

# That Which Cannot be Remedied Must be Endured

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**Abstract:** Thousands of children from the Mexican state of Chihuahua live with debilitating neuromusculoskeletal conditions. Most do not have access to affordable, quality specialty care. To meet this need, a medical team from the United States conducted outreach clinics in Ciudad Juárez. The team screened hundreds of children and identified those who could benefit from surgery and other charity care. From the perspective of one medical social worker, this narrative describes the history of the clinic, the challenges of providing international medical care where need constantly outpaces resources, and the reality of denying aid to the children who need it most.

**Keywords:** health, international social work, medical social work

The young couple hesitantly approached me. Like many others standing shoulder to shoulder in the crowded hallway, they had been waiting more than a day in the smoldering, cramped fire station. After scraping together a few *pesos*, they had packed a little food, bade farewell to their family and headed north on a bumpy, eight-hour bus ride to the congested border city of Ciudad Juárez, not knowing what the future held for their little two-year-old.

She was their first child, and like many children in the remote *rancho*, she had been born at home. It was a complicated delivery. The young couple didn't understand why she didn't walk. She didn't talk. She would scream out and shake uncontrollably. She required constant care. A visiting *promotora* told them it was severe cerebral palsy, and that there was no cure. While their minds accepted that fact, their hearts ached for their little angel. Surely something more could be done? So when the radio station announced a free medical clinic sponsored by an American hospital, they decided to tempt fate and make the journey north.

The hospital's first medical outreach clinic in Juárez was held more than twenty years before. Two surgeons recognized an unmet need for specialty pediatric care in the region where thousands of Mexican children lived with wide-ranging neuromusculoskeletal problems, a result of poor maternal prenatal care, insufficient infant nutrition, and inadequate early intervention. Almost all went without medical treatment because their parents couldn't access the national system of social security clinics, and they certainly could not afford to see a specialist.

The two doctors saw a unique opportunity to provide charity medical care while offering real-world education to medical students and residents, so four times a year they led teams of physicians, students, nurses, social workers, interpreters and medical assistants across the muddy band of the *Rio Bravo* to a prominent red and white fire station at the base of the Santa Fe Bridge, just a stone's throw from El Paso, Texas. The *bomberos* graciously cleared out their sleeping quarters and exercise room to accommodate the waiting families, and they dutifully helped children up and down the stairs, carrying their wheelchairs, walkers and crutches. Local volunteers circulated through the crowd dispensing drinks, snacks, balloons and smiles. A

television played grainy cartoons in the background.

I joined the clinic team in my first year working for the hospital. We held other outreach clinics in the U.S., but the Juárez clinic was unlike any other. In the days before electronic medical records, protected health information and overweight baggage fees, we would bring literally every medical record for every child who they had ever seen in Mexico in the past two decades. We tried our best to schedule appointments, but telephone communication was spotty and we didn't always know which patients were going to show up, and what they would need. Before each trip we packed hundreds of paper charts into two bulky metal suitcases dubbed the "silver bullets" along with office supplies, cast saws and assorted prosthetic and orthotic devices. We never knew what we might need, so we brought it all.

Locals were fond of saying that Juárez and El Paso were one city, two countries. While there were similarities, Mexico had its distinct rhythms and rituals. Years before drug cartel violence dominated news headlines and crossing the border became a life-or-death decision, on the eve of each clinic we would explore local landmarks and barter for souvenirs in the bustling open-air markets lining *Avenida 16 de Septiembre*. We enjoyed a folk dancing dinner show at a former *hacienda*, the last complete meal we'd eat for almost 24 hours. It was a time to bask in the culture and to build camaraderie and commitment to our medical mission.

Morning always came too soon. Our emeritus chief-of-staff, a world-renowned pediatric orthopaedic surgeon in his 70s, was waiting in the lobby of the hotel to personally drive the advance group across the border to set up the clinic. After two decades he knew the route like the back of his own weathered hand—a hand that had grasped precision instruments, sutured tiny incisions and gently caressed the heads of thousands of little patients over the course of his storied career. He was nearing the end of his service in Juárez, but his advancing age and declining stamina didn't slow him. There were still children to treat. There were still residents to teach. There was still work to do.

Stern authorities with automatic weapons waved our rental car through the border checkpoint and we took an immediate right into the Chazimal zone, once the site of a fierce irrigation dispute between the United States and Mexico, now a mostly vacant federal public park. We followed the winding frontage road past an expansive soccer stadium, government buildings and half-finished apartment complexes with ragged rebar jutting from grey cinderblock walls like antennae. Before long we turned into the fire station parking lot where hundreds of people milled about the grounds and kept watch from the windows. As we unloaded the suitcases and made our way towards the clinic, the firemen greeted us with shouts of "*hola!*" and hearty hugs and handshakes. So esteemed were the doctors and clinic team that the firemen had painted a large mural on the station wall depicting us in action. Instantly, hundreds of hopeful eyes were upon us. Word spread quickly that the doctors had finally arrived, and like a sea parting for a prophet, the crowd made way as we ascended the broken red tile stairs to the third floor.

The clinic was chaos. Families crowded together on one side of the narrow hallway waiting for

follow-up appointments, while another line formed for new patients. No one dared move, lest they lose their place in line and miss their chance to consult with the doctors. The crowd was a microcosm of modern Mexico: urban *mestizos* with latte-colored skin and clear green eyes, rural residents in traditional dress, and blonde, blue-eyed Mennonites in straw hats and overalls whispering in Old German. Time was precious, so the medical teams immediately jumped into action. One group performed exams and determined which children might be good candidates for surgery, while the grey-haired chief, dressed in his ubiquitous matching coat, presided over the follow-up cases in another room, dictating notes and reviewing x-rays through the cracked, sun-lit windows.

Cases ranged from routine to complicated. We saw a fair number of flat feet, bowed legs, limb length inequalities and supernumerary digits. But we also saw toddlers with uncorrected club feet, teens with recurring hereditary bone cysts, and young adults with severe, progressive kyphosis that bent their tender spines like pretzels. The doctors' triage skills were tested repeatedly as a limited number of new patients could be accepted. Even with the generous support of donors in the U.S. there was never enough funding to help every child.

The sage surgeon had seen almost every orthopaedic condition imaginable and he knew when a child was beyond help. "We can make them different but we can't make them better," he advised the attentive medical students and residents. In other words, surgery might change their physical appearance, but their mobility and quality of life might never improve. Since the first Juárez clinic, the hospital had helped thousands of children, but many more had to be turned away. The job of giving families the bad news fell to me.

The young parents entered the screening area and presented their little girl like a holy offering. The doctor gently unwrapped her blanket and placed the child on the barren cot that served as an exam table. Medical students and residents gathered around as the veteran physician conducted a quick but thorough physical exam, noting the severely contracted limbs and neurological impairments indicative of cerebral palsy. Flies circled lazily overhead in the thick midday air. The doctor's words echoed in the room: "Tell them I'm sorry."

The parents looked at me with questioning, anxious eyes, hoping the pronouncement meant good news. Surely these doctors could do something for their daughter. Surely the trip had not been made in vain. Surely there was a cure for the mysterious monster that ravaged her spastic body. Sadly, certainly, there was not.

"*Lo siento*," I told them as I fought back my own tears. "I'm sorry. We cannot help her." The desperate parents held my gaze, silently praying the verdict might change if they lingered. I shook my head. With resignation they picked up their daughter, wrapped her in the ragged blanket, thanked us for our time and shuffled back through the crowd and out into the street. As a warm breeze washed through the upper floor window I watched the little family board a bus on the crowded street below, the residents of Juárez oblivious to their anguish. They would bear their lonely cross once more.

The rest of the day was a blur, and before I knew it I was in the back seat of the rental car engulfed in a cacophony of internal combustion and street vendors as we inched over the bridge towards home. Everywhere I looked I saw children, walking the bridge in navy blue school uniforms, kicking a soccer ball in a dusty field, brandishing bags of nuts or plates of gum for sale—characters in a scene that would play out forever in Mexico.

The children we scheduled for surgery that day had their lives altered forever, and with our help the majority went on to live happier, healthier lives. I traveled to Juárez four times a year with the clinic team, some of the most exhausting and exhilarating work I've experienced in my career as a social worker. Over the years I watched many of the children grow up, finish school and enter young adulthood full of confidence and promise. Yet I will always be haunted by the memories of those we turned away, the sad, dark eyes of the pleading parents, an embodiment of the Mexican proverb: That which cannot be remedied must be endured.

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