An Ambulance for Santa Cruz la Laguna

By Peter Cooch

I first came to Guatemala in the fall of 2008. I had been working as a rafting guide on the Arkansas River in Colorado. As the summer rafting season closed down, I faced three months of unemployment until my job as a ski patroller in Montana began. On a whim, I bought a plane ticket to the cheapest place I could find in Central America. I flew in to Guatemala City the night of my twenty-third birthday.

Through a google search for “Guatemala + rafting”, I was lucky enough to secure tentative work in advance as one of two guides for a Dutch-owned rafting outfit. My predecessor had broken his leg and herniated a disk in a bad flip at high water. No one seemed to mind I’d only be a guide for one season. Coming from one of the most popular sections of river in the world, the Río Cahabón was amazingly and unnervingly remote. The water was placid and turquoise, until the unmistakable horizon line and watery rumble signaled an upcoming rapid like Entonces, Chulac Falls or Skull Canyon. An occasional rope bridge, curl of smoke, or children’s shrieks of “Gringo!” provided the only clues the river valley was inhabited. We never saw another boat.

We’d often hire Don Napoleon, one of the few men in town that owned a truck, to drive us back from our longer trips. I owe him much of my awareness of the injustices in Guatemala’s past and present. Don Napoleon had worked as an interpreter between the government and rebels negotiations in the nineties. His accounts of wartime atrocities consumed hours of harrowing back-roads travel.

Returning from our first overnight expedition, we drove through a shantytown erected outside an imposing concertina-wired wall in the middle of nowhere. Suddenly truck was encircled by a dozen machete-wielding villagers. Along with hundreds of other families, they’d been evicted from their lands by a Canadian open-put mining operation called Maya Nickel. The only gringos most of these men had ever seen were from the mine.

After a seemingly endless exchange, Don Napo managed to defuse the situation. We were soon having sugary coffee-water with Lú (Pedro in Keq’chi, so my name as well), the spokesman for the displaced families. Our friendship with Lú grew every time that we passed through. Despite intimidations and death threats, Don Napo spoke at a protest of twenty thousand farmers a few weeks later. It wasn’t long after that that Don Napo was shot, most likely one of Guatemala’s untold political killings.

As the date of my departure approached, I resolved to return to Guatemala for a more involved stay. I spent my last two weeks in Guatemala traveling across the country, visiting half-a-dozen different clinics I’d found online or by word of mouth.

I ended up deeply connecting with a small organization called Mayan Medical Aid. MMA was founded in 2004 by a Guatemalan pediatrician and her husband, an American
emergency physician. Its operations are based out of Santa Cruz la Laguna, an indigenous town above the shores of Lake Atitlán in the western volcanic highlands. Mayan Medical Aid operates a small clinic, conducts day-long outreach clinics throughout the week in nearby villages, and oversees a 24-hour volunteer ambulance service. Through these services, it provides access to free-of-cost primary and emergency care to about 20,000 people in the area.

I took on the responsibilities of volunteer coordinator and drafting grant proposals that winter from the United States. From May to November of 2009, I returned to Guatemala as a full-time volunteer, managing the pharmacy and outreach clinic logistics, giving consultations and training local volunteers in emergency care. I am returning this May for another four months as part of what is evolving toward a lifelong involvement with the clinic. This time, I will be heading up a long-awaited expansion of primary and emergency care to three of the most remote and impoverished villages in the area.

In November 2009, on the last day of my first seven-month stay in Guatemala I was taking in the stunning landscape high above the village I’d lived in. As I hiked across the terraced maize fields, I heard a Mayan farmer hailing me from up on the hillside. I followed him into his home, where I found a young woman. She was feverish and had intense abdominal pain, with a history of bloody diarrhea. I was on my own with no medical training other than my EMT at the time. I urged the family to take her to the hospital, but they were unable to do so. There were no vehicles in the village, and should one hazard by, transporting everyone might cost a week’s wages. Besides, I was told, the hospital was where people went to die.

In the end, I arranged to have a course of anti-amoebics for dysentery carried up to her.

She passed away a few days later from complications of a ruptured appendix. I found out via an email from the clinic after I had returned to the states.

The village was called Chuitzanchaj, or place of the tall pines. Along with Pajomel and Laguna Seca, it was one of the most remote hamlets in Santa Cruz. According to zoning, these communities depended on the municipality and our clinic for healthcare. But geography dictated their isolation. The villages clung several hours’ hike above the lake, at the end of a ruinous road winding in the opposite direction.

I’d been drawn by their beauty and sadness. At 7000 feet, cold fog wreathed the namesake evergreens. Spanish was rare (most locals speak one of the local Mayan dialects, T’zutujil or Kaq’chikel) and gringos drew crowds of shrieking children. Whenever a physician was willing to accompany us, I’d organize a team to trek supplies up the mountainside. We’d seen toddlers that weighed little more than newborns. Scabies and pinworms were so common people didn’t realize they were even illnesses.

The three communities lie clustered at the terminus of a road that eventually connects to the free government hospital in the department capital (a one-to-two hour drive away, depending on conditions). Due to the extreme poverty of the communities, the dire
condition of the road, and their dead-end location, there has been no dependable motor transport available in the past to access the hospital.

The most acute source of suffering caused by these villages’ isolation was obstetric emergencies—a critical issue in women’s and children’s health around the world. Half a million women and newborns die yearly from obstetric emergencies, and 95% of these deaths occur in low-income nations. With any pregnancy, there is a fifteen percent chance that a life-threatening condition will occur that requires emergency care. Although most developed nations have drastically reduced maternal mortality, it has remained such an implacable presence elsewhere it is now considered a primary indicator of global health inequity.

Not only is maternal mortality one of the most common causes of unexpected mortality in Mayan communities, but it is also among the most devastating and easily preventable. The victims are frequently young and healthy women who are essential providers for their families. The Guatemalan state of Sololá, which Santa Cruz belongs to, has one of the highest maternal mortality rates in the Americas—around 270 fatalities per 100,000 live births.

In rural Guatemala, almost every woman that dies in childbirth is a Mayan, most likely without a job or education. The chief factor affecting these rates is access to hospitalization. Very few Maya women in the area choose to give birth at the hospital. Instead, the vast majority have a traditional home birth under the care of a midwife. When obstetric complications inevitably occur, definitive treatment at a hospital is the only life-saving option. The time spent between the start of an obstetric emergency and hospitalization is the most lethal variable faced by mothers in developing nations. Without a method to access the hospital, thousands of Mayans living in the clinic’s vicinity are vulnerable to obstetric complications, along with numerous other treatable maladies.

I knew the need was critical. But what could be done? I had an idea—one so far-fetched it had taken my entire stay to occur to me.

Back in Montana, I’d left an old pickup packed with all my possessions in a friend’s garage. A ’94 Toyota, I’d bought her off a rancher for $1000 after my first winter ski patrolling. She’d come with the moniker “White Thunder”, a bone-dry dipstick, and no explanation for her battered countenance, which included a jaunty shrug to her chassis and a plywood panel in place of a rear window.

She’d never pass inspection back in Vermont, where I was starting medical school next fall. But a substantial part of the Central American economy was based on eking out second lifetimes from unwanted vehicles. In fact, I estimated old Tacoma pickup trucks outnumbered every other car in Guatemala put together. Once south of the border, I imagined the abundant parts and cheap skilled labor could sustain white thunder for decades.
The immediate question was how to go about getting there. Guatemala was a 30° wedge of the earth’s circumference from Montana. The obstacles I’d face were daunting—including an inhospitable police state where strangers could be detained on a whim. And once we’d made it through Arizona, there was still Mexico. Yet after two years of sub-zero ignitions and icy mountain passes, my confidence was absolute. Deaf to the naysayers, I started recruiting a copilot and donated medical supplies to fill the truck.

The trip began more or less on May 1st, 2010. I’d convinced my girlfriend at the time to join (against her parents very strenuous objections).

We spent our first week meandering down the southwest, mostly in Utah and Arizona. The drive clipped corners of Colorado and New Mexico as well, and with Montana, Wyoming, and Idaho on the way down, we tallied seven states on our way to the border. In Tucson we bought provisions and prepare for the big border crossing. That night White Thunder celebrated her 200,000 mile birthday as we pulled into camp.

Although I’d spent quite a bit of time traveling in Mexico before, I didn't know quite what to expect behind the wheel. The past months I’d gotten all sorts of helpful advice about kidnappings, breakdowns, crooked cops, customs seizures, and far worse. To tell the truth, even making it through Arizona had seemed a challenge—my plywood-patched window, high-collared Guatemalan jacket and Mexican folk CDs seemed to beg for a document check.

Monday morning we arrived at the border by nine. The line of trucks waiting to cross in the other direction looked to be several miles long, but our truck was all alone. We bounced through a maze of paperwork, fees, declarations and car searches, and then found ourselves facing the open road. ¡México!

I’d heard enough about border towns I figured it wasn't worth poking around Nogales. Instead, we merged onto the highway headed south across the Sonoran desert, toward the Sea of Cortez.

Our route was about the longest but flattest one available—along the length of the Pacific Coast. For anyone following along on a map, our stopping points were San Carlos, El Fuerte, Mazatlán, Sayulitas, Michoacán, Zihuatenejo, Playa Ventura, Puerto Escondido, and Juchitan.

At first we dutifully remained on the cuotas—privately-owned expressways recommended by travel guides, patrolled by federales and funded through innumerable toll booths. Contrary to initial expectations, White Thunder stuck out like a sore thumb. Mercedes, Land Rovers, and sleek tour buses whizzed by our . After two days, we’d had enough. Judging from the ominous appeance of the check-engine light, the truck had too.
We exited onto the infamous *libres*, the public “open frontier” highways, figuring we’d see the countryside and save our wallets. The road was full of potholes, diesel-belching trucks passing on blind curves, and dropped into garbage-filled ditches with no shoulders. But it somehow felt right. White Thunder withdrew her objections (or more likely the check-engine light burned out), and we were on our way.

The roadside taco stands, speed bumps, and military checkpoints blended into a recurring haze. But the evolution of the landscape attested to our progress. We passed Saguaro cacti, thorny scrub, Agave fields, endless banana plantations, swampy lowlands with blood-red sunrises, pristine beaches, rocky coastlines, industrial ports, and city slums.

Of course May was the hottest month, and we had no A/C. To beat the heat, we’d start at sunrise and try to be off the road by early afternoon. Despite that, most hours were spent with all windows down, conversation or music drowned in the wind, and dripping with sweat.

Over the last few days, the surrounding had slowly been conforming to my associations with Guatemala. We saw women wearing traditional woven garments, fruit stands appeared on the roadside, and thunderstorms rolled in from the ocean every afternoon. We also drew encouragement from the rising number of old, worn Toyota pickups we saw on the road. White Thunder was coming home!

After three weeks, 4700 miles, seven US and nine Mexican states, we finally crossed into Guatemala, we crossed in Guatemala at the city of Tapachula. The border crossing was simple—rather than do the full paperwork, I opted for a temporary tourist visa at that time, figuring I could return later to do the import paperwork. Starting at sea level, we gained ten thousand feet over a morning, switchbacking into cool, tropical highlands. Central America’s tallest volcanoes loomed over us. After a night in Quetzaltenango, we descended to Lake Atitlan.

We hadn’t had so much as a flat tire, petty bribe, or unsavory encounter. I couldn’t help but feel disappointed.

Of course, I should have known better.

Within a few days, all hell broke loose in Guatemala. As my travelling companion was en route to the airport to fly back to the states, the smoldering Volcán Pacaya erupted. Although her shuttle was delayed hours churning through ankle-deep sludge of ash and rain, she didn’t realize anything was amiss until she arrived at the gate. Black rain and post-apocalyptic traffic must have seemed reasonable given her grim expectations for Guatemala City.

Since Eyjafjallajökull in Iceland had recently help up transatlantic travel for nearly a month, it seemed apparent this eruption might effect air travel for a while. I hopped in the truck to pick her up. That’s when Tropical Storm Agatha hit.
We spent the afternoon escaping Guatemala city, battling upstream past stuck cars, uprooted trees, and downed power lines. A day later, a massive sinkhole would swallow a three-story building not far from our route.

For the rest of the weekend we took shelter as landslides and floods took out every highway in central Guatemala. That night someone broke the passenger window and stole our stack of burned CDs. Although not quite looting, it added to the sense of rising chaos.

The destructive combination of Lake Atitlán’s deforestation and steep basin walls was no secret. During Hurricane Stan, entire villages had been obliterated as hillsides calved like glaciers. This time, twenty people around the lake and over a hundred across the country lost their lives. But no one had died in the villages served by our clinic—largely thanks to heroic evacuations during the height of the storm.

Still, nothing could prepare me for what I saw as we returned to Santa Cruz. The buried houses, gaping ravines, and denuded hillsides looked like the aftermath of elemental trench warfare.

The next morning we visited Jaibalito, a village hit especially hard. The destroyed wells, latrines, and inescapable mud threatened unholy contagion. Psychologically, people were traumatized. The situation wasn’t helped by the Ministry of Public Health’s recent bankruptcy. Its staff hadn’t been paid nor medications purchased for months, and we labored to pick up the slack.

Over the rest of the summer, of course, the aftermath of Agatha set most of the clinic’s agenda. In the meantime, I made steady but frustratingly slow progress on White Thunder’s conversion. I convened weekly meetings with the members of the cocodes (village council members) from each of the three communities I was giving the truck to. The decorum and deliberation (in Kaq’chikel of course) that accompany every decision has been quite the introduction to diplomacy. And that is to say nothing of the underlying family politics, rivalries, and interests across three hamlets with perhaps a dozen last-names. My main ally was a young man named Noé, whose sister had been the young woman who died of a ruptured appendix the year before.

About halfway through my stay, I decided to take the step that I’d been putting off for weeks—drive to the frontier to make the truck officially Guatemalan. This paperwork could only be completed at one of the Guatemalan border crossings, and the closest to me were along the border with Mexico, eight hours away. I drove halfway that night, spent the night in the city of Quetzaltenango, and woke up early to make it to Malacatán by nine.

I had been seeking out advice on the importation process for the past two months. Since I had no bill of sale, the taxes I paid would depend entirely on the value the officials put on my vehicle. I was assured that with the physical damage and over 200k
on the odometer, it wouldn’t be much more than $400. The catch was you couldn’t find out the exact sum until you arrived. I had brought along $500 put in secure bank checks that only I could cash.

I spent hours that morning in the no-man’s-land between Mexico and Guatemala, pleading my case with a half-dozen import agencies. Everywhere I was informed the rules had changed. The mileage and condition of the vehicle were no longer being taken into account. Without a bill of sale, I would be charged a tax of over $1500—more money than I’d paid for the truck in the first place, and almost more than I had in my name. I would have to repeat the fourteen-hour round trip later, if I could even raise that much. Meanwhile, I had a temporary car permit stamped in my passport. This step, designed to dissuade anyone from trying to import a vehicle without paying import taxes, meant I couldn’t leave legally depart Guatemala unless the vehicle left with me. Even if I had a family or medical emergency, I was told I'd be detained at the airport.

In the end, desperation won out. I was able to talk business with a small import office under a disco-slash-brothel. Through means I was assured were perfectly legal, they told me it ought to be possible to produce a bill of sale from a used-car dealership in Texas. The price was still outrageous, but barely within my means. After a taxi ride to several ATMS across Malacatán, I had emptied every account I owned and just reached the revised sum of Q6,100 (nearly $800). I felt sick to my stomach as I pushed through the street vendors, hawker, and prostitutes with the roll of bills in my pocket. The man in the office whisked the money and my passport out of my hands and into his pocket with a mischievous grin. I wish I could see his eyes through the aviator sunglasses.

For the next six hours, I waited at a taco stand, watching telenovelas and sweating bullets. I literally had no money left, and had freely given over my passport to a document forger. The sun set. At 7:40, twenty minutes before the border closed for the night, I was told to start up White Thunder and pull into the queue, still dozens of cars long. At 7:59PM, as I pulled up to the turnstile, my facilitator appeared at the window. He slipped me a manila envelope and disappeared. I passed it over, contents unseen, to the customs officials. While the truck’s undercarriage was sprayed with insecticide and interior searched by flashlight, I watched as a flurry of stamps and signatures ensued. As the lights turned off and the metal screens came slamming down over the custom agency windows, I was waved back into Guatemala. A heavy drop of rain hit the windshield.

I drove about an hour before stopping to look at the papers. The bill of sale was from M&M motors in El Paso. The signature of our clinic’s pediatrician, Dra. Carmen Cerezo, had been forged numerous times. I had spent 11 hours in the seediest place I’ve ever wandered in, a cross between the Cantina scene in Star Wars I and 1968 Hanoi. I had essentially paid for my truck a second time for the right to give it away. And I still had to drive half the night, climbing 10,000 ft in a thunderstorm, to make it back to my hostel in Xela. But at least I was free to leave the country at the end of the month to start medical school in August!
A few weeks later, I was up in Chuitzanchaj when I received a knock on the door of the little house I was renting there. A concerned neighbor led up the road to a hut. The funeral-like dirge of an entire extended family in prayer emanated from within. Inside, I found a woman in her thirties soaked in sweat, suffering from stabbing abdominal pain. I was almost floored by the sensation of déjà vu.

As you recall, the November before, I had found myself in a similar situation that ended very poorly. While hiking through Chuitzanchaj, on my last day in Guatemala, I was called over to an almost identical house. That time, the women had died a few days later from a ruptured appendix. That event wracked me with self-doubt and recrimination. But it has remained one of my most powerful motivations as I strived to make the ambulance a reality.

This time, I convened the entire family. A quick conference addressed most of their fears involving the cost or unfamiliarity of the hospital. Within half an hour she had been bundled into the pickup along with her husband and eldest children and we were lurching along in 4WD.

After hours of waiting in the emergency room, a nurse finally arrived with laboratory results in hand. Petrona had pyelonephritis, an infection of the kidney likely caused by an ascending UTI. She was on IV antibiotics and already improving.

Having already spent the cost of the truck once over again in import taxes, I’d been hopeful that I’d made the last payoff to the Guatemalan revenue service. Unfortunately this wasn’t the case. As the importer, I still had plenty of tramites (red tape) to get through to get Guatemalan plates and transfer ownership to the cocodes. When I went in to inquire about the next steps, I learned that I would need to pay another $300 and leave my passport at a government office anywhere from two weeks to a month. That wasn’t a chance I was willing to take with my flight home in three weeks.

I was faced with the choice to do something hasty and ill-advised or exercise restraint. In a few-day blitz of activity, I signed over a power of attorney to allow the truck to be used by our clinic to continue conducting outreach clinics in the three communities and to transport ill patients to the hospital.

It was deeply disappointing to leave so many aspects of the truck had to be left in limbo on my departure. However, I was coming to realizing that successfully transforming the truck into an ambulance will be a marathon effort that requires hunkering down for the long haul. Some progress had indeed been made: I had initiated the process of transferring ownership of the vehicle to the communities. I spent two months living within the community of Chuitzanchaj, in a small one-room hut, consulting with leadership and townsfolk in each of the villages. Two young men had been elected to be the ambulance drivers. We had drafted petitions to the municipality to cover future gas and repairs expenses.
That fall I started up classes at UVM, and learned that there was an enormous pool of support and enthusiasm for the project. I made plans for my return the summer between my first and second years of medical school.

At that time, I was fortunate enough to be joined for the summer by my friend Adam Ackerman, who spent many years working in a pathology lab before medical school. Adam started by reaching out to his former colleagues and soon had acquired a donated centrifuge from Fletcher Allen and high-end refurbished light microscope from Mass General. He introduced me to faculty in the pathology department at FAHC, letting me arrange several afternoon tutorials. In that way, I was able to learn protocols for many simple techniques, such as gram staining, preparing wet points, centrifuging blood and feces, and making peripheral blood smears.

After setting up the microscope and centrifuge and assessing the available materials, it was clear we were short a lot of critical elements. There wasn’t much other choice than one of the always-avoided errand trips to Guatemala City. After purchasing another $500 of supplies and reagents in Guatemala City, we had everything we needed for a simple but functional laboratory.

It soon proved that creating a physical laboratory was the easy part. Becoming proficient in the protocols ourselves was the first hurdle. Adam and I taught the clinic’s medical assistants phlebotomy, and had numerous vacutainers of own blood drawn to practiced preparing, staining, and reading smears. I’d collect fecal samples of anyone with diarrhea for closer examination. As my comfort increased, I worked to integrate the lab testing into everyday life at the clinic.

I am quite proud of what we were able to accomplish in the end. The clinic now uses a hematocrit centrifuge to screen for anemia in all prenatal check-ups. The staff can quickly prepare peripheral blood smears, helping to differentiate between various subtypes of anemia. It may also prove a powerful diagnostic tool for intracellular parasites such as malaria. Our providers run rapid antigen assays on patients in for H pylori, rotavirus and adenovirus. Stool samples can also be prepped as ova and parasite exams under the microscope. Skin scrapings can help diagnose scabies and fungal infections. The clinic now has occult blood tests and urinalysis in its arsenal as well. In the past, the clinic lost valuable funds paying for necessary laboratory tests to be run by private labs in nearby cities, often an hour away. The clinic is now both saving money and providing better care to patients thanks to the new in-house diagnostic capabilities. Most excitingly, having a laboratory has sparked a curiosity among the clinic staff, most of whom are indigenous Mayans. It’s been so gratifying and exciting to show our nurse practitioner white blood cells under the microscope, or help one of the assistants perfect her venous blood draw.

Of course, one of the big objectives for the summer was to complete the truck ambulance. On that front, there were both breakthroughs and hold-ups. As it stood, I had to leave before being able to witness the final results.
Over the past winter, I had decided to take advantage of an offer extended by the government university in the department capital of Sololá. The Universidad del Valle runs a technical training program in automobile body repair. Although it appeared primarily superficial, they truck had considerable body damage from an unknown past accident.

I accepted the university’s offer and had the truck delivered. The technical program offered to completely refurbish the truck’s exterior as a training project for its students. They only charged for materials, and at a steep discount.

The technical program bestowed many additional practical improvements as well. The partition between the cab and the truck bed is being removed to allow for free communication between the driver and the patient. The height of the camper that covers the back is being raised to allow the medics space to work and sit. And the truck was completely repainted white, with “Ambulancia” stenciled on the side. I’ve always believed that clearly distinguishing the ambulance is vital to deter non-medical abuses of the truck by the drivers or community officials.

Unfortunately, as you might guess, the refurbishing process has lasted far longer than I expected. The labor is all provided by students, and there proved to be many unforeseen repairs along the way (it turned out parts of the chassis were badly warped and needed to be reworked). As a result, the truck was in the garage for the entire summer. When I visited, all the seats and non-metal components were still completely disassembled, and they were hammering out the body. Although I was told it would be in the garage for two months, it ended up staying for six.

Another hurdle which I undertook that summer was to transfer ownership of the truck to the collective ownership of the three villages. It’s a prerequisite step in order to receive Guatemalan license plates and registration. Unfortunately, it’s been the most ghastly round of red tape I’ve seen to date. To file the paperwork, I had to relinquish possession of my passport to the Guatemalan tax agency for an undisclosed period of time (I’d been told around a month). For that reason I’d been unable to complete the transaction the year before.

With limited time I knew I had to act fast. I found a business that specialized in greasing the wheels with taxes and paperwork. Once again (and act I was becoming increasingly comfortable with), I handed over my passport and a good stack of cash. For the next month, I remained undocumented. Delay and complication stacked up one after another. Of course, there was some concern on my part as significant parts of my paperwork were forgeries I had to have made at the Guatemalan/Mexican border last summer when paying truck import taxes. I kept imagining getting a knock on the door from the some shadowy secret police organization and being lead away in the night.

In the end, I had to force the agency to do a document “hostage exchange” with only a week to spare before my departure. They took possession of our Guatemalan pediatrician’s driver’s license, as well as the documents for Don Andres, the village
elder who’s the spokesperson for accepting the ambulance. As of December, the paperwork was still stuck in the pipeline somewhere. Around that time, I was informed I need to pay another fine “for taking so long to complete the paperwork”. All in all, it makes tax time in the US seem like a breeze.

However, major breakthroughs have been made recently. The truck conversation is completed, and the truck is sitting in a parking lot waiting for my return. And our clinic physician has the truck’s Guatemalan license plates in hand. Presently, I am paying for several youth in these villages to go through a driver’s education program and receive their operator licenses.

Over the next three weeks in Guatemala, I will work closely with the drivers and the village emergency volunteers until I’ve assured their proficiency and safety traversing the difficult conditions of the back roads. Community education will be vital for the project’s success. We will convene a series of town meetings, targeted toward women, to increase awareness of obstetric complication and how to access to the ambulance.

A final step I’m looking forward to is the completion of the truck’s refurbishing process. I will construct a sturdy, cleanable, and removable gurney and benches in the bed of the truck. The construction will also incorporate lighting and secure storage space for first aid materials and a 220ft³ oxygen cylinder.

After two years of planning, I have never been more excited to finally the present the truck to the citizens of the three towns!