Five students head to an impoverished village in Honduras—after Tropical Storm Michelle, no less. After some time there, it becomes hard to shake the thought, We’re only here for two weeks; what can we do?

Even when the rain abates, the air is so thick you can almost move it with your hand. It’s November, seven months into Honduras’ marathon rainy season. A guide leads Taji Yazdany and her University of Pittsburgh School of Medicine classmates Suzanne Atkinson, Michelle Dorsten, Rachel Eash-Scott, and Stacey Walter to a battered Toyota pickup outside the San Pedro Sula airport. They sit on wooden slats in the truck bed, gripping their luggage and the steel rails that have been installed for cargo. It’s a rough ride from the city to the village of San Jose—where they’ll be administering care and getting a crash course on community health assessments with the nonprofit health-care partnership Shoulder to Shoulder. As the driver turns off the two-lane highway and onto a muddy trail slashed through the woods, the passengers hang on even tighter. San Jose is just a tiny cleft in a mountainside, accessible only by this dirt path sliced into the green of the rain forest. The road is perpetually new, the red silt slick as potter’s clay. Still, the driver maintains speed at a swerving, lurching chop.
Her mantra. The locals seem immune. Students in expensive hiking boots slide and stumble behind a local woman in backless, high-heeled sandals gliding up the slippery clay inclines. This aggressive, coffee-colored paste is worse than the homesickness and the diarrhea. Worse than the respiratory infection they’ll pass to each other and worse than the cold, concrete floors they’ll sleep on each night. Above almost anything else, the Honduran experience will leave them with a greater appreciation for one simple luxury—a clean cotton T-shirt.

Days before she was due to leave for San Jose, 25-year-old Yazdany heard reports of a tropical storm in the Caribbean. Her parents called her in Pittsburgh, panicked by the memory of Mitch—the worst natural disaster to strike the Western Hemisphere in modern memory.

"You’re not going," they insisted. But Yazdany didn’t waver. Instead, the fourth-year student continued to pack her bag according to the list the program’s coordinator, Pitt professor William Markle, distributed to his students: stethoscope, latex gloves, scrubs, sleeping bag, headlamp. Her own list was a little different—she wasn’t taking any chances. She packed everything in her medicine cabinet, every over-the-counter drug she could find. Then she collected toys and money for impoverished families. And once a week, as a safeguard against malaria, she took her dose of chloroquine, despite what she heard from friends: It may cause hallucinations. Nightmares. Cardiac arrhythmia.

Besides violent tropical weather and harsh topography, social and economic challenges plague the mountainous interior of Honduras. San Jose villagers face all the usual problems of being Honduran—insufficient health care, malnutrition, poverty—plus the complications of isolation. Even in big cities like Tegucigalpa and San Pedro Sula, the ratio of doctors to residents is approximately 8 to 10,000. San Jose doesn’t have a doctor, and the nearest clinic is in El Progresso, more than an hour away in good weather, inaccessible otherwise. A single Honduran nurse helps village midwives deliver babies and immunizes the children. The inroads she has made convinced Markle, an MD and an assistant professor of family medicine at the School of Medicine, that San Jose would be a place where a well-meaning group of American providers could make a difference—knowing also that such a proposal is not an easy thing to carry out.

Shoulder to Shoulder is devoted to assisting communities in Honduras to improve their own health care. Markle, a member of the

Atkinson is thrilled. Navigating this exotic, rough-hewn terrain in the back of a rattletrap pickup, she feels like the heroine of some adventure novel. But while she revels in the excitement, Yazdany is busy not looking over the guardrails at the earth flashing by on either side of her. By the time the truck reaches the village more than an hour later, she is carsick.

Most of the village is made up of mud and stick houses over the hillsides, accessible only by foot. Near the road sit simple cinder-block houses capped with rusting, corrugated tin roofs. Children, chickens, and pigs wander from plot to plot. Tropical Storm Michelle didn’t cause the devastation that Hurricane Mitch did in 1998, but there have been some complications. Washed-out roads kept the translators away and stalled the delivery of meds and glass slides for the microscope.

No electric lines reach here. Anyone with a TV or a radio powers it with a car battery. A handful of pulperíass—market stands that sell cold drinks and basic groceries—have generators. The few solar-powered refrigerators and telephones in the village are useless from June to December, the rainy season.

And then there’s the mud. It oozes and attacks as if alive. When Yazdany jumps down from the truck’s bed, queasy but still eager, she sinks a few inches. For days, no matter how carefully she treads, the mud finds its way to her ears, her hair, her last clean pair of scrubs. “How did I get mud here?” becomes her mantra. The locals seem immune. Students in expensive hiking boots slide and stumble behind a local woman in backless, high-heeled sandals gliding up the slippery clay inclines. This aggressive, coffee-colored paste is worse than the homesickness and the diarrhea. Worse than the respiratory infection they’ll pass to each other and worse than the cold, concrete floors they’ll sleep on each night. Above almost anything else, the Honduran experience will leave them with a greater appreciation for one simple luxury—a clean cotton T-shirt.

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CLOCKWISE FROM TOP: Yazdany and attending physician Maria Matsudo in the clinic. Markle treats an emergency case. Atkinson and family-practice resident Jon Maier talk to parents of children who have gripe y tos (cold and cough). A hammock serves as a stretcher.
International Health Medical Education Consortium, joined with the organization hoping to partner with a village like San Jose—a place whose residents were looking for a long-term relationship with an organization to help them meet their goals. Shoulder to Shoulder had visited the village a few times—it provided training for a nurse for San Jose, helping to pay her salary. Some of the local women had formed a nutrition committee to develop programs for the village’s malnourished children. Markle, with colleagues Mark Meyer, a private practice physician, and Randall Kolb, who practices family medicine at UPMC Shadyside, recruited a Pitt/University of Cincinnati team of family physicians, nurses, residents, students, a nutritionist, and an engineer. The students’ rough ride marked the beginning of the Pittsburgh chapter’s first mission. For two weeks, surrounded by the broad leaves of the Honduran rain forest, they slept, ate, studied, and saw patients in an abandoned shell of a kinder block, a former kindergarten classroom.

Their days start with 7 a.m. breakfast. Rather than their using the limited food available in the village, groceries and bottled water were brought up to San Jose from El Progresso and stored on ice for the Shoulder to Shoulder team. Cooks wash dishes in an outdoor wash basin; the toilets and showers are open-air, concrete stalls outfitted with PVC pipe. Shoulder to Shoulder taught the local women to wash fruits and vegetables in a bleach solution, but they make the solution so strong that the entire kitchen smells like a swimming pool. The portions they dole out (homemade corn tortillas and oatmeal in the morning; tortillas, beans, rice, and chicken in the evening) aren’t enough for the students, who easily could eat seconds. Maybe twice. The Americans seem about twice the size of their Honduran counterparts.

After breakfast, the children drift in, at first for a look at these strangers, and later to play with the toys they know are stashed in the clinic. They would come even earlier, but the doctors send them away if they show up before 7 a.m. They run in packs, barefoot. Most of their fathers leave the village to work in the maquilas—American apparel factories in the cities—while their mothers cook, clean, tend livestock, and dry out raw coffee cherries to sell to the roasters. It’s almost impossible to identify which child belongs to which family. They just seem to belong to the village.

These children are tiny, easily mistaken for three to four years younger than their age by the doctors and students. They are dressed in ill-fitting, American hand-me-downs—an oversized Pittsburgh Penguins T-shirt, a too-small Looney Tunes hooded sweater. And their giggles and shouts fill the village air that become pitting, ulcerated lesions all over the body. Worms they can treat. But all Yazdany and her colleagues can do for a young girl with leishmaniasis is scrub her sores clean and give her a referral to the clinic in El Progresso. When Yazdany finishes, she asks the girl to pose for a picture. She dutifully raises her raw, oozing arm and turns her big brown eyes to the camera.

The women complain of headaches, indigestion, fatigue, symptoms the students recognize as anxiety. Atkinson sees a 17-year-old girl whose brother raped her and whose mother threw her out of the house. Yazdany helps a bruised and bloody woman who tried to throw herself off the mountain when she found her husband in bed with his mistress. In Pittsburgh, they would refer these patients to the women’s shelter or a mental health professional. In San Jose, Yazdany watches helplessly from the doorway of the clinic as the patient gets back in the truck with her husband and drives away.

But when the clinic closes at 4:30, the army of children floods the dirt yard behind the clinic for games of Monopoly in the middle and soccer. The students join them, plucking new oranges from the trees when they clumsily crush the makeshift soccer balls underfoot. Students struggle to remember each child’s name, but limited Spanish and the sheer volume of small faces make it almost impossible. Instead, they’re remembered as an eager huddle, a single entity clutching the chain-link screen of the pharmacy window, waiting with equal patience for a clinic visit or a turn with the jump rope. These children are sick—they don’t need an exam to prove it—but in the backyard of the clinic, their stoicism relents to constant, pealing laughter. A sound that makes you want to laugh and cry at the same time, as Yazdany says. And sometimes, when the rain stopped and skies cleared over the orange trees, “It felt like paradise,” says Atkin-

After dinner, the students attend lectures by attendings and residents, where they discuss worms, tropical diseases, and malnutrition. Some take their second cold shower of the day in a futile attempt to be rid of the mud. Some actually find the energy to study. Others play cards in the clinic. Before bed, they try to maneuver bed- ing away from the leaks in the tin ceiling but soon give up. They learn to sleep pelted by cold raindrops in a pitch so black that when Atkinson waves her hand before her eyes, she sees nothing but darkness.

I'm going to turn on the lights now. Atkinson's running joke. At 6 a.m., she opens the windows.

The students have been in San Jose more than a week. Every day, they split into three groups. One group works the pharmacy window, dispensing medicine through a gash in the chain-link. Another sees patients in the clinic. The third goes out in the field to conduct nutrition surveys.

In the clinic, second-year student Stacey Walter translates the medical history of an elderly man who complained of trouble swallowing. Just a quick oral exam with the tongue blade revealed masses of distorted tissue, a carcinoma.

“I tried to explain that this was serious, that he needed to go someplace else, that it was cancer,” she reports back. “But he didn’t seem hugely concerned about it. He just wanted to swallow.” All that could be done was send him away with a small bottle of children’s Advil for the pain, a couple of doses. Not even a drop in the bucket from Walter’s point of view. But the old man was appreciative, even chipper.

Another day, out in the field, Yazdany followed members of the local health committee into the barrios, down those steep and slippery slopes to mud brick homes stuck to the side of the mountain like magnets. (The cinder-block homes on the main road are for the wealthy.)

When Yazdany visits, many families are busy repairing the damage caused by Tropical Storm Michelle. The children she wants to measure and weigh for the survey are naked, and it's hard to tell where they actually live. “You just have kids wandering in and out of people’s houses,” she tells her schoolmates, exasperated.

Distributing parasite medication to cancer patients and cleansing surface wounds for the mentally abused seemed futile. It was hard for Yazdany and her peers to shake the thought: We're only here for two weeks; what can we do?

With each evening's lectures, and each day's patients, the students came to realize that all their efforts might not change life in San Jose if their priorities didn't come closer to the community’s. Markle tried to warn them from the start, but they couldn't hear it until they actually lived it, notes Atkinson. They came to this village, as Yazdany puts it, with “golden hearts”—deep pockets of good intentions. But they were hindered by the urge to do too much. In the end, maybe the most important thing they had to give was hope.

It was time to reassess their goals.

The mothers of the village might not recognize the need for a women's shelter, but they knew their children were hungry. Their nutrition committee hoped to serve all the local children one full meal each day. The med students' surveys reported the missing elements in the local diets and the severity of the malnutrition. With Shoulder to Shoulder, they could offer the knowledge and even some of the resources for villagers to help themselves. Here was the true beginning of the San Jose mission. And it was time to go.

But not for good. By the time the students scrambled back onto the pickup truck to leave San Jose, many had committed to returning in April. With Markle and the other Pittsburgh doctors, they intend to raise $18,000 to provide training and materials for the village's nutrition committee. The next time they visit, they'll also administer care from a mobile clinic donated by a Texas charity. These are smaller victories than they had dreamed when they landed in San Pedro Sula, but at least now it was clearer how to build a solid foundation that golden hearts could sustain and supplement, even from Pittsburgh.

“Going there, we had no perception, no idea, of what this trip would mean,” says Yazdany a month later, stacks of snapshots from the trip fanned on the table in front of her. Her clear, olive skin is naturally flushed in the warmth of a coffee shop. She's not the tired, muddy young woman in the pictures, the one with the red nose swollen from congestion and the eyes underlined by bruised-colored circles. But she's not quite the student she was before, either. The chloroquine diminished her appetite and left her a few pounds lighter. And after being in the trenches, she admits it feels a little weird to be home. Part of her is still in San Jose, mud in her ears, wringing the rainwater from her scrubs.