



© Michael Kreiser Photography

Amber (left) and  
Katie (right)

### Katie Iverson, PA-C, MPAS Amber Sheeley, PA-C, MPAS

Although we entered PA school from different paths in life, like most of our colleagues, we became PAs in part because we wanted to be able to help people. One characteristic that we want to define our lives is that when we live alongside people in need, we lend a helping hand where we can. We know that as we do so, the people we encounter along the way will forever change our lives.

This past fall, we had the opportunity to run medical clinics in the poor *colonias* of Mazatlan, Mexico, on a mission trip with Katie's church. Her church has a partner church in Mazatlan called La Viña. Our team, led by Katie and her physician husband, Bill, included a 4th-year medical student, Toni, and another friend from church, Lance. We spent each of our 4 working days in different *colonias*, which are poor neighborhoods in and around the city. In about 10 *colonias*, La Viña has built feeding centers, each of which is a large, one-room structure with an adjoining kitchen where they serve a Saturday morning meal for children and hold church services. Here is a typical day at the *colonia* clinic.

Katie Iverson works in outpatient internal medicine at the VA Medical Center in Iowa City, Iowa. Amber Sheeley works at Family Medicine of Mount Pleasant in Mount Pleasant, Iowa. The authors have indicated no relationships to disclose relating to the content of this article.

#### 8:00 AM, team meeting

Our team met in the lobby of our hotel for about 20 minutes to get focused on our day. It was a great time to share our thoughts and expectations for the day to come. Afterward, we gathered our medical equipment, Spanish dictionaries, granola bars, water bottles, and a few pesos and walked to the main church for breakfast.

#### 8:30 AM, breakfast and preparation

La Viña has a main church in the "Golden Zone," which is the tourist area in Mazatlan. They hosted our team for breakfast every morning. We had a fantastic spread of food and stocked up on protein and fluids, as our days were long and hot. After we ate, we loaded up the church van with all the supplies we would need for the day. We were in Mazatlan before the humidity broke, so staying hydrated was important but almost impossible. It was about 95°F with 95% humidity and, of course, no place we went had air conditioning.

#### 9:30 AM, clinic set-up

When we arrived at the *colonia*, we started setting up the clinic. There was always a small crowd waiting for us, which included the pastor of the *colonia* and some locals who were waiting for the clinic to open. Each church had advertised with flyers that a medical team would be coming on a certain day.

We created an area for triage, three areas to see patients, and a pharmacy. We didn't have any dividers or ways to make the "exam rooms" private. The patient care areas consisted of a table with our instruments and a few chairs. Each feeding center had at least a kitchen, which was semi-private and could be used as an exam room if necessary. Setting up the pharmacy took most of our time; we divided our meds by class on long tables so it was easier for Lance, our non-medically-trained pharmacy help, to find the medicines quickly. We spent some time each morning putting vitamins and mebendazole in small baggies to have ready for every patient. It generally took us about 30 minutes to set up the clinic.

#### 10:00 AM to 4:00 PM, the clinic

Patients received a brief intake form at the door to record their name, date of birth, chief complaint, medical history, and any medications they were on. Many of our patients were illiterate, and members of the local church staff helped them fill out their forms. Next, they saw Bill at the triage table. He recorded their BP, weight, and temperature. All adults received a finger-stick glucose test. The patients then waited to see Katie, Amber, or Toni. Toni and Amber are fluent in Spanish and saw patients on their own, while Katie needed a translator for most of her patients.

We saw all sorts of illnesses during our day—a lot of *tos y gripa* (coughs and colds) as well as GI complaints, back pain, and headaches. Amber saw one man who needed to have infected sutures taken out of his leg; they had reportedly been in for 20 days. Katie saw a few teenage girls who were pregnant and gave them prenatal care. After we had finished our visit with each patient, we wrote on their intake form which medications, if any, they needed to pick up at the pharmacy. Then they took their form to Lance, who would assemble their medications in bags with appropriate direction labels. Everyone got vitamins for themselves and all the members of their household, as well as the anthelmintic mebendazole.

At about noon, some of the La Viña staff arrived with our lunch. Each day, we had a fantastic marlin stew with rice. We took turns eating because the flow of patients never really stopped.

One afternoon, a 98-year-old woman came and asked Bill if we could come to her house to see her sick son, who could not get out of bed. He agreed that we would make the trip after we finished in the clinic for the day. At the end of our day, Katie, Amber, Bill, and David (of the La Viña church staff) made the short journey through the *colonia* to the woman's house. The houses in the *colonia* are made mostly out of tarpaper, some with cement cinderblocks as a foundation. After rounding a corner and encountering a few random chickens, we came to this woman's house. She had three small shacks with tarpaper roofs. One was her room, one belonged to her son, and one was more of a lean-to, which was her kitchen.



Photo courtesy of Katie Iverson and Amber Sheeley

Seeing patients in the *colonia*.

We entered her son's room and encountered a very thin middle-aged man. We focused immediately on his knees and ankles and said, "He has gout." Even before he started to tell us his story, we knew. He was completely immobilized by the worst case of gout we had ever seen. He had tophi at every visible joint as well as in many areas of soft tissue, which showed the extreme progression of his disease. The tophus on his right knee had broken through the skin and was oozing a tooth-pastelike material. He could not walk more than a few feet, nor could he work; he was totally dependent on his frail, elderly mother. He had purchased and used a few injections of diclofenac when he could afford it—a common way for OTC NSAIDs to be sold at Mexican pharmacies. His condition could have been controlled with allopurinol, and for just a few dollars a day, but instead this extremely common, treatable disease had come to define this man's entire life. All we had to offer was indomethacin, which we gave him.

#### 5:00 to 10 PM

After a long, hot day at the *colonia*, we spent some time in the hotel pool cooling off, and then we went out to dinner as a group. We ate dinner at small, local taco stands. We spent most of our evenings getting ready for the next day, catching up on e-mail at the hotel and organizing the patients' intake forms for our future computer medical records database for La Viña. We usually fell into bed exhausted sometime before 10 PM to get some rest before we got up to do it all over again the next day at another *colonia*.

Katie and Bill will return with another team in January 2007 and will take medicine to help the man with gout. They will also take diabetes medications, testing supplies, antihypertensive drugs, and inhalers for those patients we met with chronic diseases. We hope to organize some of the American and Canadian "snowbird" church members who spend their winters living in Mazatlan to do "rounds" for us, checking on supplies and obtaining monthly BP readings while we are between visits. We both plan to be on the May 2007 team that returns to Mazatlan, and we hope we can return three times a year after that.

Just as we witness the passing of life's milestones with our patients here in the states, we hope to experience these with our friends and patients half a world away in Mazatlan. We hope to get big hugs from the kids we saw this trip as we arrive again in a few months. We hope to hold the babies of the women for whom we provided prenatal counseling. We pray that we will see the man with gout walking and finally able to care for his elderly mother, who has cared for him through his illness. This is what we went to PA school for. □