



## What One Student Saw

Mark Zobeck, MS2

In college, I embarked on the long road of becoming a doctor because I wanted to see the world. Not merely as a traveler or a tourist. I wanted to see what ailed humanity, to be intimately acquainted with the pain and suffering common to all men, and I wanted to see what I could do about it. Medicine seemed like the natural choice for me. I had seen it on TV, the trauma patient in asystole being miraculously shocked back to life by the ER physician, or the maxillofacial surgeons that could cure the world of cleft lips. I had read about it in books, about how Paul Farmer, founder of Partners in Health, spent most of his time as a student at Harvard Medical School doing public health projects in Haiti. It was with these images that I entered medical school at Paul L. Foster School of Medicine and began my training as a physician.

Naturally, when the school announced its second international mission trip to Honduras I jumped at the chance to go. I had gone on the trip last year, and this year's trip promised to be even bigger and better. We were more organized and better coordinated with our partners in the local Catholic churches in whose buildings our clinics were held. We also had a much bigger team: 27 medical students, three physicians, two UT Houston School of Public Health doctoral students, and one Dr. P.H. faculty from Paul Foster. Our plan was to hold four days of clinics, sending out 3 teams to different sites each day. To gain a better understanding of the local health system, we made time in the middle of the week to tour the regional hospital in Choluteca, the city where we were staying. The public health students, in conjunction with several MD/MPH students, developed a community health survey and set up interviews with local key informants to better understand the needs of the communities we were serving. The goal of this trip was to expand on the work we had begun last year.

The clinic days were arduous but rewarding. The rural villages where we worked each consisted of a church, a school, and a small cluster of houses. We would set up our sites in the church, oftentimes draping sheets from rope to form our "exam rooms". Medical students took turns triaging patients, consulting with them in the rooms, and working at the pharmacy dispensing medications. Third year students did a sizeable portion of the patient exams and supervised the first and second year students as they conducted their own. The whole team was lead by the doctor, who would sign off on patients and confirm the best course of action. The pathologies we saw were varied. The most common complaints were aches and pains of the "cabeza, hombros, y rodillas" (heads, shoulders and knees), which was no surprise given their chief industry is farming and their roads ride like a wooden

rollercoaster. Dermatological issues such as eczema, psoriasis, scabies, and tinea versicolor were also very common. More advanced pathologies presented themselves as well; in one day my team saw severe hemi-ataxia, club feet, large goiters, and infected diabetic ulcers. Each of our teams averaged over 300 patients a day (for a total of 3600 by the end of the week), which allowed us to see the full spectrum of medical problems.

At times it was hard not to feel overwhelmed by the amount of problems we saw. During the days, the people seemed to come in a never ending stream, telling us their problems, relating how they did not have enough money for the treatment they required, and asking us what we could do. The public health assessments gave us a clearer picture of the conditions these people face: long commutes to work, communities lacking water, electricity, or both, washed-out roads in the rainy season, and an inability to seek or receive major medical care. Even if people did have money, the regional hospital may not be able to help. Departments that would take up entire floors in U.S. hospitals have only one room in theirs; the gynecology department even told us they usually have 2 patients to a bed in their 20 bed room. Most departments didn't have IV drips, opting to push their medications instead. In the surgical ward, a hose attached to an overturned 5 gallon jug was used for wound irrigation. The lack of available healthcare was striking.

I had gone on the trip hoping to see the world. When I first looked around pain was readily apparent. The problems appeared so big, so rampant. Any help I had to offer seemed so small compared to the massive political, economic and social forces at work. I could feel cynicism clouding my vision as I saw nothing but despair. Was this really what I had been pursuing in medicine, to be a drop in an ocean of futility? I must, I thought, be looking at this wrong. It was only when I shifted my gaze from the problems to the people that the veil lifted. In their faces I saw beauty and I saw hope. I may not be able to fix this old woman's arthritis, but I can look her in the eye and let her know that I care. I can rejoice with her in her long, productive life. I cannot be frustrated at the mom who brought her six kids to the clinic; though they were obviously healthy, she made up illnesses for each one to get free medicines. She may not be able to afford them when she needs them, and she loves her kids desperately. Would I not do the same? The gentleman with the infected finger glows as we give him antibiotics that can send him back to work. I would be tempted to think of it as just one finger out of the tens of millions of fingers in Honduras, but to the owner of this finger it makes all the difference.

Continued on page 14

**What One Student Saw  
(Continued)**

I had gone on the trip hoping to see the world. I found that what you see depends on how you look at it. As physicians, our job is not only to see problems, but to see patients. We do not treat illnesses, we treat people. For now, I do not have much to offer that can fix the world, but to my fellow man, Honduran or otherwise, I can offer myself. We will see what that can fix.



*Caleb Janosz and Jay Jackson*



*Honduras Mission Team*



*Jillian Sanford*



*Andrew Matthys*



*Team Parsa*



*Nathan Yee*



*Public Health Team*

**Mark Zobeck, MS2, TTUHSC - Paul L. Foster School of Medicine.**