

## **IMPRESSIONS OF GUATEMALA**

Norm & Mary Metzler

April 23-May 4, 2005

### **THE VISION**

When we were first dating, and we felt a common calling to the ministry, we envisioned the possibility of foreign missions. Mary decided to study to be a nurse as a practical complement to Norm's pastoral training in the event we might be called to serve in a foreign mission setting. As our studies progressed, particularly during our vicarage/internship experience, we felt called rather into campus ministry, and determined to pursue graduate studies in theology to better prepare for that special ministry in higher education. We did end up living abroad with Mary working as a nurse, although it was in the very first-world setting of Germany where Norm completed his doctoral studies at the University of Munich.

Little did we imagine that someday we might actually fulfill our early vision, if only very briefly, of serving in a third-world setting as nurse and pastor. Yet some 40 years later we were privileged to engage in precisely such an experience, traveling on a 12 day medical mission to Guatemala. We were indeed able to utilize our medical and pastoral training through a brief immersion in the enlightening and sobering third-world realities of the people of Solola, Guatemala.

### **THE MISSION**

We have been long-time best of friends with Dennis and Valorie Schuelke, a physician and nurse couple who were members of our congregation in Eugene, Oregon, and with whom we've stayed in regular contact since moving to Portland/Vancouver with Norm's call to the teaching ministry at Concordia University, Portland. Mary works fulltime in labor and delivery nursing in Gresham. About 5 years ago the Schuelkes became involved with a Christian medical mission organization called Cascade Medical Teams (CMT), which annually sends a team of mostly medical and related workers from the Eugene area to rural Guatemala. CMT is affiliated with Helps International, a Christian organization which coordinates the trips of groups like CMT to Guatemala. The teams typically spend a week in some rural area of Guatemala, bringing along all of their own equipment and supplies, providing whatever medical services they can to local populations, mostly Mayan indigenous people, who have great medical needs and little or no access to medical resources.

Besides setting up shop at a base location for clinics, surgeries, dental work and the like, medical and dental outreach teams travel to outlying villages to bring whatever portable medical services can be offered. In addition to providing medical services, CMT has developed a companion program of installing low-cost, fuel-efficient, clean-burning and safe cooking and heating stoves in the homes of the local people. The usual wood fire in the center of the dwelling (these dwellings being typically perhaps 10 feet by 10 feet dirt floor single room homes made of mud-brick, wood or corrugated steel walls and corrugated steel roofing and populated by 5 to 15 people including children, parents, and grandparents) typically has no venting, resulting in continually smoke-filled homes, with attendant respiratory problems and the constant danger of children and others getting

badly burned and permanently disfigured and maimed in the fire. These simple earthen stoves provide cleaner air in the homes, require much less fuel, and protection from burns, thus contributing to the health and well-being of the families.

We had heard from the Schuelkes over the years about their experiences in Guatemala; in fact we usually visited with them in Portland on their way to or from a mission trip, and thought that it was an experience we might one day like to share with them. However, Norm's teaching schedule normally did not permit us to join them. This year Norm was on Sabbatical during spring semester 2005, which allowed him to travel during the time of the planned CMT mission trip. Thus when Schuelkes inquired about our interest in joining them on the mission this year to Solola, Guatemala, we were finally able to answer "yes!" CMT planned this year for the first time to spend two weeks on location rather than the usual one week; we decided to join them for the second week, which involved leaving on Saturday, April 23<sup>rd</sup> and returning Wednesday, May 4.

## THE JOURNEY

Our team (of some 130 persons over the two weeks), including eye doctors, dentists, surgeons, nurses, medical assistants, cooks, stove builders, helpers, and a chaplain (Norm), left Portland early Saturday morning, April 23<sup>rd</sup>, and flew via Dallas and over the Gulf of Mexico to Guatemala City, where we spent the night. We traveled by bus the next day, Sunday morning the 24<sup>th</sup>, to the hospital site where our team was working in Solola, a predominantly Mayan indigenous region up (7000 feet) in the mountains of western Guatemala. We overlapped briefly on Sunday afternoon with the team that was working there the first week (some of whom stayed on with us for the second week as well), and bade farewell to those who were returning to the states. We worked through the week with the team until Saturday the 30<sup>th</sup>, when the team completed its work, including packing all equipment and supplies. Saturday later afternoon was then free to tour the city of Solola briefly on our own. Sunday morning the team rode buses down to Lake Atitlan, a tourist location among the volcanic peaks of that region, 1000 feet down the mountain from Solola, and took a boat ride to Santiago, a tourist town across the lake. Sunday afternoon we traveled to Antigua, the colonial era capital of Guatemala that has many fascinating ruins as well as museum collections, and is a prime tourist location in Guatemala. We stayed at a nice Spanish-style hotel from Sunday through early Wednesday morning, May 4<sup>th</sup>, when we transferred to the airport in Guatemala City and flew back home.

## THE ACCOMODATIONS

The team had to bring to Solola almost literally everything it needed for the mission, including most medical equipment and supplies, most of our cooking utensils, foodstuffs, sleeping bags, mats and pillows, cleansers and purifiers, toilet paper, as well as all the usual personal items. We had to be prepared for possibly no running water (no clean water in any case), no electricity, and no shower opportunities; in other words, we had to come prepared to be very self-sufficient, as if on a camping trip. Helps does maintain in Guatemala some equipment that can be used by visiting teams, such as power generators, compressors and sleeping cots. They also have on-site managers and line up local translators to assist the visiting teams.

Our base of operations in Solola was the Solola national hospital, which has unutilized spaces that they shared with Helps. This meant that we were actually working within a functioning hospital, within the flow of their regular operations, although our team worked basically independently of the regular hospital staff and its operations. In a couple of instances the hospital provided some diagnostic support which helped our staff in dealing with specific patient needs, and our team provided some services for hospital employees.

Our team was housed in a couple of hotels next to the hospital. Most team members were located in multiple person same-gender spaces on cots; only a few couples had private rooms. Originally Mary and Norm were scheduled to sleep in such group spaces; however, the chaplain from the first week had slept in a common area used for devotions and was moving to a private room with her husband for the second week, and so suggested Norm might sleep in that area. Since it was a relatively large area and Mary was also in a room with 6 other women, we in consultation with team leadership decided we may as well sleep together in that chapel area. We reasoned that we would both spare other roommates the pleasure of our snoring! In another fascinating development, at the same time that the chaplain was showing us the chapel area where she had slept, a hotel employee was present who knew that Diane was chaplain, and determined that Norm was the new incoming chaplain. He subsequently consulted with his manager, who came and offered us a vacant hotel room (at no extra charge) above the managers' quarters at the entrance to the hotel courtyard. Through an interpreter and in consultation with our leadership, we were able to use this room. We of course were glad unexpectedly to have our own room separate from the chapel area, especially since Mary would be working evening shift, and Norm would be offering daily morning devotions already at 6:30 am. It turned out especially helpful to have our own room away from the chapel area; we both became terribly ill for several days, and our presence and illness would have made it very awkward for those meeting for devotions.

## THE WORK

Mary's assignment was in the post-operative recovery ward as a nurse on the evening shift, from 4 pm until 12 pm. Norm served as chaplain for the team, which involved providing daily devotions for those who wished to participate; as it turned out, he developed a schedule of offering early devotions at 6:30 am and evening devotions after daily team meeting, at about 7:30 pm. Norm's "day job" was assisting with the dental clinic, which involved running the autoclave, running errands for the dentists, and helping with the flow of patients to the dental clinic.

We arrived Sunday about noon, and Mary started right off working an evening shift in recovery ward, caring for patients who were still there from the first week's surgeries. She also worked Monday evening's shift, but came down very ill with diarrhea, vomiting, chills and fever during the night, and was bedridden Tuesday through Thursday. She was able to return to her evening shift for Friday, the last day of regular care, and so in effect worked about half the days we were there with patients.

Norm started devotions right away Sunday evening, and continued Monday and Tuesday with morning and evening devotions, with anywhere from 10 to 26 people present at a session during the week. He also worked in the dental clinic both days. He came down sick with diarrhea and nausea Tuesday night, and so joined Mary in "sick

bay” for the next two days. The group continued with morning and evening devotions without Norm until he was able to return for Friday evening and Saturday morning and evening devotions to close out the week. Norm returned to work in the dental clinic Friday and Saturday morning, helped in dental with packing, and on Saturday with loading the trucks.

The irony of our illness was that Mary as a nurse is always concerned about hygienic conditions, and we planned for and tried our best to follow all precautions in avoiding illness. Nonetheless we were among the first to come down with debilitating sickness! We were grateful for our separate room for riding out the illness, but felt badly that we lost about half of the working days to sickness. We were really appreciative of those on the team who looked in on us and cared for our needs during illness...although we felt guilty about claiming time and energy from fellow team members to care for us, when we wanted to be out working with them in caring for the people needing our help.

But the experience of illness helped us to understand firsthand in a small way the problems facing the people of Guatemala, who often suffer chronically from the kinds of infections we experienced, but without the help and medications available to cure their illnesses.

## THE NEED

We were faced firsthand with the obviously pressing and overwhelming medical needs of the mostly Mayan indigenous people in the “department” or region of Solola (one of 24 regions in the country, perhaps akin to counties in the USA). They had been informed of our team coming to Solola, and some traveled many miles and even days to get in a long waiting line outside the gates, waiting at times for days to be “triaged” for the most pressing needs that our team might realistically meet. Guatemala is a very poor country, second in poverty only to Haiti in our hemisphere, and the Mayan indigenous people, although they are a majority of the population, are apparently generally looked down upon and discriminated against by the Ladinos. These latter are mostly of at least some Spanish descent, living in the cities and on the side of those with more wealth and power. Since the Guatemalan health care system, inadequate as it is, tends to favor the Ladinos over the Mayans, our mission aimed to reach out mainly to the disenfranchised underclass. At the national hospital in which we set up our operations and shared space, for example, the hospital is open for receiving patients only for a few hours in the morning; at least some doctors then apparently go to private practices in Solola or other cities where they can earn more money from those who can afford to pay. We did see the hospital receiving Mayan as well as Ladino patients, but those coming to our Helps services appeared to be mostly Mayan, and our outreach teams went into predominantly Mayan villages. Some dental patients had evidence of prior dental care, but most had very bad teeth and gum problems, and a lot of our outreach dental team’s work involved simply pulling infected teeth. They often lack both access to and financial resources for essential medications and basic health procedures.

## THE RELIGION

The Helps International organization is a Christian-based mission to reach out to the people of Guatemala mostly through medical and health-related services, and while many members of our team are not Christian or religious, the patients and people of

Solola understood us to be doing the work of Christ among them. The people through interpreters repeatedly said that they viewed us as angels from God come to help them; as one woman put it, “the angels are not above in heaven, they are among us in you.”

In devotions Norm emphasized that Jesus did mostly healing miracles as signs of the gracious love of God, our ultimate Healer. For the people of Solola, who are often marginalized in their quiet desperation, we were signs from God that somebody in the world actually cared about them, cared enough to come from far away to provide healing and hope. While we were able to perform many surgeries and procedures (several hundred) that restored sight, health, normal functioning and socially acceptable appearance, our staff generally agreed that perhaps the most significant help we offered was demonstrating that we cared about the people and valued their lives, even if only by giving them some vitamins and hugs – which was about all that could be done for many of the patients we saw. We all were humbled by the overwhelming needs that we were not able to meet, but recognized that our larger purpose and significance was to bring a sign of hope and caring to these disenfranchised people. Christian medical missions continue Jesus’ work of doing healing signs of God’s intention for all people, namely total wholeness and wellbeing in his heavenly Kingdom.

We observed mostly Roman Catholic churches and activities during our time in Guatemala, which is consistent with its strongly Roman Catholic population and tradition. The national hospital in which we were working is actually called St. Raphael hospital, with a special chapel space (appropriately right next to Norm’s dental clinic!) featuring a statue of the saint. We visited the cathedral in Santiago by Lake Atitlan on Sunday morning and saw an overflow crowd of people worshipping that day. Some said it was the observance of St Mary’s day, but it was also the Sunday of the Ascension of Christ. Veneration of the Virgin Mary is clearly prominent in Guatemala, also consistent with Latin American Roman Catholicism.

The statues of Christ and the saints in the cathedrals were unique in that they were dressed in actual fabric clothing; one plausible explanation was that they are being treated as icons of their ancestors from their native Mayan religion, which apparently mixes ancient practices and beliefs with the more recently imported Christianity of the Spanish. One interesting tradition reflecting this syncretism is “Maximon” (pronounced “moshymon”) in Santiago, a male doll religious figure who represents justice and even retribution for the people. His image, dressed mostly in black and wearing a hat, standing about 2 feet tall, is housed in one home of the community of Santiago for a full year, and during that time people may come to that home to venerate and pray to “Maximon” for protection from dangers and vindication against their enemies. While in Santiago we were able to visit the current home of “Maximon.”

Antigua was especially significant religiously, in that as the colonial capital it became the center for many religious orders brought from Spain, and while the capital and the archbishop moved to Guatemala City, many of the religious centers remained. The Roman Catholic faith is very prominent throughout the city. Because of its location on three geological fault lines, Guatemala has experienced frequent severe earthquakes, and many of the churches and religious facilities in Antigua are ruins or restored ruins, which are in any case historically and religiously fascinating. Active worshipping communities utilize some of these archeological sites that date back some 500 years. We

also saw evangelical and Pentecostal churches along the way both in Solola and in Antigua.

## THE PEOPLE

The people we saw were mainly of two types: the Mayan ethnic indigenous people with their distinctive features and dressed in their traditional colorful garb; and the Ladinos, often reflecting some Mayan features but generally looking more “Anglo,” and dressed in contemporary clothing, with young men wearing trendy tee shirts and young women in low rider jeans and bare midriffs. Since many we saw in and around the hospital were ill or accompanying ill persons, there were many sober, grim looks on faces. However, they were mostly very appreciative of our assistance, with infectious smiles and translated (from Mayan or Spanish) expressions of gratitude. The stove and medical outreach teams saw much more of the joy of their daily lives in the villages.

The patients often did not come alone; indeed, they were usually accompanied by family and friends. One patient Norm saw arriving at the regular hospital’s emergency room was accompanied by at least a dozen males, all in Mayan traditional dress, who congregated outside the entry for a significant period of time, likely awaiting word of the patient’s condition. Those who came to our dental clinic or post-op ward were usually accompanied by family and friends; on the ward they gathered close around the bed and at times even overnights in the ward (on the floor or empty beds) with the patient! They would gather at bedside to pray, and one family apparently even brought along their village shaman.

The teens (Ladinos, though some were able to translate from Mayan) recruited by Helps to serve as translators were fine young people, very thoughtful and hopeful about their nation’s future. They articulated their own and their people’s appreciation for the work of Helps, and their dedication to working for better conditions for their people.

And there were stories of triumph. Little Marvin, blind from birth, who had come with a family that was at the clinic for another illness last year, and who had cataracts removed so that he was able to see for the first time; then one lens was inserted this year, with another to be inserted in the other eye next year, so that he can have full normal vision. The 9 year old boy who clung to his mother’s waist as the dentist gently peered into his mouth, kept on clinging as he gradually sat in the dentist’s chair and was numbed for fillings, clung to mother as the filling was done – and smiled broadly and stood up independently after the work was completed. The stove teams who saw the positive effects of their project and the appreciation of the people in the villages they visited to install additional stoves. There are many such stories of these beloved people, imbedded in the memories and lives of our team forever.

## THE LANGUAGE

Some of our CMT members were fluent or at least conversant in Spanish, the official national language of Guatemala, and we included interpreters as part of the team. Because of the rapidly growing Hispanic population on the west coast of the USA, Spanish is becoming more familiar to more of our general population. Our team thus had some internal capacity to communicate with those who could use Spanish, and assisted those of the team, like Mary and Norm, whose Spanish is limited to the likes of “Yo quiero Taco Bell.” (I want Taco Bell). It was fascinating how quickly force of

circumstance motivates one to pick up at least some necessary words, like “Cuanto cuesta” (how much does it cost?), “solamente dental, por favor” (only for dental patients, please), and “poco dolor o mucho dolor” (little pain or lots of pain?).

More difficult was communication with Mayan indigenous people who could not speak Spanish or English; fortunately Helps provided young interpreters capable of all three languages, who rendered tremendous help as we sought to serve the people. It was very frustrating and humbling trying to work and help among a population whom one could not understand...how often we shook our heads and had to reply “no comprende” (I don’t understand you).

Yet this was also a learning experience, reminding us of how ethnocentrically our daily lives are lived, and that especially the Mayan people lived in a totally different cultural and linguistic framework, one that traces back much farther than our modern English or Spanish.

## THE COLORS

Marvelously bright and varied colors in fascinating patterns...such is the everyday clothing of the Mayan people, their cultural trademark reflected also in the various items of dress, woven goods and jewelry they produce and sell. By contrast, the contemporary dress of the Ladinos was singularly unimpressive – it looked all too American. The presence of the indigenous people, men and women, young and old, provided a continual atmosphere of delightful rainbow hues to distract from the grimy and waste-strewn, impoverished living circumstances.

## THE SOUNDS

The most immediately noticeable noises were dogs barking. The people of Guatemala apparently are partial to dogs (security, companionship), and we were told they often have 2 or 3 per home, mangy and ill-fed. In an urban setting such as the city of Solola, the dogs provide a constant cacophony of barking all day and all night.

Many families also keep chickens, so if one were awake at night (which we were due to illness), one realized the relevance of Jesus’ referring to the crowing of the rooster in conjunction with Peter’s denials of knowing Jesus, in the night before Jesus’ crucifixion. The crowing begins punctually at 1:00 am and goes on through the night and morning, clarifying for us that Peter was definitely denying Jesus already in the evening, not in the early morning as we had imagined.

Our room was also situated at the bend of the switchback road ascending from Panajachel by Lake Atitlan to Solola, a main road constantly traveled by school-bus type buses called “chicken buses,” cargo trucks, taxi pickups carrying standing passengers in the back, and motorbikes...none of them with mufflers or emission controls. It sounded as if the traffic were coming right through our room!

The combination of dogs barking, traffic chugging up the hill and roosters crowing provided a noise level that at times made conversation with someone three feet away difficult or impossible. The contrasting silence in our hotel room in Antigua was deafening!

On the other hand, we enjoyed the music of marimba bands on a stop along the road from Solola to Antigua, and again at a restaurant in Antigua. And one of our team members brought his flute along and serenaded us with creative flute solos during his

times off. The laughter and shouts of the children added life and levity to our stay among a people whose language we could not otherwise understand.

## THE ELEMENTS

The landscape of Guatemala is quite beautiful, according to pictures we've seen. Solola is high in the tropical mountains, looking out over Lake Atitlan, which itself is surrounded with several picturesque volcanic peaks. Antigua is likewise surrounded by volcanoes, in an apparently beautiful setting. We could see the rich tropical foliage, akin to Florida or Hawaii, along our travel routes and in our neighborhood. Unfortunately we never got to see the beauty of the larger countryside due to air pollution that would rival LA on a smoggy day. We were in Guatemala just when they were burning off the sugar cane fields which produced huge volumes of smoke that rose up through the mountains. Private people, businesses and institutions, including the hospital, regularly burn their wastes, including used toilet paper (their sewer system apparently cannot handle toilet paper, so it must be disposed of in a basket beside the toilet) in open fires right on location, further polluting the air. Their vehicles also contribute significantly to air pollution. In sum, the air was thick and visibility severely limited during our time in Guatemala. We wish we could have seen the natural beauty of the mountains, the volcanoes and the lake – but that was not what we came for, in any case.

The tropical climate is generally more humid than we are used to in Oregon, but the temperatures were relatively temperate while we were there. Of course in enclosed quarters with many people present, such as in the recovery ward of the hospital, the atmosphere got very sticky, and Mary soon shed (almost) all undergarments while on the job.

The polluted air is of course also a source of health problems for visitors and local population alike; many on our team had runny eyes and noses and quickly realized that it was due to the air. In fact some eventually suffered respiratory ailments, from sinus infections to sore throats. Our elevation of 7000 ft above sea level also called for adjustments to our normal respiratory functioning, and added to our exhaustion when we were sick. More importantly, air pollution causes health problems for the indigenous population, who cannot leave as we did.

Not only is the air polluted but the other essential life element, namely water, is also highly polluted. There is no clean and safe water available through the plumbing system; water is accordingly another cause of various chronic illnesses. We were cautioned not to eat produce washed with local water, not to open our mouths while showering, or to brush our teeth with tap water. At times the tap water itself was not available, as the water system was turned off entirely, even to the hospital.

Air and water pollution, along with lack of health education, basic medicines and health care procedures, combine to produce and perpetuate widespread chronic illness and disease among the Guatemalan population.

## THE GARBAGE

Garbage, in the form of discarded containers and wrappers all along the roadside, around homes and businesses, in the parks and along the countryside, was strikingly obvious, in contrast to our stateside places of residence. Their culture apparently does not

have the luxury of inherent sensitivity to the open discarding of all sorts of wastes, with resulting omni-visible refuse, accented by dry creekbeds flowing with cascading garbage.

Everywhere except Antigua, that is. There were no signs of randomly discarded waste there, and things were kept generally very clean throughout Antigua. We also did not observe the open burning of wastes there, as we had in Solola and along the road. But then Antigua is a top tourist destination in Guatemala, and likely reflects requisite sensitivity to tourist perceptions.

We should add that our buses made a rest stop both to and from Solola at a nicely maintained roadside area between Guatemala City and Solola; it featured a restaurant and shops that catered to tourists and featured Mayan women making traditional tortillas. This stop was another island of cleanliness in an otherwise littered landscape.

The very presence of such refuse, however, would seem to indicate the presence of and access to a level of development and economy that is not likely present in those even more poverty-stricken areas of the world.

## THE POVERTY

The poverty of Guatemala, of which we had read and heard, is unavoidably evident firsthand. Most homes in the cities as well as the countryside were small, perhaps 10'x10' single room spaces with little or no furniture, possibly one light bulb and an electric outlet, no indoor plumbing, no running water, open fire heating and cooking, corrugated steel roofing with no ventilation, and dirt or possibly concrete floors. Most of the population is illiterate, the majority is chronically malnourished, and most basically live a survival-type existence. They have suffered decades of civil war or revolution; in fact one commentator notes that since the Spanish conquerors arrived, there has been a revolution on the average of every 18 years in Guatemala for the last 500 years. While things improved somewhat in 1986 and there is a peace accord in place since 1996 with hopes for a longer lasting cessation of hostilities, Guatemala's grinding poverty still results in much crime and insecurity, particularly in the cities, along with persisting systemic injustices among the indigenous peoples. The fact that our team, who volunteered to be there to help the local people, experienced theft of clothing left out to dry and cameras stolen while walking in town, only underscored the reality of their dire circumstances.

The gap between the wealthy and the poor is also obvious within Guatemala itself. After our time working in Solola we stayed in Antigua, the colonial capital that is now a tourist center for Guatemala. We were housed in a very luxurious hotel and walked among many expensive cars and well-dressed people, pleasant restaurants and fine museums. The roads, sidewalks and parks were clean and cared for; a variety of products are readily available. On the other hand, the drive out of Antigua leads almost immediately back to vistas of the much more typical landscape of poverty with its small basic homes roofed in corrugated steel, survival farm plots, and omnipresent refuse.

## THE WALLS

Likely following the ancient pattern of Spain, the cities of Guatemala are mostly walled cities. That is, streets and sidewalks are lined with walls punctuated by doors and occasional barred windows. There may be a small sign indicating the nature of the dwelling behind the wall, or at least an address, but at times there is no indication at all.

Entries generally open into courtyards, or through buildings against the wall that surround courtyards. Inside may be a fine restaurant, a hotel, quality jewelry store -- or a courtyard lined with small corrugated-steel-roofed one room homes as described before. The walls provide security, anonymity – and certainly mystery for the visitor. Even in Solola the streets were mostly lined with walls, though they might be simply vertical corrugated steel sheets rather than masonry walls. The walls are mostly white, though some were painted and stood out in bright contrast. There was a lot more color on the walls in Antigua. The churches, gas stations, and some other businesses were open to the street, of course, but generally – all walls.

And walls topped with sharp broken glass or razor barbed wire...evidence both of earlier times of widespread violence throughout the land, and of continuing security issues in a dangerous society. It was not without reason that Helps arranged for a military escort for our team during most of our stay in Guatemala.

## THE CULTURE

We were exposed through this mission experience to the two major cultural dimensions of Guatemalan life: the ancient Mayan culture, and the colonial Spanish cultural heritage of more recent history. Both are unique and rich in their own ways, and we were privileged to experience a bit of them firsthand.

The Mayan culture came to us in the people and cities of the Solola region, whose colorful clothing, unique language and communal traditions were brought right into our hospital setting. We enjoyed shopping among their cultural products at the marketplaces and other tourist locations. Indeed, we could not avoid the entrepreneurs who set up shop daily just outside the entrance to the hospital and sought (with success) to interest us in their various wares. Their brightly colored and ingeniously patterned clothing, their back strap woven goods, their jewelry, their drums and trinkets, all reflected their traditional Mayan styles and customs. This Mayan culture dates to and even before the classic Mayan era of 300-900 AD. During our time in Antigua, some members of our team were able to take a daylong tour to Tikal, the most extensive site of Mayan ruins, located some 150 miles north of Guatemala City. We marveled at these vestiges of the rich cultural heritage of the Mayan people now so mired in poverty.

We experienced the Spanish colonial culture chiefly through our visit to Antigua, the colonial capital of Guatemala. We knew that we were going to spend a couple of days in Antigua following our workweek in Solola, but we had not grasped the richness of the cultural heritage in this picture postcard city. At first we were shocked by the contrast between the poverty of Solola and the tourist comforts of Antigua, and questioned whether it was even fair for us to be enjoying such affluence as part of a mission trip that was intended to address the vast medical needs of the poorest of the poor of Guatemala. But then we realized that beyond providing some R&R after an intense week in Solola, this stop was important for us to see another side of Guatemala – its Spanish history and heritage. The Spanish flavor of our hotel, accented by the Latin jazz sounds of Brazil 66 playing over the sound system and the Spanish architecture of the rooms, set the atmosphere for our exploration of this jewel of Guatemala.

The ruins and reconstructions of various churches, convents and monasteries of the past 500 years, as well as the museums and archeological remains of both Mayan and Spanish histories, are readily accessible within a 10 square block area comprising the

heart of Antigua. The Casa Santo Domingo, a hotel built on and around the ruins of a former Dominican monastery, offers a marvelous tour of the ruins and archeological workings of the site as well as a number of museums of ancient Mayan, colonial and contemporary art and artifacts. The Capuchina Convent evidences some fascinating architectural innovations from centuries ago, while the Guatemalan jade production tour showcased an historic and contemporary treasure of this land. We were also able to tour a Guatemalan coffee plantation and production facility on the outskirts of Solola.

## CONCLUDING OBSERVATIONS

These are impressions from an admittedly very brief and limited, albeit very impacting, visit to Guatemala. Nonetheless, we can't avoid drawing some conclusions from this experience:

- The 3rd world in person:

The third-world life of poverty as it is being lived out daily in Guatemala became real to us in a personal and dramatic fashion that we could never have learned through any other means. The poorest among Americans still have access to relatively clean and safe air and water, to medical and social services that would be fantastic luxuries to the majority of the people of Guatemala.

Guatemala's poor seem to be truly among the poorest of the poor. Norm has visited third-world rural China, though he did not live and work directly among them as we did in Guatemala; nonetheless his impression is that in general the condition of the people of Guatemala is worse than that which he observed in China. It may have to do with cultural, historical and governmental differences, but in any case the Chinese seem to be in better shape than the people of Guatemala.

This seems particularly tragic given the natural richness of Guatemala, where the warmth and rain are so amenable to growth, over against other parts of the world where poor people are living in much more harsh climates and conditions.

- The contrasts:

The contrasts we experienced were striking. Among them:

- The switchbacking, constantly climbing and descending highways, in contrast to our Interstate system.
- The colorful beauty and grandeur of the remnants of Mayan culture, in contrast to the destitution of the Mayans today.
- The small corrugated-steel-roofed 10' x 10' homes, in contrast to the comparatively palatial-sized homes of even the most modest American suburbs. A typical American home could surely house several Guatemalan families, with amenities they could only dream of!
- The amount of refuse everywhere on the landscape, in contrast to our relatively tidy roadsides and yards.
- The relatively dingy and unsanitary conditions of the hospital, in contrast to the standard expectations of our stateside hospitals.

- The basic needs and lacks of the masses of people, in contrast to the desires and affluence of our everyday American society.
- The obvious poverty in Solola, in contrast to the cleanliness, comfort and charm of Antigua, within 50 miles of each other.
- The richness of the family and community orientation of the Guatemalan people, in contrast to the poverty of spirit in the individualism of our American society.
- The dramatic observable improvement in the general dental condition of the children of the school where one of our dentists, George, last year did some dental education and distributed fluoride and tooth brushes, and examinations of all students, and then repeated that experience this year.
- The increasingly evident massive needs of the Guatemalan people, in contrast to the overwhelming inadequacy of our mission in even attempting to meet some of their needs.

- The difference it makes:

Awareness of the reality of 3<sup>rd</sup> world material needs, and the contrasts between their world and our own, raises the fundamental question of the meaning and value of any efforts like that of our medical mission to address the vast needs of the majority of our world's population, as personified for us in the Mayan people. Our clinics saw and treated many patients and filled some of their needs, some long-term, most short-term. But as in the story of Jesus' feeding of the 5000, when the disciples came back to him with the boy who had 5 loaves and 2 fishes, one is inclined to ask, "but what are these among so many people?" What indeed were our offerings of medical expertise, procedures and supplies, and stoves for better air and conditions in a few homes, in the face of such staggering needs? What difference did it make?

Norm addressed this issue in the team devotions he had prepared before going to Guatemala. He wanted to share the perspective that Jesus is our model for any efforts of healing; most of Jesus' miracles were healing miracles, despite the fact that he well knew how temporary such healings would be. What was the point of healing those who were doomed to the eventual return to illness, weakness and ultimately death? Why even try? So many needs faced, so little time to meet them.

The point for Jesus was not the act of healing itself, for he healed relatively few, but the significance of the healings as signs of God's gracious, healing love. For Christians all actions of healing, whether performed out of this conviction or not, point to the hope of God's intention for all people to be made completely and permanently whole in His heavenly kingdom.

While Norm had prepared such thoughts in the removed situation of his study in Portland, they took on profound relevance in the context of Cascade Medical Team's actual work on the ground in Solola. Our workers, who gave their best skills and energies to meet the pressing needs of the people seeking help, became terribly aware that we were only scratching the surface of the needs. What was the point of a team from affluent America coming to the heart of poverty in Solola? Was it a naive exercise in futility for some well-meaning but

misguided do-gooders? Or perhaps the feeble efforts of privileged Americans who recognize that their charmed lives are enjoyed at the expense of the world's poor, and who for whatever reasons are moved to try to contribute something back to 3<sup>rd</sup> world humanity? We had to believe that our mission was worthwhile, but what difference did it really make?

It made a difference to individual persons – and first of all to us. We were way out of our comfort zones, physically and emotionally, trying to offer some help in the face of desperate needs. We were gratified and inspired by the help we could give, while at the same time shaken to our roots by the reality of 3<sup>rd</sup> world conditions that otherwise never touches us so personally. We experienced lessons in poverty and humility on-the-hoof.

It also made a difference to the individual persons we helped. We had to remind ourselves that God gives supreme value to each life, to the one lost sheep among the 99. Our mission could not be measured by numbers – though we did tally some numbers – but far more importantly by each person who came to us with hope for some help, some relief, some healing. For that person our efforts made a difference.

And the difference was not only, and mostly not even primarily, in the specific procedures or medications given to that person; it was in the fact that we were there at all, people from another world who cared enough to come and offer help to that person. The healing action, however simple and seemingly insignificant, was a symbol of hope for that particular needy individual living in a world of poverty and hopelessness

But the difference reaches beyond individuals. Ask the stove teams about the wide-ranging impact of just one stove installed in an indigenous home. Or the family and village of little Marvin, who was blind but now can see. The individual actions of healing and helping have ripple effects among family, community, and the larger world around that action. And not only ripples of help, but ripples of hope. “No man is an island,” neither in their needs nor in the effects of meeting those needs.

- The deeper meaning:

Yet the symbolic power of helping and healing action reaches even further, into the deeper and more spiritual dimensions of human existence. It calls to mind Jesus' story of Judgment Day, in which the Judge welcomes those on his right into his heavenly kingdom; he tells them they had fed him, clothed him, cared for him when sick, met his needs. Apparently not aware of having met God, they asked the Judge when they had met him and provided help, to which he replied, “whatever you did for one of the least of these brothers and sisters of mine, you did it for me.”

Whether we are aware of it or not, we are meeting God in the face of our neighbor, and when we try to meet the neighbor's needs, we are doing God's work. In the attention given, in the operation performed, in the medication and hugs offered, we are doing the signs of God's gracious healing will and ultimate destiny for all humanity.

God allowed us the privilege of meeting him in the lives and needs of the people of Guatemala. They are now part of our minds and hearts; real faces on real individuals with real needs. We couldn't meet all of the needs of all those people in that other world; no one could. But we were humbled to be the angels of mercy to those we could help. At the same time, they were God's face to us, putting our lives in new perspective. We can never look at life, at other cultures and other countries, at poverty here and abroad, in quite the same way ever again. And that makes all the difference in the world.