

A Day Up in Tablón

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8:00h

I had just returned to the clinic in Pifo when the initial excitement to my arrival quickly shifted to how I might be of use to the medical and nursing staff. In my still less than perfect Spanish, I expressed to the staff that I was only there that day to do my research, but Dr. Pati's begging eyes conveyed that the clinic really could not afford to send another staff member up to Tablón. *OK, ok* – I agreed – *pero necesito acabar mis encuestas cuando regresemos*. The *doctora* confirmed that there would be no problem with finishing my work and that we would return from the *campana de vacunación* before lunch time.

Five months earlier, I had first been integrated to the community of Pifo, a largely agrarian and rural *parroquia* pertaining to the far outreaches of Quito, Ecuador. That was back when I first arrived in Ecuador for my semester abroad, which allowed for my integration into a project already started by a fellow Boston College student and friend. My principal investigator on the project had explained to me his methodology behind public health investigation which bordered on ethnographic in its nature. I soon had integrated myself as a student with the *escuela de medicina*, wearing scrubs, contributing to a social outreach program for elderly folks, and shadowing medical students. Though I am still at least a year off from applying and entering medical school in the United States, the local staff and my professors overwhelmingly embraced my interests and participation. Our work centered on a research protocol dedicated to understanding how the public health system addressed the comprehensive needs of elderly care in this specific locality, and I further contributed to the

staff's needs, often through vaccination campaigns.

I struggled with my lack of experience and formal training. My expressed concerns over my administering of basic services like vaccinations were met only with confused faces. I still remember my first day of work when I initially refused to vaccinate a 5-year-old child who attended the local public school due to my *preocupaciones de la ética*. Nidia, the older Cuban nurse present there, quickly dismissed my ethical considerations. "We didn't have all day to get through these vaccines" – she said, "and the team could really use my help." The medical students and nursing staff nodded in agreement, and without being able to think twice, I became an expert at loading needles, injecting the vaccine *pa' el gripe*, and discarding them without second thought. Some months later, a nurse bragged to her patient about my *manos suaves*, especially for a man.

In those months, I grew in my Spanish fluency, especially in the local *lenguaje pifeño* that separated my pronunciation from many of my fellow international students. More importantly, I fostered authentic relationship with the local staff and the local members of the community. Through my weekly engagement with *El Club de los Adultos Mayores*, I enjoyed weekly activities of *bailaterapia*, yoga, and eventually gardening with the elderly folks. I spent my days at work interviewing the members of the club and collecting my data on my computer (thanks to my friend Don Carlos, *la guardia*, who shared the Health Clinic's *contraseña secreta de Wifi*). Yet I still felt unsettled. While my experience was valuable for me, I often found myself questioning whether someone else – with better language, cultural, intellectual context – could do my work better. On days where I

would doubt my role or contributions, my boss or the clinic staff would embrace me –with an *abracito*, or sometimes with a smile or a *chiste*– that quelled my concerns and reaffirmed my presence.

I also worried about leaving. After building such relationships and dedicating serious time to community members, what was at stake in leaving? Was I just taking advantage of the community for my own educational and linguistic benefit? Towards the end of the semester I realized that I desired to stay and further contribute to our projects with a great sense that I could not abandon my new *compañeros y compañeras*.

8:45h

Hence my return to the clinic that Wednesday in June. Luis, a local of the *parroquia* and a hired driver for the *Ministerio de Salud* greeted me as always with a hug and a big smile, amused that I had returned to his *barrio aleatorio*. At age 42, Luis had lived his whole life in Pifo and his presence always brought me a great sense of comfort. He had as much if not more medical expertise than me (neither of us were *expertos*) and he was an invaluable member of the staff when visits to the communities *lejanas* were necessary. We made small talk with Don Carlos, joking about that one time that I had eaten a *salchipapa* from a local shop that left me hospitalized (my sensitive *barriga gringa* was always a go to conversation in moments of awkward silence).

Luis mentioned that the *gringo* – that is to say, me – was unprepared for the harsh conditions in Tablón. I reminded that Luis had clearly never seen an *invierno* like the ones in Boston. Luis shook his head in amusement, implying my ignorance, and we entered his *camioneta*. As there can be no time wasted in a trip such as this one, we also brought along *frascos* to administer tuberculosis samples. Luis navigated through the town's center, scorching hot already at 9am. I smirked thinking on how sensitive *ecuatorianos* were to the cold weather. Passing through the small center of town, I admired the ordinary yet spectacular flow of daily life. Large bunches of *plátanos*, *papayas*, *frutas desconocidas* were piled upon one another in market displays – both along the street as well as inside shops. As we

moved just outside of the center of town, a middle aged woman in traditional *andina* dress greeted her neighbor with a kiss, effortlessly keeping her child swaddled against her spine as if secured like a backpack. Moving just beyond central Pifo, the *vista* of Quito to the west and the mountains to the east became apparent. The intense and varied greens of the landscape became more and more sparse as we began our climb in elevation up into the *páramos*.

9:30h

Unexpectedly, as we reached a more remote section of Pifo, Luis pulled down the dirt road towards a small neighborhood of houses. He slowed to a stop in a driveway and proceeded – without explanation – to leave his car. A few minutes later he returned with his sister as well as a fleece. Luis -still maintaining his smile - handed me his *chompa*, he didn't trust my Bostonian pride in bearing cold weather. We watched from the car as the doctor directed Luis's sister to cough in a manner that would emit *flema*. The sister could not bring herself to do so and the doctor decidedly admitted that if she could not produce phlegm for the test, TB probably was not the reason for her body aches.

The doctor gave her a few painkillers for her aches, and we were now, officially, on our way to Tablón, where a roomful of school children awaited our arrival with vaccines. The car went silent as we slowly climbed the *páramo* trail, which slowly but the suddenly shifted from a cleanly paved road to a somewhat treacherous *carretera*. As we listened to the loud noises of the truck and felt our centers of gravity being pulled higher and higher in our abdomen, I imagined the scene that we might encounter. Small children – anywhere from 5-10 – in a multi room school building. They would look at us timidly at first – maybe with a few of them embracing us at the thought of class being interrupted. Within minutes, as always, they would be screaming at the realization that their classmate was receiving a *pincha*. While vaccines mean health and communal protection to health professionals, pain communicated a mistrust to their recipients, especially among a classroom full of fellow *niños y niñas*.

10:15h

When we did arrive, and I exited the *camioneta*, a cold gust of air initially pushed me back into the car. My hands, within minutes of exposure to the outdoor air, turned stiff, and I hoped the exaggerated whiteness in my fingertips would not so quickly turn purple. We walked up to the school building with supplies (vaccine-filled coolers, clearly marked biohazard waste bags, and a vaccine disposal box) where the doctor greeted the school teachers with a *beso*. We all proceeded to *saludar* before beginning conversation.

This school building was not quite what had earlier filled my imagination. In fact, it was limited to one large classroom, unlike the schools that suited larger populations down in the center of Pifo. The room looked scarce, though some colorful student artwork covered the walls. As my attention wandered back into the conversation, I realized the school teacher's confusion. They had not expected our visit and – as such – the students present did not have their health *carnets*. Even worse, only the younger half of the students attended school in the mornings, with their older counterparts attending in the afternoon.

And that was how we spent the next two hours driving house to house yelling through a blowhorn. We repeated instructions with such a *ritmo* that it nearly became a meditative chant: <<come outside with your children younger than 8 years old, without vaccinations they would not be allowed to attend

school>>. We drove through the cold highlands area until we touched each house. 6 vaccines – only 2 of which I prepared and none of which I administered – was our total count. The beauty of the *paisaje* contrasted my internal landscape. So many difficulties despite the good will of everyone involved. Most clearly, miscommunication. Something had failed in the line of communication between the medical staff and the school administrators.

More concerning beyond today's mishap was location. The Pifo public health center, often overwhelmed with patients, only very rarely interacted folks in Tablón. The law requires all children to have their basic immunizations in order to attend schools, which – in theory – should ensure health across children. In practice, a health disparity was created. The health clinic – for time-efficiency sake – often turned away patients when they did not arrive on time for their appointments. Realizing that – other than this visit on the health staff's time – parents or guardians would be required to *bajar la montaña* down to the health clinic, I realized just how easy it might be to arrive late for such an appointment. When the health staff or school district came across an outdated vaccine card, criticisms of irresponsible parenting and consequences of exclusion would follow. The doctor with us commented that Tablón should have its own clinic, but the government could not afford to staff another clinic. As we continued

on our winding to each house, we encountered a woman who after speaking with the doctor for several minutes, refused to bring her daughter out for her required vaccination. How fair, though. *Imaginate*, when your only interactions with health professionals occur when they come to yell at you through a bullhorn... who would follow their bidding?

Yet the medical professionals were – are – not by any means *pecadores* in this process. While many professionals choose private practice, these *trabajadores* invested in the daily, hopeful, and thankless work that demonstrates community medicine as much more than technical; in this context, clearly *medicina es un arte*. Despite only 8 vaccinations out of the many more required, I could not help but appreciate the effort of these clinicians to work alongside each person in Tablón despite the difficulties of success. We began our descent when the doctor asked Luis to << *dé la vuelta* >> so that we may visit one more family. Our trip could not be wasted. We arrived at a steep driveway and slowly lowered ourselves to a *casa desadecuada*. A corrugated roof and exposed concrete showed that the home owners had many other concerns before house maintenance. We honked the horn and a woman in her mid-thirties, wearing a grease covered purple t shirt, jeans, and flip flops exited the home. The doctor spoke with her privately for a moment and then she motioned us out of the truck as to be welcomed. We entered

her home, which largely consisted of an unfurnished living room with a small kitchen and two bedrooms. Given the high altitude and harsh temperatures, the buzzing of flies inside surprised me. In the middle of the vacuous room without any light except that from outside, sat a child in a highly mechanized chair. While he appeared the size of a young boy, the nurse commented that he was much closer to my age, 15. Not understanding the full scope of his condition or what I could possibly contribute, I stood respectfully quiet other than a kind *saludo* with the woman who had welcomed us. I gathered that the appointments for this child only occurred when the health center staff could visit Tablón, a rare time like now.

1:30h

As we finally descended back to the center of town, arrival time now at 2:15h, I sat in disgust with the unproductivity of my day. Five hours and eight vaccinations later, my stomach growled in disappointment and for *un almuerzo*. Yet, I then thought on my own shame that I might call such a day unproductive. Five hours, by the metric of witness, had allowed me into the lives of Luis, his sister, school teachers, students and the homes of people carrying much more than deserved. I jotted scribbles in my notebook as we bounced down the windy path. Looking to across Andean landscape once again I thought to myself: how messy, how difficult and how human a morning's work, and how hopeful.