Community of Christ
HEALth MINISTRIES ASSOCIATION

HEALING HEARTS HERALD

Fall 2006

REPORT FROM GUATEMALA

By Kristen Batty, Medical Student

By the end of my 3rd year in the College of Human Medicine, I felt that the specialty of family practice would best allow me to pursue my interests in working with underserved populations and delivering community-centered health care. I had had an excellent experience during my 3rd year clerkship in Family Practice, spending 4 weeks at a Community Health Center in urban Grand Rapids. However, it became apparent to me during that rotation that in order to work most effectively with these populations, especially with the changing demographics of our country, it would be better if I could communicate in Spanish. In addition, I wanted to take some time before residency to use some of the skills I had learned to do some service work in another country. I decided that a leave of absence from medical school was the best way to accomplish these goals.

Via an internet list serve, I came into contact with an organization based in Independence, Missouri, called the Health Ministries Association (HMA). In recent years, HMA had taken up sponsorship of a nurse, Ruth Humbert, who was involved in community-based health care on a full time basis in the mountains of central Guatemala. I chose to work with HMA and Ruth because they were dedicated to a long-term investment in the region, they were flexible and it seemed like Ruth really needed some help. I could be of use. I found HMA to be stable and its members committed. We agreed that I would work for 6 months with Ruth, beginning in January 2006. HMA also provided me with a scholarship to cover some of my living expenses.

Immediately prior to my leaving for Guatemala, I went to Independence. At the request of HMA, Ruth and I completed a week-long training course in human development with a larger, secular, non-profit organization called Outreach International (OI). We completed the training and co-wrote a grant called *Shifting Realities: Empowering Guatemalan Communities through Participation*. About 2 months into my stay in Guatemala, we received word that our grant had been approved. Ruth's activities would now be sponsored by OI for the next 3 years, with continued support from HMA.

I left for Antigua, Guatemala a month prior to Ruth so that I could take an immersion course in Spanish. When Ruth arrived, we started working and what little Spanish I knew was immediately put to use.

We spent much of our time in Guatemala going to small communities in rural areas that received little or no health care. Each month, we worked in about 10 different communities, most of which were Mayan. Guatemala is unique in Central America in that it has a large indigenous population; about 50% of the people are Mayan. The other 50% are of Spanish descent, called Ladinos. Traditionally, the Ladinos have lived in the cities and the Mayan people in more rural areas. However, as available land for farming has declined, more Mayans have had to emigrate to cities, leaving their traditional agricultural lifestyle. Despite that, most of the rural population remains Mayan. Most of our patients spoke Spanish but we occasionally needed a translator to translate from Spanish into one of the 23 different Mayan languages that are currently spoken in Guatemala.

When went to a community, Ruth and I each carried a large backpack filled with medicines and other supplies. We held open clinics and provided medicines as we were able. The care that we provided was very basic: primarily analgesics, antibiotics and stomach medications. We had no access to laboratory tests or imaging studies. And, we knew that many of our referrals would not be followed up on, simply because the people could not afford it. More than once in my time there, Ruth paid out of her own pocket to send someone to a hospital.

Breast Cancer Awareness

By Kelly Thomas, B.A., RT (R)(M)

Each year, more than 212,000 women are diagnosed with breast cancer and over 40,000 women will die from this disease. Breast cancer is not preventable but is curable if detected early. The best defense against this disease is early detection. A woman should have her baseline mammogram performed any time between the ages of 35-39. This exam provides a basis for all future mammograms to be compared. This enables the radiologist to detect any changes in the breast tissue. A screening mammogram consists of two images being taken of each breast. Compression is used on the breast because the breast tissue is like raisin dough bread. The better the tissue is separated, the easier it is to see into the tissue and provides less radiation dosage to the patient. The compression should be snug but not painful. If it is painful, let the technologist know so she can reposition the breast tissue so a high quality exam can be obtained.

Beginning at age 40, a woman should have yearly mammograms done along with a clinical breast exam by her physician. Each month a self-breast exam should be performed. This should be started by women when they are in their early 20's. This will help find any early lumps and can aid in early detection. Always check your breasts after the onset of your menstrual cycle as the breast tissue is less dense. If you are post menopausal, pick a day of the month and check your breasts on that date.

If a lump is found, check the other breast as each side should be lumpy symmetrically. If this is a new finding, document the location and size and call your doctor. The doctor may ask to have a mammogram along with an ultrasound. Ultrasound is used as an additional diagnostic tool to determine if a lump is solid or fluid filled.

When choosing a facility to have your mammogram, make sure the facility's equipment is FDA and ACR accredited and specializes in mammography. These certificates are issued to facilities that perform high quality mammograms and meet the strict standards set forth in the Mammography Quality Standards Act. If you are satisfied that facility performs high quality mammograms, continue to have your mammograms done there on a regular basis. If you must change facilities, request your previous mammograms to be sent to the new facility so they may be compared to the new exam. If you have sensitive breast tissue, schedule your mammogram after the onset of your monthly cycle. Also, Tylenol may be taken before the procedure. Avoid caffeine intake and increase vitamin E to decrease breast tenderness. Do not wear deodorant, powders or creams as these products may interfere with the quality of the procedure. Keep a list of all the facilities that have performed prior mammograms, any breast surgeries or breast treatments you have had. The results of your mammogram should be available to you the same day of your examination.

Remember, breast cancer is not preventable but if detected early, it can be cured. Take a friend, plan a lunch date and have a mammogram. You may just save a life and it might be your own.

(This information has been formatted as a Bulletin Insert and is available for downloading and using in your congregation's Sunday Bulletin. Go to www.CHM.HMACofChrist.org.)

PNA Nursing Scholarships Available Through Graceland University

USA applicant must be:
A member of Community of Christ, minimum 3.0 GPA, file FAFSA form, enrolled in last 2 years of nationally accredited BSN or graduate nursing program. The award is $1,000 with $500 given the jr. year and $500 the senior year. College transcripts and 3 letters of reference required (one from an instructor, one from an employer, and one personal reference).

NON-USA applicant must be:
Enrolled in an appropriate nursing program in their own country, provide justification of need, provide 3 letters of reference including one from a Community of Christ apostle or other field missionary. Scholarship amount will vary based on nursing school fees.

Application deadline is December 1. Completed applications should be sent to Dr. Sherri Kirkpatrick, 1401 West Truman Road, Independence, MO 64050.

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Aside from hosting medical clinics, our other major duty was to prepare a group of Guatemalan Community Health Workers (CHW's) to provide basic health care for their communities. There were 6 CHW's ranging in age from 26 to 46. Each of the 4 women and 2 men had families and lived in rural communities of less than 1000 people. Ruth had chosen a book, "Where There is No Doctor", to focus our classes around. We met once or twice a week to go over chapters, practice physical exam skills, teach dosing calculations and, of course, give exams. Then, on our clinic days, we had one student come with us to gain hands-on experience. The students were hard workers and delightful people. However, the class was challenging to teach. Only 1 of the 6 had beyond a 6th grade education. Most did not know their multiplication tables. Their reading was at about a 6th grade level. Both Ruth and I had to modify our expectations. We were training them to be CHW's after all, not RN's or MD's. Despite these challenges, they learned quickly and when I left at the end of June, they were well on their way to being independent. For me, that class was the heart of my trip to Guatemala. I got to know the students and their families. I saw firsthand the poverty and malnutrition from which their communities suffered. They were kind and patient with my Spanish. We laughed together. They taught me what is to *live* in Guatemala.

Participating for an extended period in international service work provided me with unique opportunities. First, I was able to see diseases that I had previously only read about. Most of our patients had had little or no health care in their lifetime. Therefore, I saw pathology on a daily basis that would be unusual in the U.S.. Second, this experience allowed me to see the patients in their own community. Nothing puts a complaint of neck pain into context like seeing your 95 lb, 68 year old patient carrying 50 lbs of wood on her head. Third, this experience gave me a responsibility that I will not have in the U.S. for many years. I worked most of the time alone with a nurse. We did not have a doctor to ask if what we were doing was right. I was no longer looking up diseases for an exam. I was looking them up for my patients. My decisions affected an individual, who I knew personally, in a way that they never had in the U.S.

I gave six month of service but I received lessons that I will carry with me for the rest of my life. Much of the health care that is needed in Guatemala is dictated by poverty, not pathology. Common health problems that we saw were parasitic infections, gastritis, and arthritis. These were all linked to community problems: unclean water, poor nutrition, alcoholism, unreliable transportation and strenuous manual labor. My experiences in Guatemala solidified my dedication to community health care and Family Practice. I look forward to beginning a residency in Family Practice in July 2007 and pursuing a career in caring for the underserved and immigrant populations.

If you would like to support this work, please call the HMA office at 816-833-1000 ext 2262 or contact Outreach International at 816-833-0883 ext 316

CONTRIBUTION AND/ OR MEMBERSHIP FORM

Information may be taken over the phone by calling 1-800-825-2806 ext 2262 Mon., Thurs., or Friday

Name_____ **Phone**_____ **Occupation**_____

Address_____

Email_____ **Signature**_____

Level of Membership: $_____Member ($25-$99) $_____ Sponsor ($100-$249) $_____ Patron ($250 & up)

Additional Contributions: $_____Onil Stoves/ Ruth Humbert support in Guatemala @ $100 each
$_____General Fund, $_____Missions Fund, $_____Chaplain Ministries, $_____Cong. Health Ministries

Payment Method: _____ Check *Please mail to:* Health Ministries Assoc. 1001 W. Walnut Independence, Mo 64050
___VISA___MasterCard #_____Exp. Date_____ Amt._____

Pledge amount: **$_____ monthly, $_____ quarterly. Will make by check____, Make by credit card____**

Ministry and Committee interests:_____

HMA MISSION

To promote health care to the underserved and those in need.
To advance health education enabling self directed care.
To promote wellness of body, mind, and spirit.
To network with others to advance health care.

HMA VISION

To increase sustainable health and wellness by providing services and ministries that express our Christian commitment and promote peace.

UP-COMING EVENTS

OPEN BOARD MEETING- January 21, 2007 9 AM at Temple Independence, MO

Health Team to Honduras- March 19-23, 2007 led by Bob Paschall, MD

HMA Membership Meeting with Election of Officers and Board of Directors- March 24, 2007

HMA Banquet- March 24, 2007

World Conference- March 24-31, 2007

Successful Strategic Planning

October 21-22, 2006 the HMA Board of Directors and leadership met with Revell, Inc to review the current environment of HMA and determine the future direction of the organization. Long term objectives, goals, and success criteria were outlined by the group with measurement outcomes identified. If you are interested in serving on a committee please contact Howard Braby, MD at 816-833-1832.

HMA is accepting nominations until December 22, 2006 for the new Board to be elected on March 24, 2007 at the World Conference Membership Meeting. Please submit all nominations in writing to: Health Ministries Association 1001 W. Walnut Independence, MO 64050 or online at HMA@CofChrist.org