

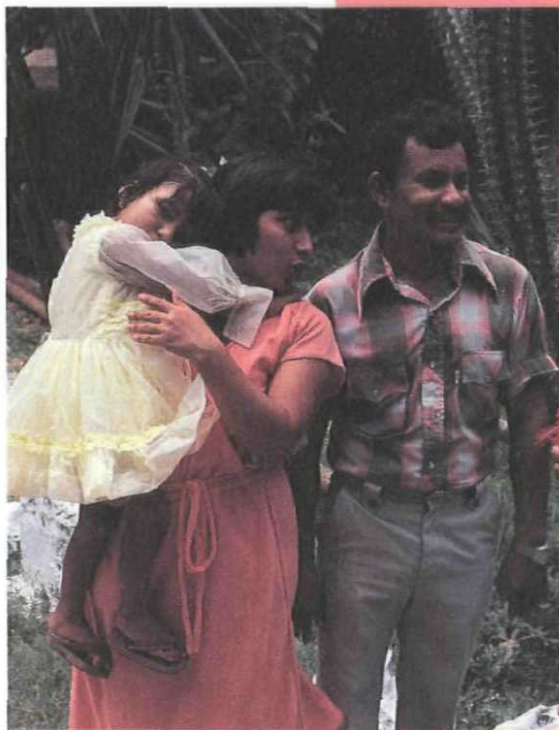
La Niña de Génesis

BY JOHN H. GAY, MD

It could have been a street scene in any of thousands of towns in Mexico: one-story buildings in various pastel colors with louvered glass windows, flat roofs, and people quietly milling around—men, women, and children of all ages who fit perfectly into the picture like pieces of a jigsaw puzzle.

As we emerged from the VW van in front of the building in which we would hold our clinic, the small crowd watched with quiet curiosity—an occasional hesitant wave of greeting here, a flicker of a smile there. Our colorful shirts and blouses screamed “American tourist.” And we towered over the adults, most of whom were only about 5 feet tall. The women were dressed in clean, sparkling-white, knee-length dresses ending with a bright, wide embroidery border. Most of the men wore khaki pants, white cotton shirts, and straw panama hats. I managed a bit of a smile and a “*buenas tardes*,” and a collective murmur came back softly. They were quiet and dignified and gracious to the visitors.

We were in Campeche, a city of several hundred thousand in the Yucatan peninsula of Mexico. Our purpose: to examine children for heart disease and to offer them free care at our hospital in Des Moines, IA.



Two years after her surgery, Yamile is thriving.

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specialist in
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No one there had even heard of Iowa. We were in Mexico at the insistence of one man, a dentist from Boone, IA. Everyone knew him as Dr. “Cap” Erbe, a big-boned, wide-faced man who made friends in a moment. Cap had been coming to the Yucatan for years, providing free dental care under the auspices of the organization called Partners of the Americas. Then Cap himself developed heart trouble, and after his surgery he told of the many children in the Yucatan with heart disease.

He told his cardiac surgeons of the many poor people of Mexico who were not eligible for free medical care under their system, explaining that children were suffering and dying of treatable heart disease. The Iowa heart surgeons listened with interest, talked with their colleagues, and discussed the situation with the administration of Mercy Hospital Medical Center in Des Moines. The hospital decided to provide its facilities for treating these children if the doctors would do the work free.

The hospital collected money for transporting the children and assembled a team that included a cardiac surgeon, a pediatric cardiologist and his wife, Cap, and a bilingual pediatric nurse. The team members traveled at their own expense to Yucatan, but local officials provided hotel accommodations. And here we were, in Campeche, about to start another clinic.

We were led to the examining room, about the size of an average U.S. bedroom, accompanied by a Mexican physician who had organized the clinic for us. Local nurses and young doctors in training were also there. With the children and their parents either coming, going, or being examined, the room was impossibly cramped.

Someone had placed a small fan high on top of a dusty, worn medicine cabinet. The fan seemed out of place there, probably only recently brought from somewhere else in the clinic. Through the dirty glass of the medicine cabinet we could see a few yellowed pamphlets on immu-

Continued on page 86

nization and several small packets of outdated medicines. The fan hummed on, not helping much, only stirring a bit of the still, hot, heavy afternoon air, its presence little more than a token acknowledgment that *los médicos norteamericanos* were there.

Sweat ran down backs and dripped off noses of the Midwesterners, who were unaccustomed to such heat and humidity. Conversations in Spanish, Mayan, and English added to an almost surrealistic atmosphere. And pervading everything was an uneasy feeling of helplessness.

Something was wrong. Although we had seen a lot of children, not one family had consented to come to Des Moines. We speculated that no one could believe there was no "catch." Why would strangers offer free transportation and free medical care to children of poor parents from a poor country? Rumor had also reached us that people doubted it was really free. Some wondered whether we would be experimenting on their children. The parents seemed overwhelmed by suspicion and anxiety. We relied heavily on the soothing encouragement of our pediatric nurse, Lupe Holder, who spoke to them in fluent Spanish. Lupe cajoled them, but few showed any willingness to allow their children to come.

As I watched their faces, I doubted anyone would actually come. It required too much trust of strangers from a faraway place, too much faith in people whom they had never seen before. These people lived simple lives, tucked away in small, remote villages. Many preferred to speak Mayan, the language of their ancestors. Their houses of sticks and thatched roofs had been built the same way for thousands of years, the only modern adornment being perhaps a bare lightbulb hanging from the ceiling. Their reluctance was understandable, but a shame.

Lupe interrupted my reverie. Another child was ready to be examined.

She screamed at my approach, her dark eyes filled with tears and terror. Hardly a year old, I thought, and tired from the long wait, plus her natural fear of strangers. She would not be easy to examine. Both her parents were there, holding her, embarrassed by her strug-

gling and crying, offering soft words of comfort, but she exploded with yells when I touched her. Every pediatrician knows that situation, and all I could do was try to listen and to examine her as best I could, check her EKG and chest x-ray, and determine if anything was wrong with her.

I knew little Spanish, but was picking it up fairly quickly. "*Ella tiene un soplo*," they told me. She has a murmur, I translated, and between screams I could hear a loud murmur, the *soplo*, but little else. The EKG and chest x-ray confirmed that she had a serious heart problem. Her name was Yamile—pronounced "Yah Mee Lay."

I called Lupe over.

"She has heart disease—can't tell exactly what, but it's serious. I'm pretty sure we can help her, but she'd have to be brought up for a cardiac cath before we'd know for certain."

Lupe nodded, and in her quiet, reassuring manner started talking: "*Yamile tiene . . .*" The rest was lost in a tumble of unfamiliar words. Lupe was patient, understanding, and believable. Her steel-gray, wavy hair framed a noble face with the high cheek bones and olive skin of her Mexican ancestry. I watched the young man, Carlos Suarez, and his wife, Maria. They were nodding and spoke at length with Lupe, who was quickly winning them over. I knew they would come.

Later Lupe explained that Yamile was the couple's only child, and they had known of her heart murmur since shortly after birth. She had had several bouts of pneumonia, probably caused by her heart condition. The doctors there were very concerned. Carlos was a teacher, Lupe told me, and had little money. But he accepted us readily: He knew it was impossible for little Yamile to have surgery in Mexico. We had become their only hope.

Later, after the last family had gone and the room was quiet, we slumped in our chairs out of exhaustion and relief. Someone had accepted our offer; we smiled quietly with satisfaction.

Weeks later they came. It was the young family's first experience with an airplane, with an elevator, with high-rise buildings, and with color television. As they entered their hospital room,

their eyes met a banner stretched across Yamile's bed: "*Bienvenidos Yamile.*"

Nurses and doctors who hadn't used Spanish since high school tried out a few words, but much of the communication was left to pointing, gesturing, and laughing. Meanwhile, members of the Mexican-American community in Des Moines also welcomed them. They brought food more familiar to the family to supplement the bland hospital offerings. Their new friends stayed with Carlos and Maria during the days of testing and surgery. And, *gracias a Dios*, Yamile made a quick recovery after her operation. Two weeks later they returned to Campeche. Yamile was cured of her heart problem.

Six months later the team went back to Campeche. Now we were no longer total strangers, and this time Yamile, Carlos, and Maria were at the clinic. Yamile continued to do well, and we told the family that she would have no more heart problems. We saw many more children, as before. But this time someone was there who had already gone to Iowa, and her story was being told and retold in the waiting room.

"Yes it's true, they helped my daughter," Maria probably said. "And it was free. See how healthy my daughter is now!" And perhaps with a bit of a smile she added, "Most of them don't speak much Spanish, but they are really nice people anyway, and they will treat you well."

With that reassurance, more children began to come to Des Moines, not only from Campeche but also from other areas of the Yucatan peninsula. The unbelievably good news spread to others, and within 10 years more than 300 children had come to Des Moines for free care—300 children from 14 countries around the world—from Asia, Africa, the Caribbean, the South Pacific, and even the Soviet Union.

Each of these children's lives was touched by the leap of faith taken by the parents of that first child, the beginning one—*la Niña de Genésis*, the Genesis child. □

This 12-year-old program is now known as the Mercy-Variety Club Children's Lifeline Program. This story is dedicated to the love and leadership of Lupe Holder, RN, and the late Cap Erbe, DDS.