



# The Fanny Pack Chronicles

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I was born and raised in Venezuela, where I also trained as a physician. As a young doctor full of hopes and dreams, I struggled with the realization that the slow-growing cancer of corruption had turned my country's pillars into salt and sand. At patients' bedsides and in moments of need, scarcity was the norm, and it mostly affected the poor. While learning about medicine and how to do best with limited resources, I realized the importance of the fanny pack.

After graduating from medical school, I decided to practice in a mountainous rural area near the Venezuelan coast about an hour away from the closest city. After a bus trip, a subway trip, and two more bus trips, I finally arrived at the hospital early in the morning with my fanny pack hanging over my shoulder. I oversaw hospital beds, a labor and delivery area, and served 20 to 30 patients each day. It was exhausting to work 30-hour shifts, yet incredibly rewarding, as I was helping others the best way I knew how—through knowledge.

The community I served in the mountains was underserved in several ways. On my first day, I noticed the bus had taken an alternative route, and when I asked the driver why, he replied, "A landslide destroyed the main road a few months ago. The government will probably fix it this year." That happened 10

years ago, and it still hasn't been fixed, but that's a story for another day. Scarcity wasn't a stranger. When I had sutures, I did not have saline, and when I had both, there were not enough gloves. "Doctor, that's the only pack of sutures I can give you," was frequently heard in the modest hospital.

My fanny pack had two opposing roles. It was a safe place, almost always containing a saline bag, tubes, syringes, sutures, and paper for prescriptions. Simultaneously, opening it would bring me back to the sad reality of poverty and want. In times of emergency, this duality was more evident. I remember vividly when one of my patients needed a bag of ringers; a colleague took a bag out of his fanny pack and gave it to the nurse. In the back of our minds were two questions, "How did we get to this?" and "Why?!" My fanny pack helped me navigate the sea of scarcity.

After my first month in the mountains, I realized that most of the malnourished children, scabies cases, pediculosis, and intestinal parasites frequently came from an area called "El Refugio" (The Refuge). I did not think much of the name since colorful town names are quite common in my country, and places such as "The Lemon," "The Little Lemon," and "The River" were also common among patients. Still, there was a pattern here, and I decided to volunteer to see the place for myself when

nobody else would. "How bad can it be?" I thought.

Once there, I understood. *El Refugio* was a shelter. In 1999, torrential rains caused destruction and death in the area. To temporarily relocate the survivors, the government took an office building under construction and turned 10x15-foot offices into "apartments." Families had to share a bunk bed and a bathroom where the shower was located just above the toilet. Ten years after the 1999 tragedy, the shelter was still under construction, without a regular water supply or disposal systems. The residents of *El Refugio* had been forgotten.

Upon my arrival to *El Refugio*, I saw two dogs eating corn on the cob. As I got closer, I realized that what I thought was a dog was an emaciated girl with a bloated belly, covered in dirt, with multicolored stripes in her hair. I had confused a girl with a dog! Even today, this memory haunts me. Still baffled by my mistake, I immediately hurried to work, joining a nurse in a modest and clean room. My first patient was the girl I had seen at the entrance. It did not take me long to realize that ascariasis was one of her problems. I took a bottle of albendazole from my fanny pack and handed it over

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to the nurse. Once again, and several times after I decided to volunteer at the shelter, my fanny pack played an essential role in my commitment to healing.

When I left Venezuela and came to the United States, I chose family medicine because I knew it would bring me closer to my roots. Upon starting residency, I dusted off my fanny pack only to put it back in the drawer a week after. I realized it only housed pens and gum and that I no longer needed to stockpile basic medical supplies in case of an emergency. My fanny pack, once again, was bringing me back to reality—a new reality. When COVID-19 came,

the thought “Will I need my fanny pack?” came to my mind, but fortunately, I did not.

Having the opportunity to train as a physician in two different realities—one of abundance and one of scarcity—helped me realize that underserved populations, regardless of the latitude, face the same obstacles of a lack of community resources, illiteracy, high medication costs, and language barriers. This realization has forged in me a genuine and unconditional pact with my patients to listen, help, heal, and serve regardless of the resources available. I will continue to be the bridge between health and those in need.

My fanny pack faithfully awaits, while I am hoping that no matter where I am, I will never have to use it again.

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