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2010 CGH Scholar Summary

Objectives:

The main objective of this project was to find out as much as possible about the current emergency medical system in the thirteen communities around Lake Atitlán. I hoped to gain this information through interviewing as many people as possible. In particular, I planned to interview physicians, nurses, midwives, ambulance personnel, community health educators, community members, and anyone else with a significant role in health emergencies.

Research experience:

The experience was extremely educational and I consider it a success. The first two weeks during the UVA study abroad class were well-spent since it gave me the opportunity to learn about how Guatemala's political system, history, educational system, economy, and cultures. Likewise, the three weeks I dedicated to language study in Xela were invaluable. This preparation allowed me to communicate confidently with the people I was interviewing and with my translator throughout the interview phase of the project and interpret people's responses to my questions since I had a framework for understanding their perspectives. Although a few individuals had been misled by "gringos" in the past and did not want to talk with me, the vast majority was happy to spend time explaining how the emergency medical system worked in their communities and what the greatest needs were.

Outcomes:

After 41 interviews in 13 communities, in addition to informal discussions with American healthcare providers in Santa Cruz in our free time, a few patterns emerged. First, there are many barriers to health care around the lake which would rarely need to be considered in the US. For example, the majority of the community members around the lake do not speak Spanish, while the employees at the local hospital generally speak only Spanish. There is also a misconception that people only go to the hospital to die, which arose because people have traditionally waited until they were critically ill to go in the first place. The two greatest needs for emergency medical care in the area, however, appear to be equipment and training. Both have been inconsistent in recent years, with various organizations and individuals providing, for example, five pairs of gloves at a time to midwives or a few months' worth of classes to emergency committees (which are somewhat comparable to ambulance services in the US).

Personal reflection:

Although Guatemala is known for being a difficult place to conduct a research project and adjustments had to be made to my plans at every step of the way, I was very pleased with the amount of information I was able to gather. On a personal level, I fulfilled a long-term goal of my own by living in a Spanish-speaking country for ten weeks and becoming comfortable in a place where nobody else spoke English. I am very excited about the prospect of helping future UVA students to build off of the information I gathered with projects aimed directly at the areas of greatest need that I identified this summer.