# Closed Doors and False Hope: A Critique of Medical Aid Provided by American-Run Organizations in the Sacred Valley

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Their images are permanently burned into my memory. I can still see their faces, still see the deep sorrow in their eyes. I have no photographs. No way to contact them. But their stories are always with me as constant reminders of the medical realities that exist in this world, realities I am dedicating my life to improving.

I grew to know four different individuals whose stories would form my understanding of the harsh medical conditions in Peru. Margarita, whose damaged nose reflected years of harsh discrimination, was once again denied medical aid. Waldir, whose gruesome surgeries to repair his damaged fingers left him shaken and traumatized over and over again. Eduardo, who will never receive medical treatment for his developmental delays, that have led his mountain community to believe he is spiritually possessed. And Tatiana, the Peruvian ProPeru Health Coordinator, whose inability to connect with the indigenous[1] communities she worked with cost the organization a great amount of respect and trust. Each of their stories tells a different tale of forgotten human rights.

In June 2009, I arrived in Urubamba, Peru to work as a health intern and public health investigator with the American organization ProPeru. I was to volunteer in a Ministry of Health (MINSA) clinic, run by employees of the Peruvian government, and on health campaigns in the mountains, as well as gather health data on some of the most vulnerable communities in the Sacred Valley. I was under the impression that ProPeru was dedicated to collaborative developmental projects. As Executive Director of ProWorld Service Corps, Richard Webb, wrote, the organization has "focused on developing relationships within our host communities since our foundation in 1998; building trust and understanding between ourselves and our hosts." This indicated to me a solid partnering with the indigenous communities aided by the organization. I was excited to work to empower these communities and promote medical equality. Lacking structure, communication, and, frankly, an internship program, I quickly learned that ProPeru was less interested in establishing these relationships and more interested in making a financial profit.

A month into my internship, a Peruvian friend informed me of an American-run clinic, Clinica Hampiy, that treated patients turned away from MINSA clinics. An American couple had started the clinic with money from their retirement fund to provide basic health and dental care to Peru's poorest people. Since its founding, over seventy American surgical teams have practiced within the clinic walls. Each month, a different self-funded, self-equipped, specialized team comes for a one-week medical campaign. During these campaigns, hundreds of Peruvians visit the clinic seeking the surgical expertise of the teams, of which only ten to fifteen receive operations. The couple also employs a staff of about thirty Peruvian doctors, nurses, and workers, who run the clinic from eight am to five pm every day. Partnered with at least five American non-profit organizations, Clinica Hampiy receives donated medical supplies, often expired, and equipment from American sources. I would spend the next two months of my time in Peru also working for Clinica Hampiy and witnessing incident upon incident of the profound health disparities that prevent indigenous Peruvians from receiving adequate medical treatment.

I chose to intern in Peru because it is said to have the worst healthcare system in all of Latin America.[2] Over half of the Peruvian population lives in poverty while nearly a quarter, disproportionately the indigenous populations, lives in extreme poverty.[3,4] I went with the hope that I could learn how to provide effective cross-cultural medical aid. I wanted to learn more about Peru's healthcare system and try to identify the forms of discriminatory healthcare practices that were causing Peru's indigenous populations to have the highest rates of morbidity and mortality in Latin America.[5] I would come to know the bitter taste of lost hope and helplessness.

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### Margarita: Consequences of Discriminatory Poverty

*Margarita is caked in dirt and dust. The smells of her farm animals emanate from her skin. She wears a caramel colored top hat, a faded pink patterned skirt, thin pink shirt and a light blue, tattered, cardigan with small slipper shoes that are so old and damaged they hardly cling to her feet. Her ash-colored hair is braided into pigtails down her back; black string, added to give her a more youthful appearance, joins the two braids at her waist. She is so thin, so tiny.*

*A large portion of the bridge of her nose simply is not there. A small piece of tissue paper lies delicately across it soaked in dried blood. Her hands are rough and callused, wrinkled and cracked from old age and hard labor. Her sad, sunken eyes look deep into mine as if she searches for some condolence, for some greater meaning for her hardships. Her partially opened mouth reveals that she only has two broken, yellowed teeth on the bottom row. She appears much older than her 69 years. The deep wrinkles engrained in her face yearn to tell of her life.*

*There is so much pain. Margarita is afraid to be alone but has no one. She was an only child, and her parents died when she was very young. She married a man she spoke highly of and they were saddened to find they could not have children. Her entire life was a struggle to buy enough food. When her husband died, Margarita had no source of income and no skills with which to support herself. She became homeless, depending on the kindness of her community members for help. When a widow in her community died, the community granted her permission to live in the barn. "But that can only last so long before they forget you," she told me.*[6]

*Her home signals the depths of her poverty. Isolated high in the mountains, hours from the main roads, in the dilapidated barn where Margarita lives, her animals have more space than she does. The open wooden structure, though large in size, seems to lack the means to sustain a family, much less an old woman. Miles away from a water source and completely exposed to the chill of winter, Margarita lives a desperate life. The animals that run around her home act both as her only family and her source of food. She is terrified that something serious is wrong with her but knows she does not have the money to pay for treatment. For over three years she has suffered because of her nose.*

*Dr. Lewis and the Peruvian doctor take one look at Margarita, assume she has cancer, and say there is nothing they can do for her. They are simply uninterested, refusing to touch her and never speaking to her directly. It is obvious from her tattered clothes that she does not have the money to pay, even more obvious, from the Quechua that pours from her mouth, that she is indigenous, and thus of a lower societal standing. She has no place in this clinic and is, once again, turned away.*

*A thousand questions pour from my mind as I lead Margarita away from the clinic. Why does a woman who has nothing and asks for nothing more than human kindness and much-needed medical help have to be further punished? She looks like my grandmother, like anyone's grandmother. How can she be forgotten so easily? All she can do is cry. All I can do is hold her hand and cry with her. Her hopes for an improved quality of life are shattered once more.*

I had the privilege of meeting Margarita during my second week in Peru, though I was unprepared to face such harsh realities so soon. ProPeru's Peruvian director of health programs, Tatiana, asked me to help her with a favor. In a previous health campaign in the mountains, Tatiana had become aware of a sick, old woman unable to receive proper medical treatment due to the poverty perpetuated by her indigenous roots. Dr. Lewis was a ProPeru volunteer who happened to be an American general practitioner, assigned to aid a Peruvian physician at the Calca Ministry of Health (MINSA) clinic. Tatiana had requested that he meet and diagnose this old woman, and he had, to my knowledge, agreed to such terms free of charge. I was told that Dr. Lewis was eager to help. My mission was to act as a bridge between Margarita and her pertinent medical care, providing transportation and language translations for the American doctor.

Initially, I was filled with nothing but hope at the prospect of helping Margarita, despite the underlying discriminatory processes that kept her from getting proper care from her own government. As my journey with Margarita progressed, I was shocked by the lack of regard for the state of her health. Margarita's medical need was visible, and undeniable. Her nose cried out for medical justice. But after a three-hour journey to bring Margarita to the clinic, a two-hour wait to meet the doctors and a quick, dismissive diagnosis with no promise of treatment, the hope I had of helping her was lost. Dr. Lewis did not even look directly at Margarita, and the Peruvian general physician seemed outraged that I had brought this woman to the clinic at all. Although I desperately pleaded with Dr. Lewis to look more closely at Margarita's condition, my efforts were futile.

Margarita was one of the over fifty-five percent of indigenous Peruvians without access to water and electricity.[7] Her rural community was representative of a common indigenous Peruvian community, where over half of the residents live in extreme poverty.[8] Lack of money restricted Margarita from having the means to purchase health insurance. A problem afflicting over half of Peru's population, lack of this insurance prevented Margarita from being able to set foot in a MINSA clinic for care.[9] Without access to these government-run facilities, her only connection to any form of medical treatment were small *boticas* (drugstores) that anyone can run (they generally do not employ medical personnel) and that often provide wrong medications. Once, a town magistrate had taken Margarita to the closest MINSA clinic in an effort to provide her with some psychological relief from her affliction. The diagnosis: infection. The cure: ibuprofen. This improper diagnosis and medication filled Margarita with hope for several weeks until she realized that her nose was not improving.

While there are a few free clinics in the Sacred Valley and Cusco, it is very difficult for individuals like Margarita to reach them, and even more difficult for them to hear of their existence at all. With no family to help her and no income, Margarita's odds of receiving further medical care were slim to none. My mission and her meeting with Dr. Lewis were supposed to correct the years of mistreatment and medical abuse she had suffered. Instead, it added another link to the chain.

Lack of information from Tatiana caused me to be blindsided during my encounter with Margarita. This lack of information prevented me from recognizing key factors that would ultimately cripple Margarita's access to care until it was already too late. First, ProPeru had never actually agreed to pay for her treatment. Tatiana had only received enough money to pay for a consultation. While Margarita might have been able to obtain a diagnosis and perhaps even a few free pills, she was never going to receive the proper treatment that she needed over the long term, regardless of this visit. Tatiana also had not secured funding from ProPeru for Margarita's transportation to and from the clinic. Between the ten soles (about $3.30) Tatiana provided me and the further money I spent out of pocket to bring Margarita from her home to the clinic, the trip itself totaled nearly 40 soles (about $13). How was Margarita ever going to be able to pay such a price to get regular, perhaps even weekly, transportation for her treatment without financial support from ProPeru?

Second, the American doctor was not in Peru acting as a physician. He had come to accompany his teenage daughter, who wanted to volunteer as a health intern with ProPeru. Because of her age, she was not allowed to volunteer without her father's presence. While he was in a MINSA clinic accompanying a Peruvian physician and his daughter, he did not have any authority to perform or order diagnostic tests. His inability to speak Spanish further incapacitated him from having any influence over the situation. Thus, when it came time for him to diagnose Margarita, he never even looked at her because he had no jurisdiction to make decisions in that space. To do so would have been to overstep his bounds. It was more important to him to keep his relationship with the Peruvian doctor next to him on good terms than to try to help one sick old woman. My outrage was of no consequence in his eyes.

All of these misunderstandings and lack of information led to another disastrous outcome for Margarita. She was once again denied medical aid, this time at the hands of an American organization and an American doctor who had filled her, and me, with unattainable hope. Instead of offering her an opportunity to improve her health, Margarita was once again left to fend for herself. Her story offers the beginning of a chain of false hope perpetuated by American aid organizations.

### Waldir: Exposure to Harsh Surgical Realities

*Doctora Claudia takes her seat on the metal swivel chair that has become her surgical throne. I can visibly see bone jutting from engorged portions of what remains of the last three fingers on Waldir's left hand, evidence of the tractor accident that occurred three weeks before. Without acknowledging nine-year-old Waldir's presence, the surgeon grips his hand and begins testing the strength of the exposed bone with her right thumb. Waldir immediately grimaces in pain. The surgeon calls for local anesthesia and I pass her the syringe. As she begins the digital blocks*[10] *of his three damaged fingers, Waldir shrieks in pain and turns his head away. Streams of tears begin to fall. His reaction only causes the surgeon to clutch his hand more firmly. Her gaze is steady and unbroken, despite the trembling of Waldir's small body. Focused on cutting into the flesh around the bone, she commands in Spanish: "Do not move. You are a brave boy, but now you need to be a brave man.*[11]*"*

*With the small incisions complete and the bone adequately exposed, Doctora Claudia begins to cut into the bone of the first finger with a pair of basic surgical scissors. Lacking metal serrations and dulled from years of use, the scissors are not equipped to cut through the osseous tissue. There is a loud crack and a small shard of bone flies across the room. The sound attracts Waldir's attention. He turns his head to his exposed hand. Seeing blood dripping from his finger and the surgeon's plastic facemask splattered in his blood, his eyes grow wide in horror. I stand behind the surgeon, paralyzed by the look in his eyes. Doctora Claudia tells Waldir, "Do not look. You want to be a smart boy, right? Then you know not to look!"*

*Waldir obeys. He turns back to his side and squeezes his eyes shut. His chest rises and falls sporadically as he tries to hold his tears inside. A few tears escape and dampen his face. He makes no sound but I can feel his suffering in the heavy air. My stomach grows queasy as I realize that Waldir can hear his own bones breaking. I think about how terrified he must be. I glance between the surgeon slowly shaving pieces off the exposed bone and the little boy huddled on the opposite side of the surgical table. "It makes me very cold to see this" the surgeon whispers to herself as she continues to hack at the bone. His anesthesia begins to wear off before the surgery is over, but having no more to administer, Doctora Claudia simply begins hacking more quickly, ignoring the boy's grimaces of pain. The only solace I can offer him is to hold his hand. I tell him that he will be out playing with his brothers soon.*

*It is over two hours before the first surgery to save Waldir's fingers is complete. The experience has left him visibly traumatized, weeping and shaking. He stares at his hand, eyes glazed over in disbelief as I lead him back to the patient room. His mother enters to help dress her son, but even she cannot console him. We dress his tiny, trembling body as Waldir cradles his hand in his arms.*

*The shortage of available anesthesia and Doctora Claudia's lack of experience result in the necessity for two more procedures. The first procedure is to save what is left of Waldir's pinky finger. The next is to operate again on his index finger to correct the improper closing of the skin over the exposed bone. With each surgery it is more difficult to get Waldir into the surgical room. He begins weeping upon entering the clinic doors, knowing the pain that awaits him. I make sure to be with him for each of his surgeries, always at his side to hold his hand. I witness this young boy becoming more and more traumatized with each brutal surgery. What started as a simple cleaning and bandaging of his hand has quickly evolved into his nightmare.*

Doctora Claudia, a Peruvian general physician with surgical credentials, was medically trained in Lima. Her accent provided her with social capital that made her superior to the patients served by the clinic. A woman in her late forties, she was well respected by the staff of the clinic and well known by the patients. She was the only qualified Peruvian surgeon associated with the clinic and, thus, was in charge of all surgeries that occurred outside of the monthly medical campaigns run by American surgical teams. She often was required to perform surgeries she had no prior experience with because she was the only option. Since general MINSA clinics do not perform surgeries and travel to Cusco was not an option for the individuals in this clinic due to poverty, Doctora Claudia really was their only hope.

Waldir's medical situation (hand trauma resulting from a tractor accident) was one for which no one could have planned. His mother had brought him to Clinica Hampiy with the hope that the Americans would provide better treatment than what he would receive in a government-run clinic. They had traveled an hour by bus, past MINSA clinics, to the clinic with the reputation for something better. Instead, lack of medical equipment and anesthesia resulted in a series of surgeries that left the young boy psychologically scarred.

During the actual surgeries, Waldir was unable to receive proper anesthesia and a timely surgery because the clinic neither employed an anesthesiologist, nor had adequate tools needed to cut bone. The sound of Waldir's bone cracking, hours of hacking with nothing more than dull scissors, and the visibly horrified reaction of Waldir all created an atmosphere that felt more like the scene from a horror movie than from the surgical room of a distinguished, well-respected, American organization. I am still left with images of the barbaric and inhumane surgeries that disorient my perceptions of Doctora Claudia's intentions and the clinic's ability to successfully aid its patients. Doctora Claudia showed no regard for Waldir's presence, much less his age. This was a child who should have been provided with the most attentive, supportive and painless care available. He had already been severely traumatized by the accident itself. To me, it was completely unacceptable to cause him further harm through unnecessarily painful and dehumanizing surgical procedures. I could not even imagine such surgical procedures occurring in the United States, much less being repeated.

While it may be true that Doctora Claudia was utilizing all the supplies available to her, as tattered and lacking as they were, this does not justify the fact that better equipment was not available. This American-run clinic, that has contacts with medical personnel and hospitals throughout the United States, has access to better equipment. If the clinic were better organized, it would be able to ensure that proper medical supplies were a staple of the clinic setting. Bringing in American surgical teams on a monthly basis is a fundamental part of the clinic's proceedings. If this clinic were to plan ahead for the general surgeries conducted by Doctora Claudia between trips from American teams, the clinic's American owners could ensure that their patients receive the same quality of care from both their Peruvian surgical team and their visiting American teams. More organization and proper resource planning would ensure a higher quality of care for Clinica Hampiy's patients.

Furthermore, American teams already bring large amounts of anesthesia for the patients they will treat. The clinic should

demand that, as part of their visits, these teams bring extra stores of anesthesia for Doctora Claudia's surgical team. If the American owners are concerned that this demand would weaken relations with American volunteer teams, they could also use funds from American donors to purchase anesthesia, or ask American hospitals to donate expired anesthesia products, most of which have been shown to be good for at least two years after the expiration date.

Waldir never should have had to endure three surgeries. This clinic has a responsibility to limit the unnecessary suffering of the patients it serves. It has a responsibility to live up to its reputation as an "American" clinic with better care, or to step down from its title. These Peruvians depend on this clinic as their only source of medical care. They depend on the clinic to help them in their most desperate states. But by not fulfilling this expectation and leaving patients psychologically scarred from the treatment they receive, Clinica Hampiy is spreading messages of hope for quality care that it cannot deliver.

### Eduardo: False Hope and American Medical Campaigns

*Eduardo enters the observation room of Clinica Hampiy holding his grandmother's hand. Having heard of the visiting Americans on her radio, Eduardo's grandmother carried him from their village to the clinic, a four-hour trek. It is the first time Eduardo has ever been in a clinic. Due to his grandmother's lack of health insurance, it will take a severe medical problem, likely untreatable in any of the medical facilities he will be able to reach, before he will set foot in one again.*

*It is clear from Eduardo's appearance and behavior that he is having some developmental delays. He is very small for his age. His height alone deceives me into perceiving him as a three- or four-year-old instead of the five-year-old that sits before me. This stunting*[12] *indicates that he has been severely malnourished. He also is not speaking or making sounds and moves his head and hands with repetitive motions.*

*His developmental delays may be a result of this undernourishment or of trauma. The grandmother never saw him until he was three years old. She believes his mother was not very careful with him and may have abused him. He has episodes in which he is fine and then gets violent, hitting everything before he falls to the ground and begins to thrash around. Afterwards he is fine, just tired. It could be epilepsy.*

*His grandmother and his mountain community are convinced he is possessed, a belief that has caused them to be fearful of the child. She will not look into his eyes; in fact, she hardly looks at him at all. She is afraid of him because she doesn't know why he acts differently. She seems certain he is sick, and more certain something inside of him is keeping him from being a normal boy. Although I only know Eduardo for a few hours, I am immediately impressed by his curiosity and creativity. Eduardo and I spend hours together sketching on the clinic floor and creating shadow figures with our hands, while Dr. Eliza tries to find a way to help him. He is insistent that I draw every cartoon dragon on his shoes and smiles broadly as the characters come to life on our scraps of paper.*

*Much to my dismay, and the dismay of Eduardo's grandmother, Dr. Eliza cannot help him. The limitations of the clinic surroundings are too great. Her only choice is to send Eduardo and his grandmother to Cusco, where the chances of finding medical equipment and qualified specialists are much higher. Yet the odds of Eduardo's grandmother having the financial means and time to take him to Cusco are very slim. This will likely be his last and only visit to a medical facility concerning his developmental delays. Dr. Eliza whispers to me, as she watches the grandmother drag the little boy from the clinic, "You know, I knew it would be like this. I knew what the problems were before I got here. Still, a part of me hoped it would be different."* [13] *There is nothing we can do to ensure his healthy development in the future.*

Eduardo was but one of hundreds of children who were brought to the American clinic the week of the August health campaign. Dr. Eliza was a pediatrician and wife of a member of the surgical team. She had come as a chaperone for her children. She became an unexpected commodity. Since the American-run clinic does not have an employed pediatrician, nor do the surrounding MINSA clinics in the Sacred Valley, children usually only come to the clinic if they are sick from parasites or need dental work. When word spread that Americans would be at the clinic for the week, parents throughout the area brought their kids with a full range of complicated medical issues. Many of these youth suffered from severe malnutrition, resulting in stunting, while others suffered from severe burns, abnormal bone growths, and mobility problems.

The range of medical problems was alarming; even more alarming was that neither the clinic nor this American surgical team were equipped to address the majority of these issues. The result was that these individuals, who barely had enough money to take the bus to the American clinic, were referred to Cusco. Or, they were told to return in several months when another medical team with the right surgical specialty would be in town. Out of the hundreds of children who entered the clinic, only two children were amongst the ten performed surgeries of this August campaign. The rest were forced to leave with their parents. Frustration and helplessness emanated from these parents' eyes. Many parents plan to return for the next medical campaign, though lack of equipment, supplies, and specialized doctors will most likely produce the same outcomes.

Is it ethical to examine these children at all, knowing that there is little to nothing that can be done for them? Is it really enough to say that these efforts, no matter how disappointing for the patients turned away or futile for the ill-equipped American providers, are better than nothing? I am still uncertain of the answers to these questions, though I believe that more can be done to address these issues. If the owners can bring orthopedic surgeons to their clinic, why not pediatric specialists? Why not physical therapists to help improve the mobility of these children? If the clinic were to document these cases and the needs of the surrounding communities, they could specifically request teams from the United States to address these medical problems.

**Is it really enough to say that these efforts, no matter how disappointing for the patients turned away or futile for the ill-equipped American providers, are better than nothing?**

Eduardo's case was complicated by his community's perception of him as possessed. It was a harsh reality to realize that Eduardo would likely never get treated for his developmental delays and that his "differences" that caused many, including his grandmother, to fear him were bound to continue. These deficits would likely be permanent due to the scarcity of available resources (specifically diagnostic tests and specialists) for developmental issues and further lack of access to medical facilities in Eduardo's home community. Whether the developmental delays were due to psychological or biological problems, Eduardo had access to treatment for neither. His interaction with Clinica Hampiy was likely his one and only chance to receive medical care, and we failed him.

It would be more beneficial for the clinic to collect funds to buy food stocks to give to malnourished kids, or funds for transportation for disabled children or children needing psychological analyses, like Eduardo, to get to Cusco free of charge. Owning several vehicles, a rarity in Peru, and knowing that Cusco is less than an hour away by car, the president and vice-president of the clinic already have the means to provide transportation for at least some of the patients they see. They have a responsibility to help their patients, an obligation that should be extended to the people that travel so far and so long to their clinic doors. The seriousness of this issue is heightened by the stark reality that when patients leave those clinic doors, they will likely go months or even years without receiving proper treatment. Yet, instead of investing in the means to further aid these people, the clinic sends out radio waves of false hope, leaving the demands of families to be met by unsuspecting American doctors ill-prepared to handle the realities of Peru's healthcare. This American-run clinic responded unprofessionally and inadequately to meet the demands of the indigenous communities it serves.

### Tatiana: Scientific Experiments on Vulnerable Populations

*It is a chilly August day and our mission as ProPeru health interns is to collect the monthly stool samples and remind the community of the study parameters. It is supposed to be a routine visit to one of our mountain communities. We are going to Yuacacha to obtain samples from one-hundred and fifty families to process in support of the water filter project.*

*The water filter project is meant to prove, scientifically, the benefits of filtering the water. With hundreds of contacts with indigenous mountain communities, Tatiana hopes that this study will provide the evidence needed to fund a factory in Cusco to mass-produce the filter model, reducing the risk of parasites and bacterial infections caused by the water.*

*To ensure the validity of experimental results, the community is divided into an experimental group and a control group. Only the experimental group receive filters as part of the year long study. A baseline is created by treating all families for parasitic or bacterial infections prior to beginning the study. Monthly stool samples will be collected from each family to test for infections to study the association between infection rates and use of the water filters. The incentive is that all participants will receive a water filter at the end of the study.*

*When we arrive at the community, we find a different scene. In place of the one-hundred and fifty families who are supposed to greet us, there stand five angry middle-aged women holding paperwork. Tatiana, seeming not to notice the contradictory scene, begins to smile broadly as she walks towards the women. Confused at the scene before me, I decide to accompany Tatiana. Through the rapid barrage of Spanish that ensues, it is clear to me that we not only were supposed to have been here to collect samples three days ago, but many of the families are no longer interested in participating. One of the women tells Tatiana, "You lied to them. They think you want to harm their children, that you are doing experiments. You should have told them they would not all get them. They do not trust your filters."* [14] *My heart begins to beat faster as I realize the severity of the circumstances. Will we be able to continue working with this community? I ask myself as I strain to take in every detail of the conversation before me.*

*Tatiana's reply that there was a "*paro*" (strike)*[15] *three days ago and that all of the transportation had stopped is found to be unacceptable. These women, like the community, know that ProPeru has money to pay for its own transportation. They tell her that if it were truly of importance to us, we would have been here.*

*Tatiana, uncomfortable with the situation, suggests that we return in two days after these women have had time to re-contact the families to correct misunderstandings. But the damage has already been done. The families are convinced we were trying to kill their children. Suspicions now exist that by giving filters to only half of the families, without telling all the participants who got the filters and why, we are trying to sabotage the families who had not received the filters.*

*With the growing seriousness of the conversation, Tatiana begins to tap her feet nervously in the dirt, her arms crossed in front of her. Small clouds of dust begin to billow up from her shoes and she looks to the sky, searching for answers. Nothing Tatiana could say or do matters anymore. We have lost the respect of the community and are told not to return again. Tatiana's response is simple: if they don't want our help, there is nothing we can do about it. Without the authority to express my concerns and apologies to the community, I stand in silent disbelief as Tatiana directs the volunteers back to the van. It seems our work for the day is done.*

Tatiana was an energetic, twenty-five year old Peruvian whose strong Cusqeñian[16] accent and flashy wardrobe immediately set her apart from the indigenous communities she was employed to serve. I came to know her my first day in Urubamba and often struggled to work with her during my time with ProPeru. Her inability to respectfully connect with the communities we so intimately visited made it difficult to move our health projects in a meaningful direction. As the head of the health projects at ProPeru, Tatiana was crucial to the initiation, establishment and continued relations between the American-run organization and its communities. Yet the discriminatory attitudes that plague Peruvian society were not altogether absent from her mind simply because she was an employee of an international organization.

It was not that this community did not want our help. It was that Tatiana and other ProPeru staff did not adequately explain how we were trying to help them. As an international organization bringing together Americans and Peruvians, ProPeru has a responsibility to recognize and fully address the needs of the indigenous communities they work with. Nothing can be assumed. All members of the community must provide consent and all procedures must be fully explained to allow these individuals to make informed decisions about their participation.

Tatiana and ProPeru knew when she went to Yuacacha that *Sendero Luminoso*[17] had claimed over 70,000 lives, seventy percent of whom were indigenous persons much like those from this very community.[18] She knew that under President Fujimori the government engaged in campaigns of systematic sterilization in poor, indigenous, mountain communities under false pretenses.[19] Still, she did not have the respect or the concern to address the members of these communities as individuals with rights and the abilities to make decisions for themselves.

It was unjust for Tatiana to blame the community for the mistakes of herself and of her organization. It is ProPeru's responsibility to understand these isolated indigenous communities and adequately communicate the goals and aims of their projects. It is also the responsibility of ProPeru to know when not to involve themselves when they believe their objectives are not being understood. This organization is going into already vulnerable communities that are denied help from Peruvian society, with evident scars of violent misdoings and political wrongs, bringing with it only the assumption that it can save the communities somehow, that it somehow knows what is best. It is this unsubstantiated assumption and elitism that is causing the most damage to these "partner" communities.

In a country that has little regard for the rights of its people – much less its indigenous people – ProPeru was not under the scrutiny of a larger mediating body. In many regards, it was free to do whatever it wanted. I wonder how many other communities ProPeru has lost over the years to lack of communication.

### Hope for the Future

Margarita, Waldir, Eduardo – all indigenous Peruvians – and the indigenous community shaken by Tatiana's actions, encounter blatant discrimination on a daily basis, perpetuated by their own society. Their pasts and presents are shaped by the reality that they experience the highest rates of poverty and the most inept health situations in Latin America. They have learned not to trust government authorities. It is for these reasons that these individuals travel hours, by foot or bus, to reach the American clinics in hope of fair treatment and cures for their ills. It is for these reasons that these individuals allow foreign aid organizations into their mountain communities offering water filters and new stoves. These people had no one else to turn to for help.

And yet, despite the hardships these people endure, international aid organizations fail to provide them with the respect they deserve. These organizations are not recognizing them as individuals with rights and abilities to make

decisions for themselves. Instead, they are blindly raising hopes that they cannot fulfill. It is bad enough these people are being treated as second-rate humans by their own society, even worse that these American organizations are perpetuating this perception. These organizations have the responsibility to understand the communities they want to help and clearly communicate their goals with them. If this cannot be accomplished successfully, these organizations have the responsibility of not involving themselves at all in these isolated communities.

**These organizations have the responsibility to understand the communities they want to help and clearly communicate their goals with them.**

As Latin American human rights activists and CARE Peru employees Ariel Frisancho and Jay Goulden state, "substantial and sustainable change will only be achieved if people who are poor have greater involvement in shaping health policies, practices, and programmes, and in ensuring that what is agreed happens."[20] We cannot fully or sustainably help these people without fully involving them. It is not enough to declare that the medical treatment indigenous Peruvians are receiving through international aid is better than anything they would get in Peru. More must be done. Just because there is no governmental authority to answer to or a board of ethics perched on the shoulders of these organizations, does not mean treatment should be presented any differently than it would in the United States. Indigenous communities should be seen as partners working in conjunction with international aid organizations, telling the organizations about their specific needs so that the organizations can be the most effective. There should be no power struggles, no battles between first- and third-world power dynamics.

If Margarita had been able to have a voice in ProPeru's proceedings, she would have asked to receive a monetary donation to buy social security and pay for transportation to Cusco to ensure her medical treatment for the future. If Waldir had a say in his medical care, he would have asked to have his surgeries delayed until proper anesthesia could be obtained so that his suffering would be as limited as possible. If Eduardo and his grandmother had a say in the proceedings of the clinic, they would have asked that Eduardo be allowed to travel in one of the many cars owned by the clinic to get care in Cusco. And if the community that Tatiana was in charge of had been given a voice from the beginning, maybe ProPeru would have results that prove the effectiveness of their water filters. But none of these individuals were given voices on a larger scale. American organizations made decisions for them, certain their choices would be beneficial without thinking to consult the communities.

ProPeru and Clinica Hampiy are automatically given special privileges because of their American associations. Peruvians assume they have better access to resources, better education, and more money to help them. And the reality is that these organizations do. They have resources to provide for Peru. They have connections within the United States to bring in more supplies and medical teams. But by not being fully aware of the needs and demands of the people their aid is meant to serve, and by allowing American volunteers and medical teams to blindly enter Peru without concrete understandings of the regions they are meant to serve, these organizations are promoting false hope. Instead of using the resources that they have at their fingertips, these organizations are limiting what they will be able to achieve. Yes, that surgical team in Clinica Hampiy changed lives, but imagine how much larger the impact could have been if they had been better organized and better equipped. Imagine if they could provide care comparable to that in the United States. Why can't they? What is keeping these American organizations from providing a higher quality of care? This is the question that demands attention. The answers will lead to a more humane quality of international medical aid and a more equitable treatment of the human rights of all people.

**NOTES**

1. In the context of this paper, indigenous refers to native Andean peoples. These are the ancestors of the Incas, and their discrimination dates back to the sixteenth century Spanish conquest of the Inca Empire.

2. Bureau of Western Hemisphere Affairs. "Background Note: Peru." *U.S. Department of State*. http://www.state.gov/r/pa/ei/bgn/35762.htm (accessed October 15, 2009).

3. Physicians for Human Rights. *Deadly Delays: Maternal Mortality in Peru. A Rights-Based Approach to Safe Motherhood*. Cambridge: Commonwealth of Massachusetts, 2007.

4. According to the World Bank, poverty is living on less than $2 per day and extreme poverty is living on less than $1 per day.

5. Trivelli, Caroline. "Peru." *Indigenous Peoples, Poverty and Human Development in Latin America*. Ed. Gillette Hall and Harry Anthony Patrinos. New York: Palgrave Macmillan, 2006. 199-220.

6. Margarita. Field Notes. 18 June 2009.

7. Torero Máximo, Jaime Saavedra, Hugo Ñopo, and Javier Escobal. "An Invisible Wall? The Economics of Social Exclusion in Peru." *Social Inclusion and Economic Development in Latin America*. Ed. Mayra Buvinic, Jacqueline Mazza, and Ruthanne Deutch. Washington D.C.: Inter-American Development Bank, 2004. 221-45.

8. Physicians for Human Rights. *Deadly Delays: Maternal Mortality in Peru. A Rights-Based Approach to Safe Motherhood*. Cambridge: Commonwealth of Massachusetts, 2007.

9. Trivelli, Caroline. "Peru." *Indigenous Peoples, Poverty and Human Development in Latin America*. Ed. Gillette Hall and Harry Anthony Patrinos. New York: Palgrave Macmillan, 2006. 199-220.

10. A technique of injecting anesthesia into specific parts of the finger to impede sensation in the nerves.

11. Doctora Claudia. Field Notes. 11 July 2009.

12.Stunting can lead to both long-term adverse effects on health, cognition and educational outcomes as well as multigenerational effects on offspring, as stunted women often have low birthweight babies who are more prone to stunting.

Casapia Martin, et. al. "Parasite risk factors for stunting in grade 5 students in a community of extreme poverty in Peru." *International Journal for Parasitology*. 36 (2006): 741–747.

13. Dr. Eliza. Field Notes. 5 August 2009.

14. MINSA worker. Field Notes. 23 June 2009.

15. Strikes often affect the movement of the whole country. These strikes are often directed at the government, more specifically President Garcia. Strikes often close down public transportation for days.

16. Originating from Cusco, Peru.

17. *Sendero Luminoso* (Shining Path) was a militant guerrilla group that engaged in a brutal conflict with the government of Peru from 1980 to 2000.

18. Physicians for Human Rights. *Deadly Delays: Maternal Mortality in Peru. A Rights-Based Approach to Safe Motherhood*. Cambridge: Commonwealth of Massachusetts, 2007.

19. Chelala, César. "Health in the Andes." *Americas* 59.4 (2007): 54-56.

20. Frisancho, Ariel and Jay Goulden. "Rights-Based Approaches to Improve People's Health in Peru." *The Lancet* 372 (2008): 9 pars. http://www.sciencedirect.com/science? _ob=ArticleURL&_udi=B6T1B-4V4130P2&_user= 520880 &_rdoc=1&_fmt=&_orig = search&sort=d&view=c&_acct=C000023460&_version= 1&_url Version=0&_userid=520880&md5=73a582474 1ebd972bdcd291301473132> (accessed October 23, 2009).