Glens Falls Medical Mission - Why Go?

It all started with one physician who had family ties in Guatemala. Twenty-eight years later, the Glens Falls Medical Mission now draws volunteers from all over the world. They spend a week having paid their own expenses, getting time off work and leaving their families. Their team leaders, Antonella and Ben, manage everything so that the individual practitioners can quickly learn how to work with minimal equipment, language barriers, primitive exam settings and close to no advanced technology. The skills they’ve learned in their practices are their only tools for severe conditions such as pneumonia, abscesses, cancer, wounds, and failing organs. There are no X-rays, CAT scans, lab values, or MRIs - it all depends on a “gut” feeling to diagnose and treat. You leave Guatemala a different person as it changes your professional performance forever by raising your caliber of assessment and treatment significantly. As far as changing your soul, that happens instantly! The patients from these medical missions are eternally grateful for whatever you can do for them. A kind word, a warm embrace, a diagnosis or treatment plan - they are thankful for it all.

Patients walk for miles and sit for hours in the sweltering heat every six months to receive medical care. They walk through 10-foot armed and guarded metal doors to be screened by Karen and I, the first level triage nurses. This is the outdoor portion of the clinic, with some days being over 90°F and high humidity. Our job is to screen for communicable diseases, temperatures greater than 100.3°, and to prioritize high-risk patients. Temperatures greater than 100.3° were recommended to an offsite Public Health clinic, high-risk patients were brought directly to our clinics, and communicable diseases were isolated.

One of my first patients was an 18-year-old girl who had walked many miles, obviously sick, with her three year old child on her hip. Her temperature was 101.7°, so she should have been escorted out- but I just could not do it. She was younger than my own children with no support system, so I could not turn her away. I isolated her on a nearby hill when Hillary, my savior, called on fellow providers to examine her. Steve and Kathy approached with their PPE’s to assess and treat both of them. One had cellulitis and one had bilateral pneumonia. Next, one of our pharmacists climbed the hill to educate and bring medication to mommy and baby. Due to the mother and child’s degree of illness, there was no way for our dentist to provide care for them at the mission because of isolation standards. Out of the kindness of his own heart, he provided them with pro bono care through the clinic he works for based in the city.
When being a triage nurse, you learn to pick apart the details of every case. The lack of resources for those of the Nueva Santa Rosa area causes gaps in their medical history, some being as important as a Tuberculosis Diagnosis. A woman approached me with stable vital signs and nothing acute on the surface, but when a Nueva Santa Rosa local tells me they are allergic to Vancomycin…RED FLAG! I asked myself, “Where would she ever have been exposed to that drug?”. It just so happened that 15 years ago she was diagnosed with Tuberculosis. Once this information was brought to the surface, we began the isolation process again. Hillary inquired “Super Star Steve” for guidance. Steve, being back in his PPE’s, assessed and treated some of her complaints, but unfortunately could not rule out TB- so she was off to the hospital for further examination.

The most common issue this year was chickenpox. Every child was assessed for rashes; whether it be chickenpox, scabies, impetigo, or just a heat rash. Each one had to be assessed prior to moving past GO, but none of the rashes presented themselves like we were used to in the States. Hillary was in constant motion trying to keep everyone safe and the appropriate rashes isolated. It was evident that nursing was the first line of assessment, and the first protector of patients and staff no matter where you were in the mission!

Watching the clinics provide care was breathtaking. Tears were held back from physicians and nurses so that critical thinking could overcome situations such as the impending respiratory failure of a child. A child with tonsils touching, audible strider, and the inability to swallow laid in their clinic. Intramuscular medications were given and a treatment plan for the family was created to keep their child alive during this stage of the infection. Our Pediatric ER Specialist moved past her comfort zone of X-rays, CAT scans, intubation equipment, and IVs to figure out how to save a life with just her and her team.

Our dental clinic provides the necessary extraction of decayed teeth in the young and old, and prevents patients from impending infections. The clinic most importantly acts as an educational setting, where students learn from Professor Torres, or “Dr. Edgar”, about how to recognize infections, provide dental procedures, and manage care for a population that normally would not see a dentist or so much as own a toothbrush.

The general medical clinic had complex challenges from all realms much like the MedSurg nursing department back at home. Watching Ed, a veteran physician of the mission, perform a bedside removal of a foreign body in one patient’s leg was impressive. The debridement of a decomposing wooden splinter using his forceps and Dr. A’s Doppler was like a scene from a
movie. Once cleaned, stitched and medicated, this very appreciative young man could go back to work the next day to be able to support his family.

My most memorable interaction was a middle-aged man who presented a large manila envelope to me. I opened the envelope to find a terminal cancer diagnosis. He was treated in the U.S. and came to us for a hopeful secondary treatment plan. The labs, CAT scans, and physician’s notes all reflected an extremely poor prognosis. I knew there was nothing that we could do but continue to assess. With a blood pressure of 250/150s, I personally brought him down to the general medical clinic. Steve, a second year ICU PA, was in the middle of a noisy room overflowing with patients. He ordered the man some medication, referred him to a futile oncology consult per patient request, but spent 45 minutes of his day having a palliative discussion with my patient who needed someone to ask, “What are your goals, what are your desires for the rest of your life? How can I help you?”. Tears still well in my eyes knowing that my patient was treated with respect, compassion and kindness. I realized in that moment that our young medical provider would go on to touch many more lives with his gentle soul.

Nestor, our Psychologist, was nestled upstairs treating the patient’s souls, hearts and scattered thoughts. In just one session, he had the ability to inspire them to change. He held people accountable, acknowledged their pain and suffering, and guided them towards a healthier life. Nestor taught the skills to adapt and survive, because oftentimes, they were not able to escape the lifestyle that was causing them to suffer.

Our women’s clinic treated many infections, performed well visits, educated women on STD’s, pregnancy, contraception, and illness. There was a steady stream of women being treated with the utmost respect and kindness- something they may have never experienced before.

Pharmacy is the conclusion of every clinic. They titrated, packaged, educated and treated everyone. It was one of the busiest clinics I have ever witnessed, and they did not fall short to the challenge. As the title says, “Why Go?”. I asked myself this before committing to the mission- or more-so, my 41-years of experience as a bedside nurse. My skill set is solid, my patient feedback is positive, my comfort and confidence in my career is established. I decided to expose myself to conditions that I have, and never will experience as a nurse in the United States. The missions inspire me to take care of those who are unable to receive the medical care we provide back at home.
I’ve learned so many new skills working on these missions, for instance: being forced to navigate a language barrier and how to pay attention to the nonverbal signs. This is a skill that is easily forgotten when we treat those who can speak our language. Another skill I learned was treating patients with minimal technology. It forced me to be more thorough in my assessments and time spent with my patients. When a problem happens in these limited settings, you prioritize and work together as a team because we are the only resource for these patients. The teams that participate in these missions sleep, eat, play, rest and cry together. It deepens your soul when you lean on, support and listen to one another. These are all vital skills that I will carry with me as a nurse. I now strive to be the same nurse that I was on this mission at home.

As I have participated in two of these missions, I’ve grown to love the stories I bring home with me. The patients I encounter and their stories touch me on such a deep level. One encounter with a patient made me realize how important our work is to the community of Nueva Santa Rosa; after sitting in the 92°F heat for hours, a woman advanced towards my table. Even after five years, we both recognized each other instantly! She said, “I had to come to see you and Kathy”. My pen went down, and I melted in her remembrance. She explained how her 22 year-old daughter had passed away the year prior to us returning post-Covid. Her daughter had been very sick and was a long time patient of the Glens Falls medical mission. Every six months she was assessed, treated and given medication. I just so happened to be her nurse in 2019, and Kathy had been the doctor taking care of her daughter for most of her life. She came to give thanks for gifting 22 years with her beautiful daughter. That is why we go.