastor John Smith, First Dickson, acting pharmacist:

At the first village, getting to spend time with the kids, and playing soccer with them, helped me to connect with that region in a way that merely hearing or reading about it never would. At the last village the pastor shared with me that no one had seen a doctor in over 10 years. It left me unable to speak when I realized the good we were doing. Having local people staying with us and working alongside of us really brought home what mission in partnership looks like. Being able to speak to and work alongside local pastors is a blessing I wouldn't trade for the world.

Sabrina Cook, NP, First Dickson, medical consultations:

I was spiritually refreshed by many moments of this trip. This was my first mission trip, so the days were extremely busy taking care of business. This was touching with every interaction, just knowing that we all went in faith and were received with warmth, love, and food. The last day was the most impactful as I had some free time to interact with the village women and children. I was sitting there with the group, and we were laughing, and then I heard a woman behind me say "God bless you" in English. I turned in surprise. That was the only English she knew. I could feel the presence of Jesus in that mountain top moment. I also felt God's presence at the first church when Pastor John was speaking, when he said we are all part of the same church no matter where we are located, and here I was sitting in a remote church in Guatemala among new friends. There were many

special moments, especially being with this amazing group of people who showed me love with many interactions. I loved this whole trip.

Adrienne Johnson, First Lebanon, acting dental hygienist: We applied 228 fluoride varnishes in 4 villages, and distributed 500 toothbrushes. I would say that for me and possibly for all of us this was a walk in faith, a spiritual reawakening. So much love, so much caring on all sides and a feeling of finally doing what God asks us to do on this earth. On the buses and elsewhere we the gringos and our Guatemalan companions shared our life stories, some difficult memories stirred up by situations so different from our daily lives. We were all forever touched by the welcome we received from a people who did not even speak our language or know very much about us. We were bound together by the love of Christ. The children were adorable, very easily entertained. They all loved the group countdown that we instigated to make sure each child kept his or her mouth open for 20 seconds after applying the fluoride. After asking each child their age, I would occasionally ask them to guess how old I was. Most giggled and said they didn't know, one said I was 30 and another said I was 80, so I stopped asking. It was very beneficial to know just a few key phrases, pertinent what one's role was, in Spanish. One little girl, Wendy, followed me back to the bus. And at the last church, about a dozen kids followed us on the whole rocky, muddy mile to and from the church. Our interpreters were so much more than interpreters. They carried our bags, they held on to us on the rocky, swampy road. Lesbia insisted on holding on to me the whole way to and from the church. I would have been a sorry sight without her. The more I got to know our guides, the more I appreciated them.

Margaret Ann Trail, RN, First Lebanon, triage nurse:

Seeing the villagers coming down the muddy path to greet us and carry our gear, having them escort us back to the bus, and the

bonding with our team, 1/2 of whom I had never met, took my breath away.

Susan Brantley, 2nd Nashville, acting triage nurse

I thought we had a really great team- we worked well together and had varied gifts that made significant contributions. It was a really good trip. I was thankful to go back into villages where I had visited before. It was nice to see some change – concrete walls on the churches, metal roofs

Some experiences that touched me:

- I thought our two student translators- Lesbia and Willie- were very effective. They were so eager to assist, good attitudes, and so helpful. Willie assisted me in triage and his ability in all three languages was remarkable. He was very compassionate as well.

- I was encouraged by our hospital visit in Sayaxche. We were very welcomed by the social worker and the administrator. I thought it was very supportive how the laboring women were together in a large room as they prepared for delivery. I hope this connection can help our Q'eqchi brothers and sisters.

- I believe it was San Juan Acul, an elderly gentleman approached the triage table with a big smile on his face. Willie and I began the intake, it went smoothly. I asked about his primary complaint, and he responded - everything is great!

- it touches my heart to see the teen boys in the villages and their affection towards each other. They have their arms around each other, sometimes their fingers laced. It is a welcome sight compared to what I am accustomed to in my middle school work.

- I was encouraged to see electricity and church improvements in Valle Nuevo.

- it is heartwarming to see the smiling faces of the children, their eagerness to participate, and their curiosity.

Baird Dixon, 2nd Nashville, acting optician:

Our bus driver Rafael served as my translator. We were a good team. But I learned to plunge in, use some sign language, and was able to converse without knowing the language. It was wonderful to see the women smile when they could finally see to sew....a big deal for them in these villages. The men, like men everywhere, kidded each other about getting glasses for the first time. Then I'd get huge smiles from them too. It was very gratifying work. 140 readers were dispensed among the four villages. My biggest 'sellers' were the 1.5 and 2.0 diopters. Like everyone else I was moved by the villagers showing up out of nowhere to help us with our medical luggage. In particular, I remember a young woman who appeared, barefoot, and put a couple of huge medical suitcases on her head with complete grace, while the Americans huffed and puffed the whole way.

Cindy Baird, RN, 2nd Nashville, acting pharmacist

I will have to say, this was the hardest thing I have ever done, and it definitely pushed me out of my comfort zone. The biggest thing that took my breath away was the extreme poverty. Even the poorest people in the US live better than most Guatemalans. That being said, I was amazed at the sense of community and their strong spirit in such dire circumstances. The children were able to laugh and play without any toys or electronic devices. A lone soccer ball, coloring books and bubbles kept them entertained. Something our children could learn.

George Dent, First Tupelo, experienced LWW volunteer, lead many LWW trips to Guatemala, translated for pharmacy, was the fix-it person, and water tester:

Great experience. Learned much and experienced more.

Dr Ann Carter, medical consultations:

The trust the Q'eqchi placed in the gringos, and getting hugged by 10-year-old Wendy, touched my heart.

Lavona Rusell, coleader, ruling elder EBPC:

“In addition to all the amazing experiences, in meeting our brothers and sisters in the Peten, it was wonderful to work with such a dedicated group of Christians from the US – most from our own presbytery – and feel connected to them as a result of working together.”

Abner Chun, is the 26-year-old son of Pastor Ricardo Chun, who is the executive presbyter of the Presbiterio de Q'eqchi Peten:

“Yo, Abner. Desde Sayaxché Petén, les deseo a todos un feliz retorno hacia Tennessee. Las 4 jornadas médicas fueron un éxito total en cada comunidad y satisfacción en cada congregación del Presbiterio. Muy bien echo, se les agradece de todo corazón. Gracias por demostrarnos del amor de Cristo. Muchas Bendiciones! Dr Mike y Hermana Lavona.”

Translation:

“It is me, Abner. From Sayaxché Petén, I wish you all a happy return to Tennessee. The 4 medical days were a total success in each community and satisfaction in each congregation of the Presbytery. Very well done, thank you from the bottom of my heart. Thank you for showing us the love of Christ. Many Blessings! Dr Mike and Sister Lavona.”

Abner Chun is our first potential nursing school candidate. He says his first year of nursing school, in Santa Elena which is an hour and a half motorcycle ride away from home, costs Q

500 a month for 10 months, and his three textbooks cost Q 500 each. Q 500 = \$65.

Violence risk mitigation

As with prior Presbytery of Middle TN short term trips through Guatemala City to the rural Peten, we encountered no evidence of violence. The gangs don't seem to care about the impoverished rural Peten to the north of Guatemala City, and we do not travel through or to the western foot path between Honduras and El Salvador to the south, and Mexico to the north. Nevertheless, we were as careful as we would be in downtown Nashville or Memphis. We wore no jewelry, wore muted clothing, and when in the cities, tried not to act like tourists. We also did not get out after dark, except across the street to a restaurant and back. Everyone was assigned a buddy with whom they never lost sight.

Covid mitigation

We had two equally important goals: 1. that all 26 members of the US and Guatemalan team return home healthy, and 2. that we not introduce Covid to the rural communities.

All 13 on the US team came back healthy and Covid test negative, except Dr Ann who became Covid + the day after our return, though her symptoms were minimal and she has recovered. I think she got infected on the trip from the US to Guatemala. As you know it takes a few days to turn positive after infection. I have not heard from everyone on the 13 member Guatemalan team, but the five I have heard from are also all

negative. We took a lot of Paxlovid down with us, but no one had to take it.

Covid prevention and survival protocol

1. We at first had 15 US team members. We mandated that all have 4 vaccines, or 3 vaccines and one Covid test + illness. Three former of the 15 dropped the trip I believe because of this, but we recruited two more. So then we had 14.
2. We mandated that everyone have medical evacuation insurance.
3. We delayed our trip from March to July because the Covid cases were escalating in both Nashville and Guatemala at the time.
4. Although not required for the vaccinated anymore, we mandated Covid tests two days before departure from the US, because you can be an symptomatic carrier, even if vaccinated. One of the 14 team members tested positive. So we were down to 13.
5. We mandated masks in each airport and on each plane ride, even though a US court overturned the mandate advised by the CDC.
6. We let no Guatemalans on the bus unless they agreed to test with kits we brought, and were negative.
7. We took temps daily for all 7 days on both the 13 member US team, and the 13 member Guatemalan team, at breakfast. If anyone had fever or symptoms we were going to test them before they could get back on the bus. None had fever or a sore throat.
8. We mandated masks and open windows for both buses. It is not what I would have liked, but we segregated the bus between the Guatemalan team, and the US team, to protect our partners. I placed myself as the only Gringo in the Guatemalan bus.
9. We did not mandate masks in the open air, 90-100-degree-in-the-shade mobile clinics, but most wore them anyway (except for photos), to protect the patients.
10. We asked everyone to test when they got back home, so if they were positive, we could ask the Guatemalan team to test
11. All 13 of the US team tested after returning home, but I only have 5 results since we returned, from the Guatemalan team. All negative but Dr Ann. Because of the timing of her positive test, I think Dr Ann got infected in the airport or plane coming from the US. I do not think she got it in Guatemala
12. Although one translator from Coban dropped out the day before our arrival because he tested positive, and our host pastor in Coban turned positive

the day after we left him, we tested all the Q'eqchi patients in the 4 remote villages, who had a sore throat or fever, and none were positive for Covid. So it is a fair assumption that Covid is in urban Guatemala, but not in the remote rural areas we served.

One could say we were lucky, or that God's Spirit protected Christ's ambassadors from our Presbytery, but we would like to think our precautions also successfully helped protect us and our Guatemalan partners.

Our next medical mission trip

We are planning this for March 2023. At this point, those who commit will decide the dates. Some have requested that we spend one night in the resort city of Antigua, and maybe worship in the Central Presbyteriaen Church in Guatemala City. Some have requested we go back to the fourth and neediest village, Sexan II, either one or two days. Another suggestion is we have one person to shepherd all the luggage to be sure all is accounted for and loaded on the bus at the airport. Another is the pharmacists could work in shifts instead of 6 hours in a row. It would be nice if a dentist can go, because we did see abscessed teeth. A couple of folks suggest if the partners are open to it, provide suggestions for improving their latrines.

We have decided after this trip we can only accommodate 13 gringos. Of the 13 who went this July, 6 are committed to returning, three want to but are not able to come, one is a maybe, and three have not gotten back to me yet. So we estimate we will need to recruit at least five from the Presbytery of Middle TN congregations to join us next March. In view of the attrition rate of four who purchased tickets and could not go this year, we might need four on standby to take the place of those who commit but are unable to go because we have to change the dates, or they get sick before departure.

To God be the Glory

Mike Magee
29 July 2022