

## **Honors Enrichment Award: MEDLIFE Service Learning Trip to Tena, Ecuador**

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In Spring of 2020, my roommate and I founded a CSU chapter of the non-profit organization, MEDLIFE. Of course we didn't know it at the time, but this would be the worst possible year to start a club based around service learning trips to low-income latin american communities. At that point in my life, I had established medicine as a career goal, first to give myself some sense of direction (because "I don't know what I want to do" was a beyond terrifying thought), and second to satisfy my parents (because the word "doctor" minimized any concerns they had about my future). MEDLIFE is an organization that brings mobile clinics to low-income communities. It's distinct from many other "mobile clinic abroad" opportunities because it employs local doctors that speak the languages of the people, and it enrolls patients in a follow-up program if needed. This means that anyone diagnosed with a medical issue in need of surgery is referred to a hospital and given support to get the treatment they need, even after the mobile clinic has left town. College MEDLIFE chapters choose a designated service learning trip (SLT) each year (located in either Peru, Ecuador, or Costa Rica), and students get to assist in many parts of the clinic: shadowing doctors, practicing Spanish, and accumulating much-needed experience for their med school resumes.

Recruitment for our newly-founded club was difficult without prospects for travel, and when we finally were able to attend our first SLT to Cusco in the summer of 2022, we had a total of six travelers (three of which were the club officers). We were combined with a chapter from Oklahoma and one from New Jersey for the Cusco clinics. We had an incredible experience in the highlands of the Andes, serving hundreds of patients over the course of three days and helping a local family build their own greenhouse.

This year, the Honors Enrichment Award allowed me to attend my second SLT in Tena, Ecuador. It took an entire school year of outreach for the CSU MEDLIFE chapter to grow to seventeen travelers, all thanks to the efforts of the club officers and especially the president, Jamie Henry. Three additional non-CSU travelers from across the country (New York, Florida, and Texas) joined our group for the Tena SLT, and to my surprise, that was it: we did not combine with any other university chapters. I had confidence in the work ethic, cultural competence, and collaboration skills of our group, but I still had a lingering concern about the

number of Spanish speakers. We only had one native speaker and four with Spanish minors (including myself). The doctors and patients all speak Spanish.

The first day was the “reality tour”, designed to expose us to the normal life of low-income farmers in Tena. We walked past wooden houses on stilts, clotheslines threaded through open window frames, young chickens poking their heads through slats of the walls. The farmer walked us through the rainforest, showing the plants his community used to treat any various ailments: thick leaves that turned the mouth numb for toothaches, scarlet tree sap for wounds, and a small twisting plant that he claimed could cure cancer. The local school was a single building for all grade levels, and we played soccer and frisbee with the kids in the yard. Later, we ventured to another community to learn a traditional amazonian dance and the entire process of making chocolate from freshly-picked cacao. The community members showed us the



wildlife they kept as pets, including a monkey, red-tailed boa constrictor, and blue-and-yellow macaw. Throughout the day were also some harsh realities of life in the rainforest, including fire ants bites that drew blood, captive monkeys being forced to pose for photos, a vicious dog fight breaking out just ten feet from our group, and children’s toes sticking out the ends of broken shoes while we played soccer.

The next three days of the SLT, we hosted mobile medical clinics at three different communities. Our MEDLIFE leader rushed around to explain each station, but with the number of non-spanish speakers, communication skills were in high demand. My Spanish speaking was tested like never before as I translated between the doctors and students, directed patients between stations, and answered questions with no time to second-guess my grammar. With each station, I gained a deeper understanding of the medical and social issues afflicting the local people. At the triage station, I helped an old man step onto the scale as he struggled to balance on

feet twisted by chronic fungal infections. At the dentist station, a tooth extraction was performed on a girl using only local anesthetics, and she screamed and cried while the other children gathered at the doorway and watched with wide eyes. At the toothbrushing station, children with teeth mottled black and brown lined up to use a toothbrush for the first time, all smiles while toothpaste spittle dripped from their mouths. At the doctor station, a fifteen year old girl in denial discovered she was pregnant. At the OB/GYN station, an older woman with discharge from one breast and suspected breast cancer was referred to a hospital for further treatment, but she refused to leave her community despite the danger of her condition. At the pharmacy, we handed out antibiotics (for respiratory infections) and anti-parasite medication (for pinworms) to nearly every family with children. As a group, we served hundreds of patients over the course of three days in sweltering heat while wearing KN95 masks and PPE gowns. Many of us fought through bouts of heat exhaustion, traveler's diarrhea, and emotional distress, and I am so proud of what we accomplished over the course of one week as a group of CSU students.



During group reflections after the clinics, the girl from Florida (a bit of a loose cannon due to her lack of cultural competency) expressed the pity she felt for the communities. “It’s so sad,” she said, “that they have to live like this. It’s so hard to see their struggles, kids without toothbrushes and have to live in shacks for houses. I feel so bad for them.”

I’ve pondered over her words ever since. Yes, their reality was harsher, at least from our perspective, but I think this feeling of sadness only serves to reinforce the idea that our American way of living is somehow superior. It’s true that the kids face additional challenges in their community, and yet it didn’t stop them from taking my hand to teach me a version of tag, braiding my hair with bits of shiny string, and laughing at my goofy english animal

onomatopoeia (such as “oink oink”, “cock-a-doodle-doo”, and “woof woof”, just to name a few). There was no sadness in their bright, beautiful smiles. In contrast to the Florida girl, I left the clinics overwhelmed with gratitude. I am so happy to have seen and experienced a world so different from my own. I’m grateful that I breathed their tropical air, tasted the fresh fruits from their farm, spoke their language, heard their stories, and for all this that they shared with me, I was able to give back in the form of a free mobile clinic. Even though I no longer want to enter the medical field (sorry mom and dad), I want to research infectious disease, especially the vector-borne diseases that still impact so many low-income communities in Latin America. I will carry my SLT experience with me as I pursue my PhD in Cell and Molecular Biology.

