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Students Gain Cross-Cultural Insight While Volunteering in Honduras

Story by Meaghan Mormann '16

Meaghan Mormann '16 was vice president of Illinois Wesleyan's chapter of Global Brigades and has traveled to Honduras the past four summers as a volunteer translator. A biology and Hispanic studies double major at Illinois Wesleyan, Mormann will enter medical school at Michigan State University in August. In the following essay, Mormann recounts her remarkable experiences with Global Brigades and its lifesaving work in Honduras.

Assessing Vital Signs

In a tiny community of Las Animas (pop. 120), located five hours outside of the capital city of Tegucigalpa, hundreds of parasol-bearing Hondurans eagerly await the arrival of a busload of Illinois Wesleyan students and several physicians in the almost unbearable morning heat. The line, wrapped around the courtyard, squashes our qualms that a last-minute change of location, thanks to the previous night's rain that washed away the roads, would go unannounced. As quickly as possible, we convert a five-room school into a temporary medical clinic and ready ourselves for the steady stream of underserved patients we will meet over the next nine hours.

Dr. Liza Pilch is one of our physicians, and I am her translator. Our morning routine is interrupted by a shout: "There's blood! We need a doctor and a translator!" Dr. Pilch stands, takes my arm and pulls me outside. In the courtyard, a young man, perhaps 25 years old, leans against the post of a small pavilion. A t-shirt tied tightly around his calf, he appears surprisingly calm. His friend and his wife tell us he'd hit his foot with the full-force swing of a machete while chopping firewood. His friend half-carried him to the brigade site, nearly two hours from the scene of the accident.

With a first glance I can't see where the wound begins or ends. What I can make out, however, is his bone — white and glistening, jutting out of the top of his foot — clearly severed and surrounded by dust-covered skin and muscle. He had already lost about three pints of blood. Without the t-shirt tourniquet, his situation would be much worse. A team of physicians, nurses, even dentists start an IV of fluids, antibiotics and pain medications. They sanitize, clean, and close the wound; then stabilize his foot and his blood pressure in preparation for transport to the nearest hospital, over two hours away. As a cloud of dust consumes his makeshift ambulance, a pickup truck bed, the silence screams, "What if the rain hadn't sent us here?"



(From left) Meaghan Mormann '16 assists as Assistant Professor of Nursing Noël Kerr assesses and immobilizes a young boy's broken arm. Kerr serves as advisor to the IWU chapter of Global Brigades.

While days spent with Global Brigades are rarely this high stress, the stark reality of lack of access to basic services and needs — including clean water, balanced nutrition, sanitation services, health insurance and most medical care — makes dire situations such as this one a constant possibility.

I have traveled to Honduras each June for the past four years with IWU's chapter of [Global Brigades](#) (GB), an organization focusing in under-resourced areas in Ghana, Nicaragua and Panama as well as Honduras. GB teaches student volunteers social responsibility while empowering local communities to make sustainable and holistic changes, with the end goal of combating and eliminating global health and economic disparities around the world.

Of GB's nine established brigades (business, dental, engineering, environmental, human rights, medical, microfinance, public health and water), IWU students have participated in dental and medical brigades for several years. In December 2015 our first business brigade went to Honduras, and in June our first ever medical/public health hybrid brigade treated hundreds of community members and built basic public health facilities for three families. I have been on brigades with as few as 22 IWU students and as many as 50. While our group is often comprised of mostly biology majors, many of whom are part of the pre-medicine track, I have also had the pleasure of traveling with students majoring in chemistry, business, English, pre-dental, pre-physical therapy, pre-veterinary or other fields.

Gender Roles and Justin Bieber

Our work starts long before the group gathers at the airport for departure. We begin organizing, recruiting, and fundraising nearly a year in advance. Each student pays approximately \$1,500 to attend a single brigade and closer to \$1,800 for a joint brigade such as this year's. Each brigade is also responsible for either recruiting and bringing healthcare professionals with them or hiring Honduran professionals through GB. Each brigade needs a minimum of two general practice physicians, two dentists and, ideally, an OB/GYN. Additional medical staff who can help with patient intake, blood pressure measurements, blood sugar assessments, wound care, and countless other tasks are major asset's in a trip's success.

Each brigade group is also responsible for collecting the vast majority of the supplies and medications — valued at about \$8,000 — that will be used throughout the duration of the medical clinic. Local restaurants and stores help us with fundraisers. These funds generally go towards the cost of supplies and medications we need to gather, rather than going toward the cost for each individual student to attend.

With the exception of our chapter advisor, Assistant Professor of Nursing Noël Kerr, who has travelled with us for each of the past four years, the group is entirely student run. When all the prep work has been finished – money raised, logistics sorted out, and a million other details have been checked off the list – the brigade finally arrives in Honduras. The first day involves a community visit in an area in which GB is active. For many students, this is the first time they have encountered the stark reality of poverty in rural Honduras, where four in 10 people do not have access to clean water, and more than half live on less than \$1 U.S. dollar per day.

These sterile statistics don't reveal the warmth of the people, who open their homes to us with the utmost humility and hospitality, offering bowls of fruit, tea and coffee, or anything else they have to share. In all of my visits to Honduras, I have been moved by the spirit of faith, love and joy with which the people conduct their daily lives, despite enduring hardships most in the U.S. could barely imagine.

This year, the medical half of our brigade was assigned two communities, El Robledal and Santa Maria San Matias, in the El Paraíso region located in the southeastern portion of the country. Ours was the first brigade to enter both communities, which is always exciting.



Students participating in Global Brigades are responsible for collecting and bringing most of the supplies and medications they will need on their brigade. (From left) Brendan Finnell '16, Alex Zapp '16, Meaghan Mormann '16, and Xane Peters '16 (in front) collected hundreds of dollars worth of donations in just a few hours in front of Sam's Club in March.



IWU students participating in Global Brigades in Honduras, June 2016, include (clockwise from bottom left) Rebecca Greenwald '16, Tyler Lovell '18, Emma Klimala '18, Tiffany Remijas '18, Paige Schwiderski '16, and Meaghan Mormann '16. Students are setting up the Brigades' pharmacy by dividing medications into one- or three-month supplies.

GB sends medical brigades into communities first. Medical brigades allow for short-term resolution of health disparities in communities as well as for emergency situations to be addressed and remedied. Upon GB's arrival on the morning, it is not atypical to face a line of hundreds of individuals already waiting to receive care. Some may live only five minutes up the road, but many will have travelled much farther, often having walked an hour or two, to reach the brigade site.

The brigade runs like this: after being checked in at the community volunteers' intake station, patients move to the triage station, manned by students, GB personnel and translators. Triage is often a favorite station of students, whether or not they speak Spanish, because it is a phenomenal learning opportunity. Here, students have the opportunity to practice their Spanish skills as well as their patient interview skills. At the triage station, students take vital signs and ask a list of questions, including asking women between the ages of 12 and 45 whether they are pregnant or breastfeeding.

This question often comes as a shock to students accustomed to the U.S. cultural norms surrounding childbirth. Honduras' predominantly Catholic and patriarchal culture makes many contraceptive methods frowned upon and, therefore, increases the likelihood very young women may already be pregnant or mothers. This is one of the many cultural factors that make these trips so eye opening for IWU students. Before even seeing patient consults with physicians, students have the opportunity to broaden personal beliefs and perspectives and to engage in a culture different from that to which they are accustomed. This is the liberal arts in action. In every single one of my Spanish, general education, and science courses, IWU professors encourage the liberal arts mindset of fostering creativity, effective cross-cultural communication, critical thinking in all situations, a spirit of inquiry and a perpetual desire to learn in ways beyond traditional classroom knowledge acquisition. By presenting us with cultures, norms, languages, socioeconomic statuses and so much more that is different from our own way of living, the GB trips to Honduras provide us with the opportunities to challenge ourselves, enrich and further personal growth, and reinforce the aspects of the liberal arts education that are so importantly stressed in the classroom.

After completing the triage station, patients are helped immediately by medical professionals or pass to the line for general consult, depending on the severity of their condition. We faced a number of ulcerous wounds this year, which are surprisingly common in Honduras, especially on the lower extremities due to the lack of proper footwear and the lack of medical care available when wounds are initially inflicted. Luckily for us, Dr. Kerr is also a specialist in wound care and has traveled with us on each of my four brigades. She brings wonderful insight into cultural situations and is an exceptional resource for working with students in terms of teaching about cultural differences, competency, medical skills, healthcare systems, and so much more.

In her work with wound patients, Dr. Kerr teaches them how to dress their different kinds of wounds and ensuring they have an understanding of their condition, the steps necessary to heal and enough supplies to ensure dressings can be made well into the healing process to keep the area clean and on the road to recovery. Simultaneously, she gets students involved in these patient encounters, giving them an equally enriching opportunity to learn.

Meeting with a general practitioner, each patient receives anti-parasitic medications to combat the common parasite infections and their related symptoms including stomach and intestinal distress and bloating, as well as frequent headaches. Additionally, each patient receives multivitamins, and most receive either acetaminophen or ibuprofen as appropriate for chronic pain and occasional headaches or other body aches. Beyond this, patients have the opportunity to discuss their primary symptoms with physicians and the students shadowing them, and receive the appropriate treatments.

When IWU brings physicians who are English-speaking, an IWU student works closely with them as their translator — a job I have had the pleasure of holding for three of my four brigades. In addition, two to three students will shadow each physician, whether they are Honduran or physicians who traveled with the brigade. This is another favorite station among IWU students, as they have the ability to obtain hands-on experience with patient interviewing and patient care, practice Spanish with the patients and/or physicians, and get any questions answered by the physicians regarding specific patient cases or regarding diseases and processes as a whole. It also provides students with insight into the healthcare system of Honduras, as patients often share experiences with clinics, hospitals, or insurance, or more commonly, the absence of these services.



Meaghan Mormann '16 takes a blood pressure reading in the triage station in El Robledal, Honduras.



Orli, a young boy from the community, helps move sand to mix concrete for a public health project.

The doctors with whom IWU students have worked have always been phenomenal teachers not only through imparting medical knowledge, but also via sharing the cultural competency and sensitivity skills necessary to work with patients of another culture, perhaps of a different first language, and even those who have never previously interacted with a medical professional. For example, on this trip, a young male patient provided a perfect example of how an understanding and culturally sensitive physician interacts. This man presented with bilateral ear pain and, upon examining the patient's ears, the doctor noticed the patient had a fungal infection. After having the students take a look at the condition, the doctor explained this sort of infection is generally only found bilaterally in severely immune-compromised individuals, such as HIV/AIDS patients or patients undergoing some form of cancer-related treatment. With community access to cancer treatments nearly non-existent in rural Honduras and because the man was fairly young, the doctor decided to pursue the possibility the man could be HIV positive. However, this required discussing a patient's sexuality and potential for having contracted a disease with significant ramifications in a crowded consultation room, in front of a group of students with a different first language, and in a country in which homosexuality is not accepted.

Despite all of these situational and cultural barriers, the doctor took him aside and asked if he could discuss a personal matter without passing judgment. Because of the sensitivity, understanding, and humility of the doctor, the patient astonishingly felt comfortable enough to disclose his homosexuality. He went on to explain that he had been tested for HIV about a year ago, but would do so again if his condition was indicative of a change in his status. To me, this type of interaction would be difficult to achieve because of the required high level of patient—physician trust, but the doctors with whom we

were working reached such a level within minutes. In this way, simply observing patient consults was invaluable to us students for understanding the importance of interacting with patients in a way that encourages trust and respect, rather than an intimidating hierarchy of power that limits the quality of the relationship and consultation.

In a similar fashion, the OB/GYN station, with the accompanying social conventions and cultural norms, presents outstanding opportunities for students to further their knowledge on a variety of levels. Some aspects of the culture of Honduras, and of much of Central America, can be best explained by the ideals of *machismo* and *marianismo*. The male role is *machismo* — the notion that men are strong and powerful providers and protectors. This means men are generally incredibly devoted to family, loyal to a fault and immensely hard workers. However, this ideal also perpetuates a power hierarchy that often places men in the role of the aggressor who can be emotionally, physically, and sexually dominant. In contrast, *marianismo* is derived from the name of the Virgin Mary and defines the role of the female who is pure, maternal, obedient and submissive. This results in women who spend the majority of their lives within the home and raising the family's children. However, the double standard of being both pure and submissive results in illegal abortions, girls as young as 12 or 13 who are already mothers, and the scarce availability of birth control, prenatal care and gynecological exams.

With an understanding of the predominant gender roles in many of the communities GB visits, it becomes apparent why patient-physician interactions proceed the way they do. For example, it is required that females are asked about the possibility of being pregnant and breastfeeding beginning at the age of 12. Furthermore, it is quite common for a male to speak for the family, despite a woman's presence in the consultation, and it is often necessary to deliberately address the female and explain the importance of her answering on her own to obtain her personal interpretation of her health. On one occasion an older gentleman refused to allow me to translate between the male physician and himself because I am female. Despite the reality of the physician not being able to communicate in Spanish, this man lived with entrenched societal norms that did not allow me, as a woman, to hold a position of such power that could dictate the outcome of his medical visit.

In situations such as this, it was easy to get angry, to become defensive, and to demand that I be allowed to translate. However, rather than react in this fashion, I took a moment to step back from the consultation table, explain what was happening to the physician, and excuse myself. Because, in that moment, I realized that this man's refusal of my translation services was not a reflection on me or on him in any way, but rather was a reflection of deeply rooted cultural practices that had been a reality for this patient for the entirety of his 75 years. In this situation, it was much more important for this man to receive medical care in an atmosphere in which he was comfortable, than for me to take his cultural views personally and ruin the possibility of him developing a trusting physician-patient relationship. I ultimately found a male GB translator to aid in the completion of this patient consult.

This year we had a station that is fairly new to GB and that was brand new for IWU students. GB is phasing in an optometry station, where sunglasses, reading glasses, and donated prescription glasses of all varieties can be distributed. Each year a number of patients face maladies affecting the eyes due to frequent and sustained exposure to the sun. So, even just having sunglasses to distribute makes an important impact. However, GB has now gone a step further, allowing us to perform basic eye tests and auto-refraction to determine patients' prescriptions and find an appropriate pair of glasses.

During my brief shift in the optometry station, I watched the gift of sight miraculously unfold through the simple diagnosis of proper eyeglasses. A young boy came to the station with his mom, who explained he couldn't see the board in school. Upon asking him to read lines on a traditional eye exam chart, he admitted he couldn't read the large "E" on the first line, placing his vision off the chart at worse than 20/200. After completing the auto-refraction, we found his vision to be far worse than anyone else we had tested. While we didn't have a pair of glasses with a prescription as severe as his, we found one pair that was fairly close. As the little boy put them on, his face lit up in a way I had never before seen. I watched him realize he could read the "E" and he asked if he could keep going. With each line he was able to read, my heart became more and more full as I realized how life changing this moment was for him. His mom began to cry as she thanked us and we watched his vision change from 20/200 to 20/50 in less than 15 minutes. I am so incredibly grateful to have been a small part of this opportunity and to know that GB will be able to continue to have a lasting impact on communities in yet another fashion.

Once finished with all physician consults, patients have the opportunity to visit the dental station. This is another station that often causes anxiety in patients as the combination of poor dental hygiene due to a lack of supplies, high sugar consumption due to a lack of clean water, and scarce dental checkups due to a lack of access to services leads to severe dental situations. The dental station provides two basic services: fillings and extractions, because the procedures solve many of the patients' dilemmas including pain, sensitivity, and infections. It is always impressive to me how strong and stoic these individuals are who are often receiving dental care for the first time and who are undergoing intense procedures, including aggressive extractions, with no more than local anesthesia to dull the pain while the patient sits in a school room desk. Yet, many students love this station as it provides a lot of hands-on opportunities to learn and understand medical practice and its associated cultural influences.



Meaghan Mormann '16 watches as a young boy reads an eye chart, thanks to his newly prescribed glasses. The eye clinic is a new initiative for Global Brigades.

In this same vein, GB tries to partner medical care with education not only for the students and professionals volunteering, but also for each and every patient. For this reason, after all consults, while waiting for their prescriptions to be ready in the pharmacy, adults go to an adult *charla* and children go to a kid's *charla*. Translating literally to "chat," in this situation *charla* refers to a conversational class all patients are required to attend. The adult *charla* is run by the community volunteers to ensure positive communication, trust, and complete understanding by all involved. This class is usually centered on some aspect of sexual health such as STDs and STIs or birth control and family planning methods.

On the other hand, the kid's *charla* is always a dental one, and is run exclusively by the students on the brigade. IWU students have come to realize that songs are one of the most effective ways to grab a child's attention, increase participation, and help him or her remember the lesson. So each year we take a popular song and rewrite a few verses in Spanish with which to teach the kids how to brush their teeth. For the past two years, we have used our own rendition of Justin Bieber's "Baby," which the kids never get tired of singing.

"Dientes, dientes, dientes, oh

Cepillamos cada día, oh

Dientes, dientes, dientes, oh

Proteger de la bacteria-a

("Teeth, teeth, teeth, oh

We brush every day, oh

Teeth, teeth, teeth, oh

Protection from bacteria-a)

Cepillamos en circulo-os,

En el frente y en el fondo

Para sonrisas más bonitas

No olvides la lengua

(We brush our teeth in circles

In the front and in the back

For more beautiful smiles

Don't forget your tongue)"

We also discuss oral hygiene including how many times per day to brush and which foods are healthy for your teeth and which ones aren't, provide them with a toothbrush, toothpaste, and dental floss, brush teeth with them, and give them fluoride treatment to strengthen their teeth. This station is a ton of fun because the kids get really engaged and are super excited to bring friends back to the station. We've had to start marking hands with a permanent marker so they can't keep coming back, although they still try to wash the marker off their hands, give us different names, and convince us it's their first time at the station. If that's our biggest dilemma, I think the *charla* has become quite successful.

Once everyone has attended the proper *charla*, patients pass to the pharmacy station where they will receive any medications prescribed. Each prescribed medication is explained in its entirety to ensure even patients who are unable to read will understand how to take their prescriptions. Once this step is complete, patients are free to leave the GB clinic.

Post Care

The medical mission of GB does not end there. Data informatics (DI), which is completed by each brigade on every patient seen in the community, provides GB with a plethora of details surrounding each patient's visit. This information provides insight into common health problems within each community and can be used to determine which brigades will follow the medical one into each individual community.

DI often reveals medical trends of a community and, in rural Honduras, the traditional lifestyle dictates many frequently seen ailments. For example, the lack of clean water often leads to a number of health issues. Many individuals present with intestinal parasitic infections from contaminated drinking water. Furthermore, the lack of clean water often results in other, more easily obtainable beverages being consumed such as juices and soda. This results in an increased number of dental caries and infections seen on the medical brigades. Additionally, dirt floors predominate in homes and increase the prevalence of parasite infections acquired through the skin of bare feet. Stoves are often placed within the home, which generally has corrugated metal or terra cotta tiles for roofing. These roofs do not allow for proper ventilation and result in smoke and cooking residues being easily inhaled. Therefore, respiratory ailments are also quite frequent.

With the ability to identify these common diseases and conditions, GB is able to determine the traditional pathway of brigades, which involves water and public health brigades following the initial medical brigade. Water brigades work with engineering brigades to design and install water-carrying systems that allow homes to have access to sufficient clean water. After clean water is accessible to a community, a public health brigade can enter.

This year was the first year IWU participated in a joint medical-public health brigade and the first chance I had to join in a public health brigade. Public health brigades enter into communities and identify families who want to work with GB and local Honduran masons to improve their living conditions. GB pours concrete floors to eliminate the dirt floors in the home, builds eco stoves that require less wood, properly ventilates the home to reduce inhalation of smoke, and builds a hygiene station to provide clean water accessibility and privacy for personal hygiene. The hygiene station includes a *pila*, which is a small personal well that holds clean water for washing dishes or clothing, and an enclosed toilet and shower with a smaller *pila* that enables the use of clean water to bathe and use the restroom in a private setting. These simple infrastructural changes have the potential to change lives by decreasing the risk for a number of medical issues, providing privacy for and accessibility to improved hygiene practices, and making a variety of aspects of daily life simpler from not having to travel miles per day to collect still-contaminated water to being able to cook without the house filling with smoke.

In the second half of our joint brigade we completed projects for three families. All the families were constructing hygiene stations and two needed concrete floors poured. We worked with several local masons who explained each part of the process to us as we completed the hygiene station and poured and patterned the concrete floors so the families wouldn't slip on a smooth surface.

One of the families – a couple in their 90s – best exemplifies the gratification of working with GB. They repeatedly thanked us for coming and kept reminding us that everyone on this planet is equal and that we are all brothers and sisters in this world. They insisted on blessing each of us individually before we departed for home.

I have studied the Spanish language for nearly 15 years in an effort to attain a level of fluency that enables me to enter into underserved Spanish-speaking communities domestically and internationally. In addition, I have wanted to be a physician for as long as I can remember. When I was four years old, my doctor's kit was plastic and adorned with Scooby Doo characters. My desire to one day replace this kit with a real one has never diminished. For this reason, when I decided to attend IWU, I knew I would study Spanish and biology while following the pre-medical program, and I knew I needed to seek out opportunities that would allow me to grow throughout my collegiate journey. I distinctly remember searching through IWU's list of student organizations online and finding a brief description of GB. Such a trip immediately piqued my interest, as my only experiences outside of the United States had been to other developed countries with cultures quite similar to my own. I immediately was entranced by the notion of being able to travel to a developing country with a way of life that would be different from my own that would enable me to engage my passions for both health care and the Spanish language and its associated cultures.



IWU Global Brigades students, local masons and the client family pose in front of their home and the finished hygiene station.

today's world and a common desire to maintain and respect its diversity. In my opinion, this is why so many of us keep going back. Of our executive board and the brigade members who travelled this year, many were inspired on their first trip, a large number were returning for their second or third years, and four of us were completing our fourth brigade. Through GB, Honduras opens its doors to students and enables us to see its beauty and its vulnerabilities in a fashion that encourages us to grow individually and as a group while also striving to eliminate the related and seemingly entrenched biases that inhibit the flourishing of our ever-changing world. That is one of the most precious gifts I have ever received.



Students and local masons construct the shower and bathroom portion of a family's hygiene station as part of the public health brigade.

These passions and my discovery of GB have allowed me to play a role in the augmentation of community access to health care and public health services, and that reality is exactly what kept me returning for four years. In Honduras, not only is medical care often a great physical distance from the individuals who require it, but care and prophylactic infrastructure is so expensive and unobtainable to the average citizen that it is not even a consideration when health issues arise. Such dilemmas illuminate the great divide between ideal health care and the reality many individuals around the world face.

Such diversity demands innovation to eliminate the ever-prominent scarcities that exist in worldwide medical access and requires the combination of linguistic, cultural, and scientific knowledge to lead our society and others to a more inclusive and understanding approach to medicine. Through work with GB, IWU students such as myself have become a part of an alliance that has a mutual understanding of