



Guatemala, 2017



The Healing Hands Foundation is a non-profit organization committed to providing medical, dental, and surgical care to people in need around the world.

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The Foundation

The Healing Hands Foundation (THHF) is a non-profit organization founded in 2007 that provides medical services to children and adults around the world. The highly skilled and experienced medical team brings years of expertise to areas lacking access and resources. Many of the medical volunteers have practiced medicine in countries around the world, including Ecuador, Colombia, Guatemala, Panama, Dominican Republic, Laos and Sierra Leone. THHF is proud to have the ability to further its mission of providing high quality surgical care to persons with complex congenital malformations in areas where it's most needed, due in part to our amazing volunteers, which now includes a core group who are committed to yearly missions in Ecuador and Guatemala.



The Need in Guatemala

Guatemala ranks as the largest country and economy in Central America, in which more than half of their 15 million inhabitants live in poverty. Although the population is roughly at an equal divide between rural areas and urban areas, the rural areas fair much worse in economic development and access to health services. According to a report done by US AID¹, the contrast between rural areas and urban areas for health worker densities vary drastically. It's reported that there are 25.7 health workers per 10,000 population in urban areas compared to 3 per 10,000 in rural areas. Additional barriers for rural indigenous populations include lack of clinicians fluent in indigenous languages and also disproportionate access to skilled birth attendants. Following the 1996 Peace Accords, Guatemala's Ministry of Health and Social Assistance implemented their Extension of Coverage Program which aimed to provide basic health services to those without access. The program, which focused primarily on indigenous communities, was expanded in 1999 and provided basic health services to 3.5 million people, reaching an estimated 76.8 percent of the previously unserved population at that time. The US AID report also concludes that a growing dissatisfaction with what was perceived as a lower level of health services provided to indigenous communities under the PEC, together with accusations of inefficiency and a lack of transparency in the award of PEC(Extension of Coverage) contracts to NGOs(Non-Government Organizations), led to legislation passed in 2013 prohibiting the outsourcing of health care services to NGOs and to the cancellation of most of MSPAS' contracts with NGOs in the fall of 2014. This cancellation resulted in the suspension of all public health care services provided through the PEC to the majority of Guatemala's rural population. At the time of the cancellation, no plans were communicated on how these programs and services would be replaced.¹



¹ Avila, Carlos, Rhea Bright, Jose Gutierrez, Kenneth Hoadley, Coite Manuel, Natalia Romero, and Michael P. Rodriguez. Guatemala Health System Assessment, August 2015. Bethesda, MD: Health Finance & Governance Project, Abt Associates Inc.

Triage Trip, 2017

The triage trip prior to the medical mission trip of 2017 in Guatemala was made up of a triage team consisting of 3 surgeons, 3 nurses, and 3 volunteers evaluating 170 potential patients. Of those 170 persons evaluated on the triage trip, 91 were selected to have procedures done in either October or November of 2017 when THHF returned to perform surgeries.

Summary of Mission

In October of 2017, The Healing Hands Foundation (THHF) visited Guatemala to provide surgical care for the people of Patzún which is located in the department of Chimaltenango and its surrounding areas. A number of patients endured long travel hours in order to receive care at Corpus Christi Hospital, located in the Western Highlands of the department.

Throughout the four and a half days of service, THHF team performed 105 procedures on 88 patients, who ranged in age from 9 months to 77 years. The most common procedures included hernia repairs and mass/growth removals.



Volunteers

Thirty-four THHF volunteers traveled from five states for the 2017, Guatemala mission. Working with staff at the Corpus Christie Hospital and local volunteers who provided logistical support, we were able to provide pre-op, anesthesia, surgical, post-op, and non-medical support services to patients across the area.

Members of the THHF Medical team have practiced medicine on missions around the world. Many of the talented team members participate annually in THHF missions, often in both Ecuador and Guatemala. 75% of THHF volunteers return to participate in more than one mission.

Volunteer Role	Number of Volunteers	Volunteer Role	Number of Volunteers
Plastic Surgeon	3	Videographer/Photographer	1
OB GYN Surgeon	1	Executive Director	1
OB GYN MD	1	Other volunteers	4
OB GYN Surgery Assistant	1	Translator	1
Pediatrician	1		
OR Nurse	6		
PACU Nurse	1		
PICU Nurse	1		
RN	3		
Scrub Tech	2		
OR Tech	1		
PACU-NICU Nurse	1		
Pediatric ER Nurse	1		
Pediatric Anesthesiologist	1		
CRNA	7		
Paid Staff Role	Number		
Overnight paid nursing staff	0		
Other?	0		

Table 1: Volunteer Roles

Providing Quality Care

The majority of patients seen on this mission lived in the department of Chimaltenango, where Patzún and the Corpus Christie Hospital are located. Some patients walked from as close as five minutes away while others endured lengthy bus trips up to seven hours in some cases. The average travel time of all patients was one hour and fifty minutes and the average patient age was nineteen years.



Department	Percentage of Patients*	Duration of travel to Patzún (one way)
Chimaltenango 	29	30 minutes or less
Chimaltenango	29	30+mins – 1.5 hours
Chimaltenango	11	2 hours – 3 hours
Guatemala 	5	1.5 - 2 hours
Guatemala	4	4 - 5 hours
Suchitepéquez 	7	2 – 3 hours
Suchitepéquez	5	4 – 5 hours
San Marcos 	4	6 – 7 hours
Sacatepéquez 	4	1.5 – 3 hours
Sololá 	1	1 hour
Alta Verapaz 	1	3 hours
Escuintla 	1	3 hours
Quetzaltenango 	1	4.5 hours
Average length of trip		1 hours and 50 minutes
		*Data drawn from 75 patients

Table 2: Patient Travel

A total of 88 patients were evaluated and had a surgery planned for this mission. However, 9 patients ultimately could not have their planned procedure due to illness or failure to appear, citing lack of transportation or the inability to receive time off work. Upon second evaluation of one patient it was decided that surgery was not needed. Lastly, the surgeons were efficient enough to allow for 3 walk-in patients to be added on.

Out of the 78 patients who did receive services, 30 of those were adults, 48 were children and 38 were female, while the remaining 40 were male. The surgeons advised 6 patients to return to visit them next year for medical follow ups or additional procedures. In total, 12 patients were admitted overnight and of those 12, 9 stayed for medical reasons and 3 stayed due to travel restraints. Refer to table three for a breakdown of procedures.

Type and Number of Surgeries	
Congenital abnormality of face/ears	15
Hernias	29
Mass/growth removal	29
Scar Release/Reduction/Grafts	12
OBGYN	13
Orchiopexy, Circumcision, Hydrocele	7

Table 3: Type and Number of Surgeries

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References

Avila, Carlos, Rhea Bright, Jose Gutierrez, Kenneth Hoadley, Coite Manuel, Natalia Romero, and Michael P. Rodriguez. Guatemala Health System Assessment, August 2015. Bethesda, MD: Health Finance & Governance Project, Abt Associates Inc.



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