

2009

Sustaining Hope

Six Tales of Trauma and Transformation



The International Center for Ethics, Justice, and Public Life
Brandeis University

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Introduction

Mitra Shavarini

Sustaining Hope: *Six Tales of Trauma and Transformation*, is the work of six Brandeis undergraduate students. Five are Ethics Center Sorensen Fellows; one is a Hiatt Career Center Universal World of Work Fellow. It is the culmination of a multi-pronged academic and experiential process. In these narratives, these students not only share their summer internship experience – experiences that are shaped in contexts and countries drastically different from what they would call their own – but they also demonstrate their ability to merge the intellectual with the emotional, the academic with the personal: a process in which they, as authors, are engaged in the narrative as much as you, the reader. Indubitably, these essays inspire us, revealing a sense of idealism, passion and courage. More importantly, they show the complex nature of social change when idealism faces reality.

These six Brandeis students are:

Elizabeth Bowman Originally from a small suburb outside of Rochester, New York, Beth majors in Islamic and Middle Eastern Studies and International and Global Studies, with a minor in Anthropology. This summer she traveled to Israel and interned with the Israeli Committee Against House Demolitions (ICAHN).

Lisa Hanania A Palestinian recipient of the Slifka Coexistence Scholarship at Brandeis (awarded to one Jewish and one Palestinian Israeli citizen each year), Lisa comes from Jaffa, Israel, and is majoring in International and Global Studies. She spent two months in Kingston, Jamaica, where she worked with the Students Expressing Truth (S.E.T.) Foundation.

Lauren Kraus From Columbus, Ohio, Lauren holds a major in English and American Literature and a minor in Environmental Studies. For her internship, she worked with Family Literacy Lesotho, an organization dedicated to the creation, publication, and distribution of children's literature in the country's native language, Sesotho.

Kathleen Rees Raised in Beaverton, Oregon, Kathleen is majoring in Health: Science, Society and Policy with a minor in Women's and Gender Studies. Over the summer, she worked with ProPeru addressing the specific healthcare needs of vulnerable communities in the Sacred Valley near Cusco, Peru.

Noam Shuster A Jewish recipient of the Slifka Coexistence Scholarship at Brandeis, Noam is majoring in theater and in International and Global Studies. Born in Israel, she grew up in "Neve Shalom/Wahat Al Salam" ("Oasis of Peace"), the only community in Israel where Jewish and Palestinian families live together by choice. For her internship, she worked with the Interdisciplinary Genocide Studies Center in Kigali, Rwanda.

Gabriel T. Verzino Born in Malden, raised in Newton, Massachusetts, Gabe is majoring in Health: Science, Society and Policy. As a Hiatt Career Center Universal World of Work (WOW) Fellow, he interned with the psychiatry department of UMass Memorial Medical Center in Worcester, Massachusetts.

Preparation for the pieces herein began in Spring 2009 when, in addition to taking a course that intellectually prepared them for their summer field project, the students participated in a workshop that introduced them to the social science research method of “portraiture.” During this training, they learned about gathering and analyzing data, about ethical issues in data collection, and about the role a researcher plays vis-à-vis his or her subjects. They came to understand the nuances of portraiture and how it differs from other research methodologies. For instance, how a context’s texture – sound, smell, sight and even taste – figures in the research process. They also learned to document their observations and to continuously scan them for patterns and themes.

Upon returning to campus this fall, they faced the challenging task of making sense of all of the data that they had “captured.” Each week, this group grappled with shaping not only their own thoughts but each others’ as well. The oft-quoted Nigerian proverb, *Oran a azu nwa*, “It takes a village,” aptly captures the way in which this group has worked together to translate their experiences into words. Inside and outside of the classroom, they have offered each other constructive criticism and support – a solidarity that I have not witnessed in my years of teaching.

There are several people whom I, along with the students, would like to acknowledge: Aaron Breslow ’10, an astute teaching assistant who has been an invaluable asset to the classroom dynamic this year; Barbara Strauss ’02, the Ethics Center’s senior department coordinator who continues – as she does every year – to help students throughout the internship process; and David Weinstein, program specialist with the Ethics Center, who, in filling in for Marci McPhee this year, has been able to jump hurdles with all of our requests, particularly when it came to the publication of this compilation. And finally, Dan Terris, director of the International Center for Ethics, Justice, and Public Life. It is with Dan’s guidance that this class is made possible. Aaron, Barbara, David and Dan – thank you. You all have been a part of the “village” that made this year’s compilation possible.

Mitra Shavarini teaches in Peace, Conflict, and Coexistence Studies and Women’s and Gender Studies at Brandeis.

Sorensen Fellowship Program

The Ethics Center's Sorensen Fellowship program honors Theodore C. "Ted" Sorensen for his lifelong commitment to public service and for his ten years as founding chair of the Center's International Advisory Board. Ted Sorensen was policy advisor, legal counsel, and speechwriter to President John F. Kennedy. He has practiced international law for four decades, and is a widely published author on the presidency and foreign affairs. The Sorensen Fellowship seeks to engage Brandeis undergraduates with constructive social change on the international stage, an appropriate tribute to Ted Sorensen.





Reality and Reckoning: The Sanctity of Humanity in the Occupied Territories

Elizabeth Bowman '10

“This was my bedroom. We had paintings of horses. It was so beautiful.” We stand still, Abeer’s wide amber eyes cutting through me as she speaks. She squeezes my hand, then runs down the pile of rubble to join a soccer game with her cousins. Her sure and steady nine-year-old feet move effortlessly through the sharp concrete blocks, tattered children’s clothing, and shattered dishes that litter the ground. For a moment, the unrelenting heat dissipates and a chill runs down my spine. I crouch down and watch the children play amidst the remains of their demolished home. The edge of a photograph peeks out from beneath the harsh, heavy rocks. Pulling it out carefully, I stare into the scratched, crumpled image of Abeer tightly holding onto her father’s leg.¹ Their dust-covered smiles feel like an iron fist around my stomach.

Abeer is not unique in her suffering. She is just one of tens of thousands of innocent victims whose lives have been torn apart by government-sanctioned house demolitions. Since 1967, over 24,000 Palestinian homes have been destroyed by the Israeli government in both the Occupied Territories and Israel proper.² The reasoning for these demolitions ranges from punishment for suspected illegal activity to making room for the “security” wall that is in the process of being constructed.³ Regardless of its justification, this policy is subversive to Palestinian society, stripping families of their basic human right to shelter and personal security, as granted in the Universal Declaration of Human Rights.⁴ These demolitions go on quietly, often in the Arab-populated East Jerusalem, far from the eyes of religious tourists, Birthright travelers and the media. The most publicized case came with the tragic death of an American humanitarian volunteer in 2003. Rachel Corrie died under the treads of a fifty-three ton Caterpillar bulldozer in Gaza. Her story flashed across American headlines for weeks.⁵ She is only one example of the many lives lost and futures destroyed by this policy.

This summer, I came to the Occupied Territories seeking to find out how the occupation affects individuals. I am here to help rebuild these demolished homes, to in some way fulfill my responsibility to justice and humanity. No matter how many homes are rebuilt, it is impossible to rebuild the memories that linger here, the childhood that was stolen from those amber eyes.

Before I set foot in Ben Gurion Airport, Israelis, American Jews, and Palestinians all gave me advice for my time in the Holy Land. I was exposed to endless news stories about the conflict and a campus brimming with strong political opinions. I had heard testimonies from former combatants, members of the Israeli Defense Forces (IDF) as well as the Popular Front for the Liberation of Palestine, talk about mistakes of the past and ways to move forward. But I had not seen anything for myself. With neither Jewish nor Arab roots, my personal investment in the conflict is by choice rather than obligation. Years of participating in United Nations forums has instilled in me an unshakable belief in universal human rights and international law rather than an emotional connection to one side or the other. To me, they are two sides of the same coin, the coin of humanity.

The Israeli Committee Against House Demolitions (ICAHD) advocates for legal representation for Palestinians facing house evictions and works to rebuild homes that have been demolished. With limited funding, it is impossible to rebuild every

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home that is illegally destroyed, but dozens of volunteers, from both Israel and abroad, construct new homes with their bare hands in an attempt to restore the basic rights that armored bulldozers and gun-toting soldiers so efficiently decimate. I am assigned to a field research project: travel to the Israeli-controlled portions of the West Bank to collect data on the undocumented evictions and demolitions taking place there. Armed with a few years of Arabic classes, a major in Middle Eastern studies, an unfamiliar face and unmistakable American accent, I venture to meet with the few resilient families who live in some of the most remote areas of this country, nervous and excited about how this tattered community will receive me.

It is in the enforced captivity of a friend, the deep-set eyes of a farmer holding on desperately to his infertile land, the pained face of a sick young girl held back from medical care, and the joy of a family being given a new roof over their heads that I see the spectrum of Palestinian emotion. I constantly ask myself, what is the source of this suffering? Who is responsible for this suffering? While I learn about the justification behind government decisions that lead to these demolitions, it is through my own eyes that I witness the harsh results of those decisions. My duties as an intern, chance meetings and friendships move me through the seldom-told stories of the true Palestinian plight.

Rejoice

The bus fills with excited chatter as we pull away from our small, unmarked office door in West Jerusalem. My mind drifts out of conversations flowing around me. I peer out the front windshield, watching the cars swerve carelessly through the clean, paved streets of West Jerusalem. Through the open window hot, dry air circulates throughout the bus, causing moisture to seep from my mouth and eyes. I see signs pointing towards the Old City, Mount Scopus and the City Center, first in English, underneath in Hebrew, and at the very bottom in Arabic. With Hebrew and Arabic as the two recognized languages of Israel, it is curious that English is elected to the primary position and Arabic reduced to the lowest. Still, I find a sense of security in the simple fact that my mother tongue is recognized in this land. One of my ICAHD colleagues calls for us to look out the window. There is a blur of red and my eyes try to focus on one of the countless identical posters that line the street as we speed by. "Barack Hussein Obama. Anti-Semitic Jew-hater" is written in black next to a picture of my President wearing a kheffiyeh in the same style as Arafat. The number of these posters is astounding. The earlier sense of security I felt quickly dissipates. I wonder how my Obama/Biden bumper sticker back home would be received here.

Past quaint houses with brightly painted gates and large, lush hotels, the houses become smaller and more compact. Bright colors of the homes, deep black of the new asphalt, and bright white of freshly painted road lines give way to a monotony of grey and brown. It is as if the bus has traveled from paradise to a wasteland. It is very clear which side of Jerusalem receives proper maintenance from the Municipality. It would appear that the local government has forgotten about East Jerusalem if it weren't for the massive number of house evictions and demolitions that take place there.

The chatter in the bus wanes as our diverse group of ICAHD volunteers peer out the windows towards the thousands of homes that blanket the valley below us. Flat tin roofs laden with large black water tanks and crowded laundry lines – the distinctive symbols of an Arab neighborhood – stretch out over the hillside, peacefully rolling down and then back up, as far as the eye can see.

There is a break in this mosaic of cinderblock houses and small dirt roads. It looks as if someone has drawn a thick grey line through the middle of a serene picture, meandering down through the valley, separating the background from the fore, somehow creating an artificial delineation in this otherwise undisturbed scene. It feels foreign. Imposing. Out of place. Yet it stands silent, vigilant watch over the meager homes on either side. Even from this distance, the wall's solemn authority is tangible.

This is Jabel Mukaber; a neighborhood in southeast Jerusalem that has been cut in two by the barrier wall. The obstruction divides not only the geography of the town, but separates families, landowners' plots, and children from their schools. In 2008 alone, 959 demolition orders were issued to Palestinians in East Jerusalem,⁶ including Jabel Mukaber. Most demolition orders are issued for building without a proper permit. The burgeoning Arab population requires construction of new homes, and thousands of permit applications are filed to the Jerusalem Municipality each year. The number of permits granted is small. The gap between housing needs and legally permitted construction is estimated at 1,100 housing units each year.⁷

On this day we have been invited to a housewarming party by the Jumaa family. I have never met them, but I am familiar with their story. The land on which the house is built has been family-owned for generations. In 2004, the head of the household, Ali Jumaa, was summoned to court for building on his own land without a permit. After paying legal fees, the appeal was unsuccessful, and the Jumaas were fined \$8,500 for building without a permit. Working hard to save the home, Ali had plans drawn to alter his

property's status so that he could freely build on it. After spending another \$16,000⁸ trying to prevent a pending demolition, the Municipality rejected his plans, and his home was destroyed. ICAHD helped to rebuild the house in 2007 as Ali, his wife, and his seven children had nowhere to sleep. The costs are stifling for a family whose average monthly income is only \$280.⁹ A year later, the house was demolished yet again, leaving the Jumaas homeless for a second time. A little over a week ago, ICAHD volunteers worked to rebuild the home yet again. It was completed in only two days, a remarkable feat.

The bus rumbles to a stop and we are greeted by cheers and waves from a slew of family members outside a meager, boxy house. A little boy runs up the hill with a stack of plastic chairs. We file into the house. Somehow, two dozen of us manage to pile into the small kitchen. The interior is dark, for although electricity lines have been carefully placed and wired, the grid has been shut off today, as is common in the Arab neighborhoods of Jerusalem. The linoleum tile floors look crisp and clean. Complete with counters and cupboards, light gently pours into the kitchen from the square windows, illuminating the small space in the absence of electric light bulbs. I peer into the two small bedrooms that house the seven children of the Jumaa family. I smile at the door that hangs crookedly on its hinges.

For some time, we sit elbow-to-elbow, laughing and eating store-bought pastries. The mother of the house, Marwa, apologizes repeatedly about the blackout and not preparing a full meal for us. The small house fills with our voices, reverberating off the newly erected walls, bouncing through the hallway and spilling onto the open-air patio. When Ali Jumaa stands up to welcome us, it feels as though our clapping and shouting will shake the roof clear off the frame.

Stomach laden with hot tea, I wander outside to find the children of Jabel Mukaber kicking a soccer ball back and forth, having to sprint down the hill after the ball and then slowly climb back up the steep dirt paths. I stand silently, the chatter from inside behind me, the laughter of the children before me, looking westward towards the setting sun over the ornate houses of West Jerusalem above me. An older woman whom I recognize from inside walks slowly toward me, introducing herself as Marwa's mother. Her face is sun burnt, with deeply chiseled lines that speak more of wisdom than age. The wrinkles in her brow tell that she has seen great tragedy, but her crow's feet say her sadness has been tempered by joy as well.

"Thank you," she murmurs to me in Arabic. I try to explain that I was not here to help build the house but she shakes her head and repeats, "Thank you." I ask if she lives in the house too and she explains slowly, watching to make sure I understand every word. "I live down there. My daughter and her family lived with me for four months until you rebuilt their home. But now, I will have to live with them. I received an eviction order two days ago." Looking into her deep-set, dark eyes, trying to find the right words to say, I find nothing in any language. All I can say is "I'm so sorry. I'm so sorry." She turns away from me to face the sunset over West Jerusalem.

There is no telling how long this house will stand before it is demolished again. The bulldozers may come next year, next month, or maybe even tomorrow. Is it worth rebuilding the home again, if we know it will eventually crumble to the ground? I do not understand the threat that this house poses to the Israeli government – why is it so necessary for their permit to be rejected and seven children to be left without a roof? Wouldn't a soldier who could see the joy that fills this house today, who could see the passion and determination that thrives within it, reconsider his orders to tear down these walls?

Reconsider

The urban centers of Jerusalem and Ramallah stand less than 10 miles apart, on opposite sides of the border between Israel and the West Bank. Travelers passing between them are faced with the daunting task of crossing the Qalandia checkpoint. The junction is a mess of cars, mini-busses, taxis and hawkers selling steamed corn and cookies to the long lines of cars waiting for inspection. Busses unload their passengers before passing through their own special inspection line, and the passengers are made to cross the border by foot.

Returning to my home in Jerusalem from Ramallah, I walk through the now familiar intricate series of gates and turnstiles, the gauntlet that allows passage through the wall. There are six separate lines for bag and passport inspection. Ten-foot-high metal gates usher the crowds forward, knocking against elbows if one walks with too much freedom. I imagine this is what cows feel like as they are led off to slaughter. The next barrier is a large metal turnstile that locks after every third person. The flow of human traffic is controlled remotely by an IDF border guard on the other side.

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A conveyor belt and metal detector wait just past the turnstile. If they are not set off, a border guard will then shout through thick, bulletproof glass, demanding travel documents. After passing an interrogation by the guard, you are then allowed to leave the facility, walking through more gates under the eerie watch of countless security cameras. Even with proper documentation this is a humiliating procedure, void of trust, void of sympathy.

Today, I find myself unlucky enough to be stuck in the no man's land inside the metal turnstile.¹⁰ It has been locked remotely by a guard on the other side. The group of three in front of me places their bags on the conveyor belt. Feeling incredibly claustrophobic and breathing heavily, my heart jumps as a voice cuts through the stagnant air. A thick Israeli

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accent shouts broken Arabic, "Come back tomorrow at 5. Leave! Come back tomorrow." A middle-aged man stands at the bulletproof window, looking bewildered and frightened. A small girl, presumably his daughter, stands next to him. One of her eyes is shoddily bandaged; the edges stained with dirt, peeling away from her small, delicate face. She struggles to squint out of the uncovered eye. "I said leave!" The man timidly steps backwards through the metal detector, calling to his daughter who jumps away from the foreign, bellowing voice, closer to the Jerusalem side of

the border. She looks around in confusion, obviously unable to see clearly enough to return to her father.

This is a story that exists in human rights reports and within the printed covers of activist booklets. It is not a scene that I prepared myself to witness. The man who has been waiting for his turn with the border guard steps past the father, through the metal detector, and directly up to the guard's window. He holds up his blue Israeli identification card for the guard to see. In perfect English, he questions the armed teenager behind the glass. "Do you see this little girl?" I stand very still, listening with all my might.

"What?"

"Do you see this little girl? Do you see that she *needs* to go to the hospital? Look at her. They cannot come back tomorrow, they need to go *now*. You must reconsider."

"The girl can go. But he cannot. There are hospitals back there." The guard jerks his head toward the Ramallah side of the border.

"This girl is six years old. Are you suggesting she goes alone? There are no eye specialists in the West Bank. Who are you to play God?" His voice rises in frustration.

Unfazed, the guard lets out a cold, cruel laugh. "I don't care what happens to the girl or if she goes through. But the man is not going to Jerusalem."

At this point, the Israeli ID-toting man shakes his head, gathers his effects, and walks out towards sunlight and freedom. I stand wide-eyed, feeling slightly nauseated. The crowd behind me, mostly Palestinians, has gone silent and somber. The buzz of the metal gate tells me it is my turn to push through. The father stands on my side of the metal detector, looking distraught. I quietly slide past him as I put my bags on the belt and pull out my blue American passport. I walk through the metal detector and hold my picture page up to the window, receiving a leisurely wave of the hand in return. I am embarrassed that I am allowed to pass so easily without being questioned or harassed.

Collecting my things from the belt, I notice the little girl with the bandaged eye is standing next to me. She looks around, squinting out of her good eye, a pained look marring her innocent face. Her father calls to her softly to come back to him, and she feebly attempts to pick her pink backpack up off of the floor. The space inside my chest is frozen and I struggle to breathe. There is no air. My only reaction is to pick up the backpack, pass it back through the detector to her father, and gently guide the girl back through the gate. I hear the guard yelling, but I cannot recognize the words. My body goes numb as I turn towards the sunlight.

Goose bumps run up and down my arms despite the sweltering heat. Returning to my seat on the bus, a barrage of warm tears streams down my cheeks. It is the first time I have cried since arriving here. I want to run to the girl, take her in my arms and bring her to the hospital in Jerusalem. Had the man not obtained the proper travel permits to cross the border with his daughter? Had there been time to get the permits? Regardless, was the guard truly heartless enough to doom this girl to blindness? Has his training taught him that it is acceptable to deny a child medical treatment?

Resolve

The roads in the West Bank are sparse and rarely marked. The route numbers listed on our map are nowhere to be found, and the occasional road sign bears only the names of nearby settlements. I slow the car to a halt and read the names on a promising cluster of signs. "Eli and Ariel towards the left. Shilo, Ro'i and Rotem to the right. Can you find us?" I wait for an answer from my friend in the

passenger seat, checking my rearview mirror for a heavily armored military truck. While I haven't seen anyone on the winding roads for miles, I feel as if a weight is pressing down on me, a force watching my every turn as I search for any of the small Palestinian villages that I had researched so dutifully from my air-conditioned office in West Jerusalem. This is Area C, as established under the Oslo Accords. It is completely Israeli controlled and Israeli administered, and makes up sixty-one percent of the West Bank.¹¹ An unsure answer finally emanates from my friend and the warm, dry desert air again circulates through the car as I speed off down the right fork in the road.

Around a corner there is a lush green field being sprayed with water from automated sprinkler heads that sit within the barbed wire atop a metal fence. The fence encloses a dozen small, square houses, flanked on either side by welcoming green fields, far more vibrant a hue than anything on the monotonous brown countryside that surrounds me. We drive past the sign for Beqa'ot settlement and stare through the chain link fence. I squint, trying to determine why someone would want to live in this remote wasteland, surrounded by nothing but barbed wire and dry rocks. I presume it is because land prices are cheaper, taxes are lower, and there are sizeable subsidies for Israelis who choose to live here.¹² This land sits far outside the Green Line, the borders of pre-1967 Israel. Although this land was taken from Jordanian control in 1967, it has never been completely annexed by Israel; internationally the line is the recognized border of the West Bank. The environment is harsh and unforgiving, qualities that have rubbed off on the people who live on this land.

An outline of a tent appears atop one of the rocky outcrops. As our little rented Hyundai struggles up a steep dirt path towards the tent, we see four women and a man sitting in the shade of a tarp, engineered into a crude tent. The women jump up and pick up the flattened foam mattresses they were sitting on, turning their backs and heading towards another tarp structure in the distance. I want to yell out to them, to plead with them to come back. We had been searching for them for hours and now they are running away! But to them, our mint green car with its blue and yellow Israeli license plates is a sign of danger, a reminder of atrocities committed in the past by nearby settlers and the constant presence of the Israeli military force that controls this area of the Jordan River Valley.

Climbing out of the car slowly, I greet the lone man, now watching me warily. "*Asalaamu alaikum wa rahmatullah,*" I say, explaining that we are from a human rights organization in Jerusalem and that we would like to speak with him about house evictions and demolitions in the area.

He welcomes us to sit down in the wall-less tent, more out of common courtesy than genuine trust. A couple of the women have come out from behind the square tarp structure in the distance to watch our curious presence. The pressure is on. The man is suspicious of us. Suspicious of our intentions and of our ability to do any good. I sense his doubt and it begins to spread over me.

He is the head of the village of Furush Beit Dajan and owned over 200,000 dunums of land under Ottoman law. But now, Israel has control of all his land. Israeli rule is final here in Area C. His hilltop home looks over the Hamra Checkpoint, delineating between this region and the Palestinian controlled city of Nablus. For this reason, the Israeli government has been trying hard to convert his land into a military watchtower. The growing population of the town required the construction of a few new homes. Building permit applications were submitted, then rejected, and ultimately ten of the new homes were razed. After those homes were destroyed, a twenty-year-old livestock shed was demolished – the only structure providing shade and a watering area for the sheep, the village's only livelihood.

Next came the water: a well was confiscated to sustain the green fields of Beqa'ot. But still, he refused to move. Seeing this man's resolve, the Israeli government finally offered him three million U.S. dollars to relinquish his property. After paying for water and feeding his sheep, this man barely has enough money to feed his own family. I bluntly question his refusal of the deal. He picks up the small dry rocks that make up the ground below his feet. He rolls them between his thick fingers with dust deeply settled in the timeworn wrinkles. I look from the rocks to his face, and as he speaks, he looks at me with purpose. His words are deliberate and slow:

"My family has lived on this land for eight generations. Eight generations. Israel has taken my water. They have killed my livestock. They have torn down my houses. I own nothing but this land. I am this land and this land is me. We cannot be separated. If this land belongs to Israel, my soul belongs to Israel. What price do you put on your own soul? Maybe you would trade it for three million. Maybe my neighbor would trade it for three million. But I am worth more than Israel can offer and my land is worth more than Israel can offer."¹³

The soldiers at the checkpoint below are surely watching us with their binoculars. They can easily see our rented car atop this hill. They swelter in the heat, under the weight of their bulletproof vests and gear. Once their shift ends, they will gladly return to their air-conditioned barracks. This is not their home. To them, these dry rocks and desert shrubs do not carry

any meaning. I cannot grasp why this man loves this barren land so much; I am sure these soldiers cannot understand it either. Outside of their conscription, it is doubtful that they would fight this man for such an insignificant piece of land. But this is their duty, to secure every boulder and crevice for Israel, for the expansion of the illegal settlements and for the disenfranchisement of the impoverished farmers that cherish the unforgiving pebbles below their feet.

Repay

I am proud to call Jerusalem my home; however, it is temporary. I can see the Old City from the front steps of my hostel. The limestone gives a warm radiance in the sunlight, and the gilded Dome of the Rock shines with a brilliance that cannot be compared. Being a long-term resident means that the owners and workers befriend me. In a business and a country where everything is transitory and nothing is reliable, I am their constant, as they are mine.

Sam is proud to call Jerusalem his home; however, his papers say otherwise. Like many other Palestinians in Jerusalem, Sam does not have Israeli citizenship. Nor does he have Palestinian citizenship. He is simply a resident of Jerusalem without a passport, without a country. He cannot leave, so he works menial jobs in and around the Old City to support his family without losing his land or residency. At the hostel, he mainly answers questions from the guests about how to make the most of their visit to the holy land. It is a far cry from the business degree for which he worked so hard back in London.

Every night, like clockwork, Sam comes in to take over the night shift. He stays until the owners decide to show up in the morning, which means that he often works fourteen-hour shifts. With no one else working the night shift, Sam is

trapped in the hostel, unable to go out for food or fresh air. We stay up late, gossiping about the new guests and the owners, drinking endless cups of tea and watching American movies subtitled in Arabic. Sometimes, if I promise to stay awake in the common room, Sam will sneak out for *fajr* prayer at al-Aqsa.¹⁴ Putting the hostel under my care while he fulfills his religious duties is my way of showing appreciation for him. There is little else I can do.

His family has lived in the Old City for centuries. They own three properties near Jaffa Gate – an area that has been turned into a crowded

tourist venue. It is favored by the Israeli Tourism Ministry over nearby Damascus Gate since it does not lead directly to the Muslim Quarter. Palestinians living in the Old City face more direct pressure from the Israeli government to move than most who live in rural areas of the West Bank. Sam is no exception to this rule. Control of Jerusalem is one of the most controversial topics in the conflict. Both Israelis and Palestinians want the Holy City as the capital of their state. Whoever has power over Jerusalem has the upper hand, and it seems as if neither side will rest until they are the sole administrators of the Old City.

After meeting his British wife in Jerusalem, Sam moved to London to study business. Before finishing his degree, he received a letter from the Jerusalem Municipality stating that his property in the Old City was now under their control since he was not residing in it, and his residency in Jerusalem was in danger of being revoked since his center of life was now elsewhere. Panicked, Sam and his wife moved back to Jerusalem before the government reclaimed his house and his residency rights. Since then, the government has kept a close eye on his property and his movement. Something as simple as a weekend trip outside the city can result in state annexation of his house. His family's land is a key acquisition in the attempt to Judaize Jaffa Gate, and the Municipality is not going to give up easily.

Sitting on a couch in the foyer, I listen as Sam answers a series of questions. "How do I get to Bethlehem? When's the first bus to Masada? Which checkpoint should I go through to get to Jordan? Where's Yad Vashem? What's your favorite thing in this country? You're from here, you should know." His answers come patiently, even though I can see in his eyes that he is tired of answering the same questions every night.

Despite having lived in London for a few years, Sam has never been to any of these places in his own country. He tells people how to see things that he will never be able to experience. He tells them how to get away from this city to see the world around it. He is like a prisoner telling a free man how to gallivant off to the most beautiful destinations in the world. This is why despite the small smile on his face and the polite "cheers" at the end of a conversation, I can see a shadow pass over his steel-grey eyes. There is an emptiness behind them. This is why I am willing to stay up until 5:00 a.m. every day to watch the hostel while Sam goes to prayer.

Perhaps Sam's limitation of movement is due to his own refusal to apply for Israeli citizenship. But why would he ever pledge full allegiance to the country that has been

**Putting the hostel
under my care
while he fulfills
his religious
duties is my
way of showing
appreciation for
him. There is little
else I can do.**

viciously working to steal his land for the past decade? The Israeli government has portrayed itself as a blatantly discriminatory body, whose policies directly target some of the longest-standing but most marginalized members of Jerusalem. It is not surprising that Sam does not want to be affiliated with this government. Likewise, Israel is not eager to grant citizenships to Arabs, and pursues an active policy of revoking residencies whenever possible. Within a five-year period, over 3,000 individuals' residencies "expired," forcing them to leave their homes in Jerusalem.¹⁵ Palestinians in Jerusalem do not want Israeli citizenship. Israel does not want Palestinians to have Israeli citizenship. For Sam and others like him, there is no other option than being held as a captive of one's residency.

Reframe

Turning away from the streets of Jerusalem, segregated East and West. Turning away from the crowds of Ramallah, their movement blocked by concrete and metal turnstiles. Turning away from the rugged farmers of Area C, their ancestors' ground below their feet, the stale, occupied air above their heads. Turning away from Palestine and from the people I have given my heart to, I patiently answer a barrage of questions from a series of machine-like airport security guards. For many, being extensively interrogated is an embarrassing, dehumanizing experience. That is because these people have not heard a woman's sobbing as her children's bedroom is ransacked. They have not seen the determination in the eyes of a man whose only love is for the dry pebbles that cannot feed his sheep or his children. They have not felt the hand of a child as she wanders through the rubble of her demolished home. They have not tasted the dry desert air at a remote checkpoint where dozens of innocent men and women are harassed and abused by teenage soldiers with automatic weapons. They do not know the true meaning of dehumanization, or the carefully calculated process it requires to be systematically imposed upon the entire native population of a land.

After my interrogation, I turn away from the uniformed officers, simply following their orders in a society that thrives upon authority and supremacy. I am left hollow. My spirit has been weakened by the weight of being constantly monitored, having my every movement secretly scrutinized, my actions questioned as if I am a suspect in a crime. It is impossible to imagine how Palestinians endure this for their entire lives. Their strength is astounding. The soul of the Palestinian nation is strong and unifying. It refuses to be defeated and it fights bravely against a government that is desperate for control.

Without being Palestinian or being Israeli, I cannot fully grasp all the nuances of living in this conflict. Perhaps I am lucky that I don't have to. Sam, Abeer, and the girl at Qalandia are individual examples of life under the occupation. They do not encompass all the stories of strife that Palestinians endure. But they do offer a glimpse into the reality of what is happening miles from the beaches of Tel Aviv, just beyond the shopping malls in West Jerusalem, behind the shadow of a menacing wall, under the jurisdiction of a modern, democratically-elected government.

I know that I cannot turn my back on the Palestinian plight. To do so would be to turn my back on the essence of humanity. The vibrant energy of Palestinian life exists even in the direst of circumstances, and that energy must be fueled and encouraged to grow. The freedom of the Palestinian people will indicate the revival of justice that can set an example for the rest of humankind. The question is will Israel take the lead in moving humanity forward, or will it continue to extinguish one of the most resilient flames of determination and hope.

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Jamaica – No Problem

Lisa Hanania '11

A prostitute. Fine figure. Minimal clothes. Tons of makeup. Standing on the side of the road. Her diseases and emotions are of no consequence. \$300 is the price of satisfaction. \$300 is the price of her soul. She returns to her street corner. She is struggling to walk, shattered. But today her children will eat.

Jamaica – a prostitute. Exotic beaches. Dancehalls. Bob Marley. Ganga. “Jamaica – No Problem.” The cruise ship docks at her port and the country opens her lush mountains and blue waters to the flood of tourists. She opens to an overflow of pollution, to exploitation of her resources, to the detrimental effects of crowds of tourists hungry for satisfaction. Struggling to move forward and sustain herself, she is shattered. But today, her citizens will eat.

Jamaica is one of the most popular tourist destinations in the Caribbean. As such, the Jamaican Tourist Board sees itself as the most important industry in the country, offering what it sees as the best chance for lasting economic development.¹ Their messages of an exotic, problem-free Jamaica lure tourists in vast numbers. Indeed these tourists bring much of Jamaica’s economic prosperity. At the same time, consciously or not, while staying in their all-inclusive hotels, these tourists cause great environmental damage, and divert the government’s attention from the non-tourist regions. Their presence draws the attention away from infrastructure and facilities for Jamaicans like education and health. Montego Bay is more important than Portmore. A tourist in Montego Bay, his safety and happiness, is more important than that of fifteen-year-old Damien who lives in Portmore.

I have come to Jamaica in search of answers. I want to know what happens in non-tourist regions: Where is the money from the tourism industry going? How is Damien from Portmore benefitting from the tourist industry? Have tourists even heard of his story? Would they care? Perhaps most importantly, what are lives really like in Jamaica? That is what I have come to the “tropical paradise” to explore.

Of all places to explore, it is not accidental that I chose Jamaica. I believe in the complexity and universality of human experience and suffering. I, too, like other tourists in the Caribbean, was deceived into believing that Jamaica, unlike anywhere else in the world, was a *problem-free* zone. As a Palestinian and as a human-rights activist who advocates more than anything for the re-humanization of the Palestinian experience and identity, I couldn’t afford to have such preconceptions about Jamaica.

My academic journey at Brandeis University led me to taking a class that analyzed Jamaican culture through the lens of reggae music. My learning still didn’t do Jamaica the justice it deserved. In this class I selectively learned about the *other* Jamaica. The images of coconuts on a heavenly beach quickly transformed into images of conflicts, crime, homophobia and struggle. Jamaica was now a heart-breaking dichotomy. Either this or that. Nothing in between.

Of all people, I should know that dichotomies don’t portray reality. I am neither a “radical” nor a “moderate” as a Palestinian, like the mainstream media might depict my struggle. I am an individual thinker, with individual experiences, that prevent me from being placed into a box that represents me as an either/or. So is the case with Jamaica. Jamaica is not just the exploited problem-free tourist areas, or the crime-ridden neighborhoods. Jamaica is both, and neither.

Jamaica is the story of each and every Jamaican I met while living there this summer. It is the story of the Students Expressing Truth (S.E.T.) Foundation that I worked for. It is

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the story of fifteen students I worked with and their everyday struggles, which I got to intensively know.

But the Jamaican story I know and experienced is not just of the individuals I met there. Their story is intertwined with mine. With my non-violent struggle for justice in the Israeli-Palestinian conflict. With my search of new methods for community and personal empowerment. With my eagerness to learn about different cultures and how they deal with their conflicts. With my longing for a home, a physical space. With my desire for a metaphoric home, a Palestinian nation. All have shaped my understanding of Jamaica.

This is my story of a Jamaican story. A story one does not find in a tourist

resort, or in a travel warning about “high threat areas.”²

Four Homes

I consider many places home. The most important one would be my home in Jaffa, Israel, where my family lives. My second home is in Boston, where I study. Even though I live in a dorm it is still a home. My third home is in Tanzania, where I spent my previous summer working for the United Nations Criminal Tribunal for Rwanda. Jamaica will soon become my fourth home so far, and probably not my last. For everyone I worked with, this Jamaica is their only home.

I am observing my new house in Jamaica. At first glance I am not pleased. Upstairs lives Kevin Wallen, the C.E.O. of S.E.T., and on the weekends Kijani – his four-year-old son – lives there too. I live downstairs. The exterior walls of the house are painted in banana-yellow paint. The tiles, maroon. Random different walls and ceilings are painted in light green. The colors don't work together for me. They just don't.

I don't like the house because it so far away from the city, from the market, from Kingstonian life. I am a car ride away from everything. Taxi drivers worry about their engines when driving up to Queen Hill. The roads are steep and the infrastructure is bad. After much complaining they sigh happily when finally reaching the house. Here a bird's-eye view of the whole of Kingston is revealed. This view discloses the co-existing contrasts of this beautiful city: the good and the bad; noise and peace; beauty and pollution. Everything and everyone is part of the scenery. In town, the same taxi

drivers point out my yellow house from afar. This house is an integral part of the Kingstonian scenery, and I am beginning to be proud to call it home.

This house will become my refuge. Here if I choose to I can meditate and absorb everything I will learn from my interaction with the neglected inner-city life. And if I choose otherwise, here there are no fifteen stories of conflict. Here there are no fifteen stories of sadness. Here there are no fifteen students. Here there is just one home. Here it's just me, the amazing view and a good book to read.

When looking down I can see silent movement of cars. Planes landing and flying again. Ships docking at the port and unloading their goods. Further to the left I can see trash being burnt, covering the air with a thick black smoke of pollution.

Out of every part of this epic view, I am dazzled the most by the bird movement. Located high on the hill, I see Jamaica as they see it. While in paintings, they appear as two black strokes; here, their wingspan is more real than ever. In the early morning all the little birds from pigeons to hummingbirds come out, but later on the hawks would overwhelm the sky with their presence, and scare away all other birds. They need not fly and flap their wings; instead they glide easily and smoothly, as if they are floating in the air. It keeps me in awe and complete jealousy every time I see them flowing like this on top of Kingston and the neighboring towns.

If I were a hawk, Jamaica, or more specifically Kingston or Portmore, would be problem-free. It can't possibly be flawed. Like the tourists, I can't see what lies beneath the Jamaican surface. From afar I am addicted to this beauty, just like they are addicted to the beauty they see in the resort towns.

Down in the city, the thick cloud of pollution, the only aspect tainting my view from the hill, can't be seen. Just like from afar the problems aren't revealed. Down here any tourist would vigorously guard their belongings. Kingston, where my new home resides, is not problem-free like most tourists experience the rest of Jamaica to be.

From my new home I can criticize, observe and judge all of these interactions. In this home I am humbled by Jamaican hospitality. In this home I find my peace like in no other home. A peace that will soon be disrupted by the harsh realities of my fifteen students' lives.

One Organization, Reforming Jamaica

The Students Expressing Truth (S.E.T.) Foundation is a non-governmental grassroots organization. It had its origins

as an inmate-driven literacy program in the penal facilities of Jamaica in 1999. S.E.T. is the brainchild of former inmates Richard “Muslim” Buckner, and Robert “Chemist” James. Their main objective was to improve educational opportunities within Jamaican prisons. Their efforts were later joined by many prominent figures: Kevin Wallen, life skills coach and Harvard fellow; Professor Charles Nesson, senior Harvard Law Professor; Charles Ogletree, mentor to Barack Obama; and Ruben “Hurricane” Carter, Ph.D., who spent 20 years in prison for a wrongful conviction. They and others formed an alliance of minds and experiences. This was an alliance that would eventually help S.E.T. evolve into the powerful phenomenon it is today, unlocking and uplifting Jamaican society, by bringing technology to prisons and underprivileged schools.

By extension of its core mission, S.E.T. seeks to help reform Jamaican society through those who are often viewed as the bottom of its hierarchy—inmates and underprivileged communities, like the fifteen students I am to work with. Those whom the government neglects while investing its time and resources to luring more tourists. Every S.E.T. member or participant learns how he or she can contribute to personal and collective restorative transformation and economic growth.

Over the 2008-2009 school year, the S.E.T. team was handed fifteen students, some of whom teachers labeled “most likely to kill another person one day.”³ S.E.T. ran a yearlong discipline program for these students, helping them re-emerge into the school system before being expelled for good and falling into a cycle of crime and addiction. Kevin once said, “To make our schools better and safer we exclude students that need the most help and, in effect, by taking them out of the educational system we make our communities unsafe, for their hands are idle.”⁴ After graduating from this program, these students are turned over to me for the summer. Now is the time to make them leaders.

Two Gazas

On my first day in Kingston, I am an observer in a meeting with representatives of the American Agency for International Development (USAID) and S.E.T. I am invited to this meeting to get a better insight into both organizations and the roles they will be playing in my summer.

Every couple of minutes, my attention span fades. I’ve never been diagnosed as hyperactive, but I’ve learned to cope with this personal flaw. On some days I can’t sit through meetings at all, on others I am somewhat attentive. Everyone I’ve ever worked with knows this about me. Here in Jamaica on my first day I am a clean white page, I have no excuse for not listening properly, and I can’t follow this meeting. Surely,

some interesting things are coming up but I am jetlagged, homesick already, and somewhat dehydrated. But it is important for me to make a good impression. My internal mental battle is futile, and I step out of the room for some water.

As I return I hear Caleen, my supervisor, talk about Gaza. Quickly, all my distractions disappear. I sit in the chair tightly and force myself to take in every word. Caleen is talking about Darrel. He is a graduate of the discipline program, soon to be one of my students. She is telling the USAID representative how he has transformed, from being someone who illicitly sprayed the whole school with the word “GAZA” to a caring, disciplined student. But what does Gaza have to do with all of this? I ask myself, forcing my attention span not to waver.

As we step out of the meeting and outside the building, I’m more confused than ever. I see the word “GAZA” spray painted everywhere. Not only was Gaza portrayed badly in the meeting; the graffiti outside is bland and feels very violent. It is screaming for attention, crying for help.

I seem to carry the Israeli-Palestinian conflict, like a rat carries diseases, across borders and countries. I have not been in one country where I have not used both the Arabic and Hebrew languages to discuss the conflict. Neither have I been to a place where people didn’t know something about the conflict. This conflict that the media never fails to cover, whether accurately or not, has forced most of the people I have ever met to have some kind of an opinion about it. Some identify with me, some may not know enough to have an independent opinion, but for the most part, people are surprised I don’t look like a terrorist.

I want this summer to not be about the conflict for the first time in my life. I want it to be about Jamaica. I want to ignore the graffiti, but I can’t. The graffiti symbolizes a conflict that is the essence of my being.

“Gaza, Palestine?” I ask Caleen bluntly and without any precursors, as we drive to our next meeting. Amused by my question and forwardness, she explains that the Dancehall artist Vybz Kartel decided to rename his hometown—Waterfront, Portmore, a poor stricken neighborhood right outside of Kingston, “Gaza.” He did so as part of musical/gang rivalry between himself and Movado, another artist, who comes from the “Gullyside.” Kartel created a whole CD called “Gaza,” and every song features a different artist from the Kartel Artists Alliance talking about “Gaza.” While these artists enjoy making money off their musical rivalries, children in both “Gaza” and the “Gullyside” take the antagonism to the next level and join gangs to fight each other. Darrel comes from “Gaza.” To prove loyalty to his

hometown he was willing to risk expulsion from school for covering its walls with “GAZA.” That was before the S.E.T. team intervened.

Once I meet Darrel and the rest of these kids, I learn they do not know anything about the real Gaza in Palestine. They only associate it with the recent news stories about the massacre in which thousands of Palestinians were brutally killed during the months of December 2008 and January 2009. They relate themselves with the toughness of these people, and identify with an all-out war against the other neighborhood. Even though I wanted to treat the Palestinian case and the Jamaican one separately, I can't. Even here they are indirectly intertwined. Both Gazas are overwhelmingly poor ghettos situated next to the sea. One is under an occupation, a siege. The government and the Board of Tourism neglect the other for it attracts no tourists to its gang-ridden streets.

I can't help but ponder if this should bring me pride as a Palestinian. Has Kartel associated toughness and resilience with the Palestinian people? Or has he in fact made a mockery of the destruction and death that was inflicted upon these Gazans?

When my fifteen students found out that I am a Palestinian they came up to me daily asking “What is it like pon [in] de real Gaza?” They were eager to learn about the realities of Gaza—not the false images created by the musical artists or the media. It brought me comfort to see them eager to learn, thirsty for knowledge. I taught them about my Gaza; they taught me about theirs. I couldn't wait to share their stories with the world. This isn't the Gaza that is bombarded with missiles. This is the Gaza that is rife with domestic violence, gang rivalry and poverty. This is the Jamaican Gaza.

Fifteen Students, Fifteen Stories, A Different Method

Fifteen students fill the computer room of “Lab 3” in Ascot High School located in the city of Portmore. Their ages range from thirteen to eighteen. They have fifteen different harsh experiences. Isis cuts her arms in response to her father's

beatings. Tanera swallows the exact amount of pills that will not kill her but send her to the hospital for weeks. Christian is in a gang. James has nothing to eat. And Antoine is bleaching his black skin.

I facilitate a program providing them with an alternative form of education. Instead of being seated behind desks and taught from textbooks while the teacher presents a monologue—the

traditional pedagogic approach (in which I, as a hyperactive student never fit into)—we sit in a circle, and learn from each other. I am not the teacher. I am a mediator. Guiding our learning experience, this education is mutual. We are all students and we all are teachers.

Here I learn about the Jamaican story I was never exposed to before. Each student, myself included, comes in with his or her experiences of identity, culture, race and color. Together, the students, other S.E.T. members and I create the base for new leaders in Portmore. We use journalism as our means. We strive to create a teen newspaper for Portmore. We aim to teach these kids how to transcend their limiting surroundings and the false labels their society and the education system have imposed on them.

On the first day of this summer camp we meet in the room that is usually used by the principal for formal meetings. The room boasts huge chairs and a big long table. Each student finds refuge in one of the chairs. I see them smirk, as they feel cozy in the seats, knowing that they are sitting in the same spot where important decisions for their school are usually made. I sit outside the table on the side of the room, taking notes and observing the new atmosphere.

Kevin, the C.E.O. of S.E.T., takes the stage. He introduces the summer camp, presenting our objectives and missions for each and every student. Finally, he proudly presents me to the students. “This is Lisa, and she will be helping you create your own newspaper,”⁵ he says. I take my time, breathe, and close my eyes for a second. In my head a million thoughts are rushing through; I am imagining horrible scenarios. The S.E.T. team prepared me for the worst, expecting me, a foreigner, to not be able to deal with these extremely troubled youth. Their intentions are good; they want to reassure me that if I don't succeed, it probably won't be my fault. Seconds later, I open my eyes again and I am greeted by smiles and the warm hearts of fifteen lonely students who have lost all trust in adults.

At first, I do not introduce myself. Instead I take a seat in the middle of the table and ask them all to place their palms on the wooden surface, crossing each hand with the person sitting next to them. I then start thumping my palm on the table and ask the girl sitting next to me to continue the beat. I add more rules. Two thumps change the direction of the flow. Now, if one's hand thumps in the wrong time, it is taken off the table.

The girl sitting next to me is reluctant to participate. She makes an odd face, confusing me. Every other student seems eager to play and participate, but not this girl. She seems

This is the Gaza that is rife with domestic violence, gang rivalry and poverty. This is the Jamaican Gaza.

disgusted. Her face twitches when I ask her to start the flow. She shows no sign of excitement. She keeps contorting her face when the beat reaches her. Soon enough she is among the final three. Despite her disturbing facial expressions, she plays along, and the beat of our palms flows all the way around the table. Eventually she wins, but doesn't seem to care.

When the game ends, we go around the table and introduce ourselves; I start by saying my name and my favorite dessert. The boy to my left continues the pattern. We now reach the other end of the circle and the girl next to me introduces herself. She speaks softly, yet very firmly. Again I interpret her facial expression as disapproving. "Isis," she announces in a deep Jamaican accent. I insist on learning her favorite dessert but she refuses to share, telling us she doesn't have one. I let it go.

She is a beautiful young lady, when she is not twitching her face. Only thirteen years old, she always has her hair braided distinctly from the others, bringing out her wide eyes and clear black skin. Unlike me, the boys do not notice her facial expression; they all dedicate much attention to her, especially Jamel. Isis dresses in bright colors that oppose her shy and timid personality; perhaps they represent how she would like to be perceived.

Everything goes smoothly with the other students. Despite earlier assumptions, I encounter almost no problems, other than a language barrier. They ask me to speak slowly; I try. I ask them to talk in more standardized English. This means less Patwa—the Jamaica Creole – which is mostly only a spoken language. I am torn to be forcing this language upon them, but I know that, for now, without standardized English, it will be almost impossible for them to advance in the professional Jamaican society.⁶

Some teachers believe these kids have no need of standardized English, assuming they will not make it to professional jobs. Other teachers believe that Patwa should be recognized as a formal language of communication, even though for now it isn't. Falling between chairs of those assuming they are unworthy of the effort, and those who call for a linguistic revolution in post-colonial Jamaican society, the students are not given the basic tools they need to advance *today*. The Jamaican economy due to tourism, unlike these students, is blossoming today. But in the long run, the success is not sustainable. The fabric of society is crumbling and eventually the tourism appeal will fade. Jamaica is not progressing today, nor tomorrow. These kids are not progressing today, nor tomorrow.

One Student, One Story, Fifteen Metaphors

The following week we are seated in the same room, on the same chairs. I ask them to introduce themselves again, and to share an interesting experience they had this week. Isis contorts her face, says her name again and doesn't object to share this time.

"Over the weekend I went to a psychologist with my parents,"⁷ she announces.

Her answer catches me completely off guard. I didn't expect such openness at the beginning of camp. Her tone is cold and emotionless. I am reluctant to respond. I don't feel ready to deal with this. All of my former experience with education and teenagers is being put to the test, and I am failing. A combination of her disgusted facial expression and her bluntness puts me off. I let her physical appearance affect my professionalism.

Still, I ask why they went and she responds: "We have issues."

I do not ask any more questions. I am not even sure the first question I asked was appropriate since it was in front of the whole class. And still, I don't ask her in private either. I can't deal with the thought of facing her directly. I do not find a connection to Isis—her facial expressions appall me. I let them get in the way of our relationship. From my perspective it is her fault. With her expressions she is uninviting.

Isis seems like she comes from a higher social standing than the rest of the students. She takes cabs to school and can almost always afford lunch. This made her troubles the least of my problems. If her family has some money then she must be mostly okay, I think to myself. I fail as an educator to see the underlying issues.

"I want to get over my shyness; I want to be a leader,"⁸ she told the team when she petitioned to join the camp. I see no hope for her in becoming a leader with these facial expressions. Isis emails me the most out of all the students. As part of introducing technology as means for social change, they must email me their daily newspaper assignments to me. Isis always adds a personal message. "Now that I'm done with this assignment will you please work with me on my pose?"⁹ she asks. Later she writes asking me to help her practice her radio skills. Isis wants to participate in a radio talk show about S.E.T. and figures she needs practice for it.

All of my former experience with education and teenagers is being put to the test, and I am failing.

There are fourteen other students. Isis's pose and voice are the least of my troubles. After all, she can afford her lunch.

As part of the leadership aspect of the camp, I gather the students in circle. My purpose is to get them to understand the importance of their role in their school and communities. Just like Isis did, almost each and every student came requesting to become a leader, requesting to change. Around the circle I start pointing out problems our newspaper team is facing, the challenges each individual brings that force the group to collectively suffer.

Despite my previous experience in preparing for such cases, I choose to "shake" the classroom with an "open forum" method I devise on the spot. Principally, it is like group therapy, only my restructuring of this method allows me more leeway in my criticism of the individuals. Isis is on my mind now. We can address her issues best with this method.

I point out individual problems each student faces, and we all engage in constructive criticism. When Isis shares her personal family issues with the group, she indirectly tells me that this group is safe and strong enough to divulge such hardships. This tells me that this method I chose for the room, which can be intimidating, especially for young people, is incredibly constructive and plays an integral role in our team building. But again, I don't listen or react to Isis's wisdom.

As we are going around the circle Isis's turn comes up. Her not-so-secret admirer Jamel starts to laugh awkwardly. She immediately puts on her usual "disgusted" face.

"Aha!" I point out. "That is a problem we have with Isis."¹⁰

She doesn't seem to understand what I am talking about: "Your facial expressions," I continue, "they send out a wrong message to me and the group."

She continues to distort her face. "What is the matter, Isis? Are you sad or mad today?"

"No," she mumbles.

"Well why does your face tell me you are mad? Why am I getting a bad impression from you?"

She has no idea what I am talking about. I reach out to my computer and open the webcam, reflecting Isis's image upon the screen, like a mirror.

"Do you know your face looks like this right now, Isis?" I take photo shots of her face. "Would you want to talk to someone with an expression like this?" I ask the class rhetorically.

There is a silence in the room. I think I pushed too hard this time, so I retreat.

"Isis must work on her facial expression. She leaves a bad impression on people with these faces and this holds us back," I summarize.

The silence breaks quickly when Jamel makes a joke about another student, perhaps to draw the tension away from Isis. This time, I don't drop the issue. I call Isis to my desk to further discuss what I had opened in front of the group before.

"Didn't you want to get over your shyness?" I ask her when she comes to sit next to me. "What is the matter? Why are you putting on these faces?" I plead with her. Isis doesn't respond; her eyes aren't talking either, and she continues to twitch. "Isis, you are a beautiful girl," I tell her, and she finally reacts.

"I don't think so," she answers timidly and contorts her face.

She doesn't cry.

Then, Isis opens up to me. She tells me that all of her community is aware of the constant physical abuse she faces at home. Her mother does nothing to stop this. Isis's father is the sole provider. Pressing charges against him would mean no food on the table. Her next-door neighbor, a police officer, neglects to react either. Isis twitches her face because she believes she is ugly; inside and out. She must be; otherwise, why would the world betray her in such a way? Despite my familiarity with such hardships, my education and my experience, I failed to pay attention to her desperate cry.

Zero Answers

There is nothing much I can do for Isis even after I learn about her situation. Not for her or for the rest of the students. There is no proper system in Jamaica that I can refer her to. Especially in the poor neighborhoods, there is nothing that deters adults from assaulting children. How is economic prosperity helping Isis today? Where are the tourists and their money now? Isis is the future of Jamaica. As a human, a teenager, she needs to be given legal and adequate psychological help. As a citizen, she in no way benefits from the tourism that is causing her country's beauty to erode. For her Jamaica is a zero-sum game.

Isis is lucky in a way; her family members have not raped her, unlike Shanika, another student. Isis's situation is somewhat bearable. For Isis and all the other students, I am mostly a resource for personal and social mobility. I am not here to extract them from the mess they were born into. Instead, I am here to provide them with tools that will help them to pull themselves, and hopefully other community members, out of their hard lives. Here I learn once again about the universality of human suffering. The stories of Palestinian children fighting for their voices, fighting for human rights, fighting for freedom of movement, are the stories of Jamaican kids who are fighting for a proper education, fighting to be included in the "economic prosperity," fighting for their voices.

Fifteen students fill the room. Sixteen stories, mine included. Some can't pay for lunch or for the camp itself. Most of them are and have been abused physically, mentally and sexually by the adults in their lives. I hoped in my heart that Isis—the fifteenth student—had a somewhat normal life. I was wrong.

Jamaica: her delicate ecosystem is valuable. Her beaches are breathtaking. Her music is a pleasure. Her stories are real. Her stories are important. Tourists cannot continue abusing it like they have all these years. What will happen when all of its resources are exploited? Who will feed Jamaicans? Who will feed James? Who will take care of Isis? Who will be the next victims in the Caribbean or the world?

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Defining Assistance: The Complexities of International Aid in Lesotho

Lauren Kraus '10

A sense of calm overwhelms me as I peer over a picture book to address the small faces before me. Seated on a circular rug next to a highly coveted space heater in this, Lesotho's only Family Art and Literacy Centre, wide-eyed neighborhood toddlers and elementary school kids in thin sweaters beam up at me. As I read aloud from a donated American book, they tickle and poke each other, revealing attention spans as short as any American child I've worked with. With the story's end, it becomes someone else's turn to usher us through literary time and space, and I place the little girl sitting next to me into my lap so that she can read us through Winnie the Pooh's journey to the honey pot. But as I place the book in her hands she begins to visibly squirm.

"Aussie [Ms.] Lauren, Dinkle cannot read," another child chimes in. His words carry no malice in the present tense, but they hold heavy weight over Dinkle's future. English is an imperative skill to boast in this former British protectorate. Lesotho was under indirect rule by the United Kingdom for almost 100 years, referred to as Basutoland until its independence in 1966.¹ Its national identity as an annexed nation and a recipient of aid money from every major international donor has driven learning English to the top of many people's priority lists, where it will surely stay as long as Lesotho's relationship with aid organizations remains intact. Years after achieving independence, Lesotho is currently unable to function entirely on its own, heavily supported by organizations including the European Union, the United Nations, the World Bank, and the United States.

As of now, 43 percent of the population lives below the international poverty line, surviving on less than \$1.25 a day.² And yet parents from the highlands to the city spend scarce money on school uniforms and books in order to educate their children. British Christian missionaries devised Lesotho's national school system in the late 19th century, and the nation now boasts a total adult literacy rate of 82 percent.³ Along with school uniforms, the British brought English into their school system. Dinkle's countrymen will harshly judge and ostracize her if she does not master English. I've come here to work on creating literature in Sesotho, the national language of Lesotho, but it's beginning to feel irresponsible

not to try to equip these children with a working knowledge of my native language.

We go through the entirety of the short story before she sighs with relief at its ending. The other children have left the room now, and Dinkle and I are left to enjoy one of the largest collections of children's books in the entire country – 300 books in all. As an exchange for her hard work, I pull out a book written in Sesotho and begin to stutter and stumble over the unfamiliar words.

As my tongue trips over itself and I fail to employ any appropriate inflection, Dinkle begins to look at me in astonishment. Here I am, a *Lahua* [White person], and there is something I cannot instantly master. Dinkle soon becomes impatient with me and after I mispronounce each phrase, she repeats it correctly and with authority. Soon she is pointing to words and reading them to me, and suddenly this supposedly illiterate child is comfortably narrating the story of Palea and her fruit basket. Listening to Dinkle smoothly trod along in her own language, I am struck by my own ignorance. Just because this child cannot read in English doesn't mean she cannot read. Her teachers and parents may overlook her fluency in Sesotho, but I cannot. That reaction is a byproduct of the enormous amounts of foreign aid filtering into this tiny country. For a moment, I had become so overwhelmed by what I thought she should be learning that I had forgotten the purpose of my visit here—to make

picture books in this child's traditional language. Her Sesotho literary achievements are nothing to scoff at, but rather are exactly what I came here to foster. Through addressing the challenges of running this literacy centre in Maseru, stoop-side conversations with coworkers, and interactions with my neighbors and host family, I am constantly forced to reexamine my definition of the role of an international aid worker and what it means to be of assistance.

Lending a "Helping" Hand

While sitting with Dinkle, memories from before my trip to Lesotho float through my mind and my brain flashes back to my first interview with my supervisor Jane Hale.

"I hope you don't think you're going to Lesotho to help anyone,"⁴ Jane tells me, sitting squarely at her oak desk at Brandeis University.

"Of course not," I respond briskly. *Then why am I going?* I ask in my head. Africa is, after all, a continent with problems worth solving.

"Working in a developing nation is about skill sharing," I say, mentally crossing my fingers. Jane nods thoughtfully and I sigh with relief. It seems I've passed this ideological pop quiz.

But the concept still doesn't sit well with me. 50 percent of the world's poor reside in sub-Saharan Africa,⁵ and the region remains the poorest region on the planet.⁶ What can we do besides attempt to redistribute wealth through monetary donations to poorer countries? Furthermore, 50 percent of the region's population is under the age of fifteen,⁷ due in large part to the debilitating effects of widespread Acquired Immunodeficiency Syndrome (AIDS). In Lesotho alone, 23 percent of the population is living with Human Immunodeficiency Virus (HIV).⁸ How can we address this crisis aside from flooding those nations with medications and medical professionals? Billions of dollars of aid is pouring in through organizations ranging in size from the United Nations to grassroots fundraisers, but it is clearly not reaching its intended destination. There is corruption, there is violence, and there is massive death. What can I do as an American student in Africa besides help?

As my internship progresses, I will learn just how much Jane loves to help people achieve their dreams and how integral it is to her that people learn to help themselves. The Family Art and Literacy Centre (FALC) was, after all, created to provide the people of Lesotho with the means to explore their own traditional culture and background in order to proceed in a world of foreign concerns. As I learn to weigh the pros of cultural preservation and autonomy against large influxes of

foreign money, I begin to understand some of Jane's hesitation to traverse the world in order to "help."

Spick-and-Span

Just on the other side of the impressive hills and valleys that lend Lesotho its national identity as "The Mountain Kingdom" the sun is rising over the country's capital city, Maseru. A hub of governmental and metropolitan activity, Maseru's paved streets are speckled with electronics shops, ministry buildings, and people from all walks of life enjoying the advantages a day in town has to offer. Walking down the street side by side are men in business suits and boys on horseback, girls in fashionable Western clothing and women in calico pioneer dresses who have made the journey into town to visit relatives or conduct business in the city's main market. As citizens and visitors roam in and out over the South African border, which hedges up against Maseru's northern limits, they trade vegetables, fabric, and culture across these peaceful national boundaries.

During my first day on the job as an intern for the FALC in Khubestoaana, a suburb of Maseru, I am just beginning to take in all of this scenery. Still suffering from jetlag after a 48-hour journey, I head unsteadily toward the iron-barred wooden door sporting a welcome sign that reads, "Family Art and Literacy Centre!" From the stoop, I can hear the hustle and bustle that has already begun within. This morning marks both my first day and the opening day of the centre. I can feel the muscles in my neck tensing with anticipation as I work up the courage to go inside. Breathing deeply, I pull my shoulders back and open the door.

Before I can catch a glimpse of my surroundings, words fly at me from all directions. "Lauren, grab a mop! We're running out of time!" yells Jane. She is standing on a metal chair in the corner of the art room, her gray-white hair pulled back and fleece vest covered in dust—a supreme, if reluctant, authority figure suspended above a whirl of chaos. "No speaking. Just cleaning!"

Glancing around, I quickly see what's upsetting Jane. The centre is in a state of severe disarray, not nearly ready for the celebration it's scheduled to host in a few short hours. While Lesotho boasts one of the highest literacy rates in Africa, today will be the first time many of these children have seen or touched literature in their own language. 91 percent of

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females and 75 percent of males are able to read here,⁹ but few families can afford to keep books in their homes, making a personal relationship with reading difficult to cultivate. Literature is reserved for classroom use only, and teachers are often supplied with material that is both outdated and culturally irrelevant. If we can be ready in time, today's celebration will mark a hopeful but uphill battle against the notion that learning is relegated to the classroom.

Under a barrage of directives from Jane, everything is overwhelming to me in these first moments. But even through a haze of sensory overload, what makes this place so special is immediately clear. School is not always a safe space for the children of Lesotho—corporal punishment is completely acceptable, and teachers may hit children in the head with a closed fist for producing incorrect answers. But to my right and left, children are exploring books and taking ownership of a space that is entirely theirs.

Education here stands in stark contrast with the child-driven, nationalistic model I grew up with in the United States. In a country whose imports vastly outweigh its exports, the nation's education model has been accordingly shipped in from Britain. Countrywide standardized tests called the Cambridge Overseas School Certificate Examinations (COSC) are administered at the end of every year based on British curriculum. Teachers are pressured to teach toward these exams, as students cannot graduate from high school if they fail, which they frequently do. In rural areas unqualified teachers are often the norm, and it is not unheard of to find a person teaching grade seven who never passed grade six.¹⁰ The goal of this centre is to provide a space in which children can freely explore their own culture under the directives of passionate teachers, but that exploration can't even begin if we can't take care of details like organizing bookshelves.

A mere glance around the room I've wandered into proves that the philosophy of this centre is vastly different from Lesotho's educational norm. As children organize supplies and rustle up a ribbon to tie around the front door, they peek inside books that have been carried here by the suitcase load. Their eyes light up with momentary curiosity before ordering the stories in neat rows and I wish I could sit down with them. Instead, I pass through the main room where Peter, a 24-year-old artist and the manager of the FALC, and other local artists house their artwork as it waits for a buyer, any buyer.

At last I reach a storeroom and finally find the mop and bucket I'm meant to retrieve. Around me, small hands are still scrambling everywhere, sweeping floors and organizing

picture books as dust flits in and out of our faces. Little children accomplish tasks I've never seen American students attempt. A three-year-old uses a broom twice her size in the corner and a group of six-year-olds is busy assembling an entire party tent outside.

As I bend over the mop and begin to squeegee the floor, wide eyes filled to the brim with curiosity turn my way and then suddenly retreat out of respect. While I move the broom back and forth across the floor, Peter asks one of the older children to read aloud to the rest of us who are working, and together we move through the process of cleaning up this opportunity.

Unpacking Someone Else's Knapsack

Unfortunately, not every day at the Centre brings a positive revelation. As I sit on the stoop outside the center on a different, less inspirational morning, I rub my face compulsively with my hands, attempting to rid it of the wrinkles I know this day has carved. Elbows on the knees of faded jeans I've worn to work every day for a month, I struggle to reign in the watershed of tears building up behind my eyes. Today, yet another project has fallen through the cracks of time, never to be addressed or finished. I can't be sure why none of the artists with whom I work here are making progress on the book we're supposed to be creating. Some days I show up to work and I legitimately feel like I'm accomplishing something. Today I'm staring at the ground and wondering why I have come.

Into my pity party of one walks the landlord and co-owner of this operation – Thabo. We've just had an argument that I am not prepared to continue in full earshot of the centre's neighbors, and I can't imagine why he is here. Replete in a black track jacket with blue graffiti splashed down the front and black tapered jeans, my 28-year-old "employer" sits down next to me and places his own hands on his knees.

"Lauren, what's wrong?"¹¹ Thabo asks. We've had a few heart-to-hearts since I've come to Lesotho. Thabo is the person who used his connections in the neighborhood to help me find housing when I first arrived. He walked me home every day during my first week to ensure my safety and shared stories with me from his childhood to teach me about life in Lesotho. Despite the way he's opened up, I have never completely trusted him. His facial expressions are often blank and difficult for me to read, and he tends to break his promises.

"I'm frustrated," I explain. "We are supposed to be working on this book, and no one is doing anything. We need to meet our deadline to keep our grant money."

Deadlines have been a source of concern at the centre since before I arrived. Our organization runs on money that has been allocated until the end of the calendar year, and if it isn't utilized by then, it will be lost to us. More than that, explaining the importance of sticking to a deadline to my co-workers has been very difficult for me. There is little sense of urgency in relation to making the most of this opportunity, and I can't understand why.

"Let me tell you something about Black people, Lauren," Thabo says. I have no idea where he intends to take this conversation, but I'm instantly uneasy. "Black people are lazy. They don't get things *done* the way that White people do. You can't expect these things from us."

I'm stunned. Black people are *lazy*? I've come all the way to Africa to work on a literacy project in an AIDS-riddled country with an HIV infection rate as high as 40 percent among men and women aged 30-39,¹² and this is the response I get from a supposed local forbearer of change? I've taken sociology courses on the ideology and pedagogy of the oppressed. I have analyzed and discussed my own Whiteness and its effect on my interactions with people of other races in the United States and have tried to engage in conversation with people whose life experiences and opinions challenge mine. If I've learned anything from these discussions, it's that race is a social construct and cannot be defined by character traits. I do not want to sit on a stoop and listen to an African man tell me that Black people's laziness is what's keeping children's books from being written and published.

"Thabo, what are you saying? How can you call an entire race lazy?" I ask, scrunching my eyebrows and pushing my face further into my hands.

"They are just...lazy people. They don't get anything done! You see those men, standing by the road?" I glance at the same group of prominent neighborhood men I always see standing near the same patch of ground.

"Yes, I see them."

"They are talking about fixing the road. Do you know how often they talk about fixing the road? They talk about it *every day*. But they don't finish it."

"And this makes Black people lazy?"

"Yes."

I have no response. Growing up in an almost entirely White suburb in Ohio, the topic of race was rarely on the tips of my teachers' and peers' tongues. Once I arrived at college, I learned about my White knapsack of privilege¹³ and the ease with which it allows me to meander through society. Peggy McIntosh writes in her article "White Privilege: Unpacking the Invisible Knapsack," "I was taught to see racism only in individual acts of meanness, not in invisible systems conferring dominance on my group." Until moving to this all-Black nation, I've always been lumped in the majority where skin color is concerned, but I have been trying to educate myself and expand my conceptual horizons. I can't figure out whether Thabo's proclamation is a direct affront to everything I have learned or an affirmation that what I learned is important.

If Thabo were the only Basotho person who'd told me that Black people were lazy, I might be dismissing this as the aside I wish it were. But he is far from alone in vocalizing this opinion. The previous week, I attended a health problem-solving workshop a few hours outside the capital. Several prominent Basotho hospital staff members were assembled in a room and given a problem, the root cause of which we were responsible for identifying as a group. The scenario presented was a ward in which nurses were failing to properly distribute medications to their patients. The moderator of the discussion, a young White woman from Boston working abroad through an NGO, asked each of us to go around the room and declare our summations. My own response seemed obvious to me. Hospitals in Lesotho are often underfunded and access to medicine can be a real concern. Just that afternoon I'd read an article citing the possibility of anti-retroviral rationing. But my interpretation proved unique. Everyone else in the room attributed the undistributed medicine to the sheer laziness of the nurses, and Basotho people in general.

In Lesotho, as I have been told more than once, you cannot fire people.¹⁴ I've heard stories of professionals embezzling grant money, gardeners at hospitals giving drug injections to patients just for fun—and no consequences are given. I proposed that perhaps a lack of accountability was the reason nurses in this example weren't doing their jobs properly. People nodded, but resoundingly concluded that though this was true, the nurses were really acting out of laziness.

I can't figure out whether Thabo's proclamation is a direct affront to everything I have learned or an affirmation that what I learned is important.

How did I get here, kneeling on the ground in front of a row of Basotho children? Why are rocks digging into my heels and where is this strong anger that begins in my toes coming from?

Are Basotho people lazy? Or are they being held to Western standards of work ethics and employment hierarchies and finding it difficult to seamlessly integrate the two? In the United States, we believe that time is not on our side. We're constantly racing against the clock to get things accomplished, fervently in pursuit of our to-do lists and agendas. The faster we move, the more we can achieve. In Lesotho, time seems to function in direct opposition to that theory. As was explained to me by a Mosotho woman while waiting in line for sandwiches one afternoon, "In Lesotho we do not measure time by the movements of the hands on a clock. We measure it by activities. Right now we are waiting. Later, we will be eating. That is all."¹⁵ Here, time is on our side. After all, how fast can people move when there are

few paved roads, few privately owned cars, and unreliable public transportation?

And so on this stoop with Thabo, enveloped by winter breezes and the sounds of children running through one another's yards, I am once again forced to reexamine why I am here and what I am doing. My short tenure in this country doesn't seem like nearly enough time to even begin to understand the roots of these cultural attitudes. In the moment, my conversation with Thabo is both disheartening and alarming. But with more thought, I come to realize that this conversation is exactly why I've come to Lesotho. My work at the centre is to make children's picture books, but more than that it is to empower the children I work with. The books we write are published in Sesotho, and not in English, in order to cultivate a connection with and pride for Basotho culture. The presence of international organizations does not have to equate to a loss of connection with traditional practices, and it should not mean the alienation of traditional culture.

Lahua! Lahua!

Bewildered and barely conscious of my actions, I wonder how this has happened. How did I get here, kneeling on the ground in front of a row of Basotho children? Why are rocks digging into my heels and where is this strong anger that begins in my toes coming from? As rage works its way through my veins, I can feel it hardening my heart and draining my ideals.

Quickly, I scan this morning's events in my mind, struggling to find some kind of indicator that my day would end like this. Thinking back, I go over them one by one. First, I wake up with frosty breath and brush my teeth, gingerly leaving the comfort of my heated mattress pad. Now that I have lived as a resident of Khubetsoana for a number of weeks, boys from the village no longer flock to my house to watch me wake up in the morning, and so my hygienic routine continued with few interruptions. After a lukewarm shower, I pad down the hall to the small cabinet that is mine. I pull out my standard uniform for work at the Family Art and Literacy Centre—one of the five shirts I've brought for my two-month stay and one of the three pairs of pants, as well as long underwear, a purple knit hat, ill-matched red and black scarf, and wind-proof brown gloves. Nothing seems out of the ordinary.

Wardrobe set, I veer into the kitchen where I boil water for a cup of instant coffee and scramble an egg. Before beginning to cook, I wash my hands as loudly as possible in the metal sink. This placates Nkepeneng, our maid, who knows that my white skin implicates my inability to do things like clean dishes or properly cook a meal. By making me prove that I have washed my hands, she can assure that at least I'm being sanitary. This morning, Nkepeneng doesn't enter the sparse, clean tile kitchen to watch me like a hawk for germs—or, as I sometimes suspect, to see dirt come off my white hands. I know she finds it fascinating because she likes to show the trick to her friends. After downing the caffeine and inhaling my makeshift omelet, I nab the canvas green rucksack that serves as my all-occasions accessory in Lesotho and tuck the ear buds of my ipod into my ears. Tugging on my slouching purple hat, I bound out the door. Heading down the pockmarked, red dirt road filled with stones meant to tame the heedless African soil, I meander toward the FALC for a half-day of reading, writing, and attempts at pedagogy.

Passing the houses, cows, clothing lines, and sheep that accent my 25-minute walk to work, I greet my ever-friendly neighbors. "*Lumela Ausi. Ho Joang?*" I ask the shy, tall girl who watches unruly younger brothers in her yard. "I'm doing fine," I reply in Sesotho to the group of young men who frequent the cracked and peeling plastic chairs in front of the corner store. Given more time, I would buy doughnut holes or french fries from their shop. But today I keep walking, past the shop, past the lady who asks me whether I want to hire her to do my laundry every day despite my consistent respectful declines. I wave and smile at everyone as I wander toward the Centre, my safe haven.

But halfway up the path that winds through my host grandparents' backyard, I find myself here in this spot. The interaction has begun smoothly enough, hasn't it? Strolling along the road with ears filled full of American music, I hear a voice I don't recognize calling my name from the side of the road. This isn't unusual because, as the only White person living in this village, many more people tend to remember me than I could keep track of ever having met. I turn my head automatically, prepared to greet with friendliness someone I probably don't know, when I see six small children ordered in a neat row. "Hey *bana* [kids],"¹⁶ I say.

One child mysteriously puts a hand over his eyes and holds the other out in front of him, mumbling something I can't quite understand. I ask him to repeat himself. Upon my request the other children put out their hands and say, in unison, "We are blind! Give us money!"

I am stunned. These children live in the best area of the neighborhood. They have shoes and pants that mostly fit and even sweaters without holes in them. What's more, they are only holding out one hand, when everyone in Lesotho knows that to respectfully request anything a person must stretch out both arms, hands cupped together in humbleness and gratitude. Why are they doing this?

"What?" I reply, shocked and a little confused.

"Money, *lahua*, give us money!" they cry, using the Sesotho word for White person. As they giggle and elbow each other in the line, my stomach sinks into the soles of my shoes. This is hardly the first time I've been asked for money. Friends and neighbors and strangers in the street often tug at the fleece I wear or my purple hat and flatly tell me to give it to them. After all, couldn't I simply buy another one in the States? Aren't my pockets bottomless pits ready to pour out gold coins for every Basotho person I meet? Isn't that why I came here?

That's how I find myself kneeling on the ground in front of these children. I cover my eyes with one hand and hold out the other toward them. "I'm blind," I say. "Give me money."

Kea Leboha (Thank You)

The moment I felt settled in Lesotho, I had to leave. In mid August I waved goodbye to my African friends and family and boarded a plane headed for Boston via Amsterdam. Since arriving back in the States 48 hours before school began, my transition back into a life of library tables piled high with books and mass quantities of food has been smooth but sad. After nine weeks of working at the FALC, living with my host family in Khubetsoana, and spending time with my co-

workers, settling back into a dorm room and life on campus felt impersonal and lonely. For the first few weeks I couldn't bring myself to put anything on the bare, white walls of my standardized room, eager to view it as transitional space. The often-painful challenges I faced while grappling with life in Southern Africa were gone. Instead of relaxing, however, I found myself missing their presence.

I missed the chaos of the center and the creativity that accompanied it. I missed the children in whose neighborhood I lived and the intense bonds I shared with my host family. I missed conversations with Thabo that shattered my worldview and forced me to think in ways I could not have anticipated. My summer uncovered many more questions than answers, and it was only upon returning that I realized how much I still didn't understand. My goal in traveling to Lesotho for nine weeks was to learn something about another culture, and teach people something valuable about mine. I tried to earnestly pay attention and to honestly reflect on what I saw in Lesotho. In that respect, I tried to keep my conclusions brief.

My fundamental view on international aid has not shifted. I still believe that aid should be structured in terms of skill sharing and not filtered through "assistance" organizations that really aim to impose their opinions on other societies. This experience reinforced my belief that aid shouldn't be about fixing the world.

To forcefully change the world would be to impose my conception of progress onto someone else. I can't cure HIV/AIDS. I can't hug every child close to me, no matter how much I want to. But I can listen, and I can teach them to read. I can urge them to open books and teach themselves about the world. And if I teach them to read and encourage their educational development, then maybe they can make their own change. And that is a progressive movement I would do almost anything to see.

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

Kathleen Rees '10

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 indigenous¹ 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 blocks¹⁰ 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 stunting¹² 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

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?

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.

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 Cusqueñian¹⁶ 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,

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

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.

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=B6TtB-4V4130P2&_user=520880&_rdoc=1&_fmt=&_orig=search&sort=d&view=c&_acct=C000023460&_version=1&_urlVersion=0&_userid=520880&md5=73a5824741ebd972bdcd291301473132 (accessed October 23, 2009).



Forgive Them, Mother: Witnessing Impossible Forgiveness

Noam Shuster '11

She holds my hand and places it on the scar the Hutu killers left on her right arm. The feeling of her soft skin, the motherly touch that comes out of her traumatized body makes my heart race with pain. She cries and tells me how much she will miss me. I promise her I will come back. Suddenly she takes out an envelope with the word “Why” written on it. I look at the envelope and wonder if I should open it now, in front of her. She demands that I open it later, on my way back to Israel. Right before the *moto*¹ driver takes me back to pack my bags, I ask her what to do with her story, with everything she has shared with me.

She asks me not to just tell her testimony about her past. Her story is not in the past; she is still surviving. She asks me to tell how, even with all her pain every morning, she gets out of bed. She asks me to tell about the risks she takes to tell her story, the future she gives her children, and her strength to move on when the killers of her family, the rapists of her sister, still live in the same city. Later I open the envelope and see her entire family, in coffins. It is a picture of dozens of graves covered with purple, the color of grief in Rwanda. On the back it says, “My family Tutsis (76 persons) 1994 NEVER AGAIN.”

Rwanda in Recovery: The History Before the Healing

The atrocities of the Rwandan genocide I carried home in that envelope have their beginnings before 1994. After years of colonization, the Belgians finally left Rwanda in 1959, leaving racist hierarchies in the low-income African nation. The colonization of Rwanda has contributed enormously to the division between the Hutu ethnic majority and the Tutsi ethnic group. Throughout history, the kings and queens of Rwanda were identified as Tutsis. Belgians favored the Tutsi and gave them better treatment than the Hutus, who were considered lower status farmers. The Belgians left the country divided and full of hate.

When I met with the Minister of Defense in Rwanda, he explained that the damage of division was so bad, the majority Hutu group sought independence from the Tutsi rather than from the actual colonizer. The Hutu majority took over and controlled the country. Since 1959, the Hutu policies

were full of hate and revenge towards the Tutsi minority. The conflict reached its genocidal peak in 1994. In the course of 100 days, April through July, nearly one million Tutsis were brutally slaughtered, tortured, raped and abused by the followers of the “Hutu power ideology.” During the genocide it became government policy for Hutus to kill everyone in the Tutsi minority.

The international community turned a blind eye and woke up too late to help. Too many orphans, raped women and damaged lives had already paid the biggest price, just because they were Tutsi. The primary killing grounds were the churches, where Tutsis thought their faith would rescue them, but faith too turned its back on Rwanda. The walls of the churches are still drenched with blood.

Though the wounds are still healing, the Rwanda of 1994 is not the same Rwanda I visited in 2009. It is a new country full of hope, full of people who have a vision for a new Rwanda that will never experience such disaster again. This country only fifteen years ago was an impossible country. But today it is healing, and I witnessed life moving on. I witnessed killers and survivors walking down the streets together painting and directing a new country.

I witnessed killers and survivors walking down the streets together painting and directing a new country.

**National Narrative from the Personal to the Collective:
Iyo uza Kwimenya Nanjye Ukamenya Ntuba Waranyishe
If You Knew Me, and If You Really Knew Yourself, Then
You Would Not Have Killed Me**

The most amazing thing about the creation of this new Rwanda is that it learned the humanitarian legacy of its pain without placing its struggle as superior to any other nation's. As the granddaughter of a Holocaust survivor, this is not how I was taught to experience pain. In Israel, my grandmother's pain is the national pain; I was never able to experience my family's trauma on a personal level. Education about the Holocaust sends a nationalistic, militaristic message; we forget the humanitarian legacy and use our suffering to justify forced occupation on the Palestinian people.

The national narrative is told differently in Rwanda, and I learned what that meant through my work at the Interdisciplinary Genocide Studies Center (IGSC). IGSC's official goal is "to testify, to study genocide through rigorous cross-disciplinary scholarship, and to understand various mechanisms and structures of violence, with the goal of preventing genocide and mass violence."² We visited memorial sites, read books and witnessed crowded ceremonies. The commemorations of the genocide happen every year during the months of April, May, and June, and until July 4th, the liberation day when genocide officially ended.

In Rwanda, right from the beginning, I understood that the words "Tutsi" and "Hutu" are not always acceptable. It is not forbidden to say the words, but the general feeling is that especially an outsider like me should not say them very much. The country is getting rid of these divisions. Some Tutsi survivors I met really do not want to leave this aspect of their identity. On the other hand, many activists understand that for the future of Rwanda, they have to give up these titles or else they will be caught in them forever. Coming from a conflicted area makes it so clear to me how your national and ethnic identities define you; it was almost unbearable to digest the fact that many people in Rwanda have given up these titles of identity. I was constantly debating the truth of it.

My supervisor told me that it is so hard for the world to understand Rwanda's history because it is hard to understand the origin of Rwanda's division. "The most perplexing question running through Rwandan history," he explained, "concerns the origin of the Hutus and Tutsis and the dynamics of their relationship. There is not even agreement on how to describe them: as races, casts, ethnicities, tribes, or simply groups. What is certain is that for centuries they lived side by side, spoke the same language, obeyed the same laws, learned the same myths, and followed the same religion."³ My supervisor kept repeating that people do not understand

the genocide in Rwanda because the division between the Hutus and Tutsis is not clear; ironically, it is because of this unclear division that people are able to unite again.

In the memorial center in Kigali, two things amazed me. The first was the global section – a whole floor dedicated to atrocities and genocides that happened to other people around the world. Never during my many visits to Holocaust museums have I seen so much attention drawn to other people's disasters. It was inspiring seeing the memorial center connect what happened in Rwanda to a pattern of humanity's evil that needs to come to an end everywhere. The message of the whole memorial site becomes clear: the Rwandan cause is not only to end mass violence on its own land, but to end it *everywhere*.

I remember not noticing this section of the memorial in the beginning, and then somehow coming back to it. Testimonies of killers and survivors are written on life-size images. I stepped closer to a testimony told by a killer. The image portrays an expression of sorrow on his face, his eyes shining with sadness for what he did. He explains that the Hutu government told him and the rest of his Hutu neighbors that Tutsi soldiers were on their way to kill them, so they had to kill all the Tutsis they encountered. I read this, and I stopped. I stopped my observing, I stopped my walking and I stopped my writing. I started my thinking. The rationale of the killer is a public story. He is blaming the genocidal government, and the next generation will grow up believing that the lies of the Hutu government led the people to kill. I was standing inside the most central memorial site in Rwanda. All of the Rwandan children in schools visit here with their teachers at least twice a year. This is what I came to Rwanda for, to see how a nation, its individuals and its institutions, forgives. I imagined the pain of the survivors who worked on the memorial center, telling stories of those who killed their families. I know that this must be done for the next generation.

Forgiveness walks down the streets, on the ground and remembers everything.

"I like the word genocide"

I lived side by side with this next generation, and was surrounded daily by heroes and survivors of the Rwandan genocide. 75,000 children were left orphaned, 50,000 women were left widows – by far a larger number than

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widowers. Between 250,000-500,000 women were raped during the genocide, and up to 20,000 children were born as a result of rape. More than 67 percent of women who were raped during the genocide were infected with HIV.⁴ The feminist Mary Ann Tetreault writes that “the purpose of rape is precisely to shame the victim, her family, and her nation, and to terrorize her entire community.”⁵ Hutu killers who were carriers of AIDS were expected to participate the most in the rapes. Some women survived only because they were used for gang rapes. The rapes were a part of the Hutu power ideology to destroy the Tutsis.

I worked with the heroes and survivors of the Rwandan genocide, mainly women who had been raped and infected with HIV. Some of the women are a part of a sewing co-operative that provides them with medical care. Visitors in Rwanda who arrive at this co-operative expect to see sick and helpless women. But this is not the case at all; it is the happiest place, full of spirit I didn't see anywhere else in Rwanda. The sound of music, laughter and the smell of brewing African tea was always present. Dark, smooth hands of a mother on a sewing machine, one hand holding a piece of colorful African fabric. Their own product, their own handmade work supports the health of their bodies. The control and ownership over their bodies has been taken back after so many years through the products they produce. Forgiveness is beneath the fabrics, sewn with the gentle fingers of a mother who is trying to live with her memories.

And just like these fabrics, forgiveness too has many layers. I heard the word forgiveness at least six times a day, but it was with Tania,⁶ in her kitchen, that I saw forgiveness for the first time in Rwanda, standing and breathing next to me. We'd just come out of a yoga lesson and were preparing for an English lesson for Tania. I came to the kitchen to see if she was ready, and found Tania with tears coming out of her eyes. But she wasn't crying. Her body was still and sad, just as it had been since I first met her three weeks ago. I hesitated; we had never really spoken about her private life, but I asked anyway. She said her kids came back from school today asking if they were Tutsis or Hutus. She made a strong fist with her hand, closed her eyes and said, “Of course we are Tutsis, their mother is a Tutsi, and do you know the history of my family?”⁷

At that moment I became a listener. I listened to her pain and I listened to her survival stories. Being a Tutsi for Tania was why she paid such a big price in her life. It broke her heart when her kids weren't sure of their Tutsi identity. Tania often repeated how much she liked the word “genocide” because she felt her family in the word. She is very connected to her identity as a survivor of the Tutsi genocide, and her daily life

concentrates on that. Every day she wears purple to signify her grief, though it's a risk for a widow to publicly declare her testimony; many Hutu killers see public testimony as a threat, and might try to hurt her.

That day in her kitchen, we sat down and she told me about her sister, who was raped during the genocide when she was only 14. She became pregnant and had a child. They raised this child as part of the family, along with Tania's kids. She believed that God was testing them, to see if they would keep the child or not. Of course they kept it, she said, but then she whispered, “I have a Hutu in my house.” She had another three children of her own, born after the genocide. Her kids show the “Hutu” brother a lot of love. Tania and her sister are the only adults left from their large family. Tania survived by hiding in a mass grave. She told me that she didn't think she was alive at the time. She believes she came back to life after the liberation.

A few months before I arrived in Rwanda, Tania was shopping in the market in downtown Kigali, and saw the man who raped her sister and killed all her siblings. Seeing him brought her back, and she broke down. I felt helpless and useless when I listened to these stories. There was nothing I could give back when she filled me with her sorrow and took me places she didn't really want to go back to. So I just sat there and listened, while she took her heart out until I could almost see it in front of me: so revealed. She was not only sad, but angry. She told me very directly, “I do not forgive, I will never forgive.” If she told me these words, then why, I ask myself, do I claim that Tania showed me forgiveness? After she finished talking we both sat quietly and looked at the wooden table. I finally asked, “Tania, what did you answer your children after they asked if they are Tutsi?” She looked in my eyes and said, “I told them to go ask their teacher in school.”

This mother inspires me. With her strong identity, she can very easily pass hatred on to her children. But despite her pain, she chooses to let her children move on with the new education Rwanda offers. Her children are not learning how to recreate the hatred the generation before them suffered. Tania keeps her passion for maintaining her own family's commemoration without rooting it within the hearts of her children. Her children will not grow up feeling like victims.

As time goes by I continue listening to Tania, but I still feel useless, that I am unable to help after she opens herself up to me. It was only after a few weeks, when I traveled away from Kigali to Uganda, that I was able to physically feel like I was listening to her.

Drowning with Pain

The stream of the Nile River is becoming stronger and stronger; the rafting guide is asking me to get up and wear my helmet. I look at the upcoming strong rapids and I look deep in the water, scared but ready to be carried away. The water shows no mercy; it takes us around different corners of the rapids, not caring if we hit stones and rocks, as long as the water continues to flow. The stream is strong. There is no way to fight it; the water attacks you. When an especially strong rapid hits my raft, I try to hold on but instead I let myself go, lose my control and allow the water to take me. I fall off the raft and the water immediately carries me away. I have no control, I can't breathe, and I don't know if I'll be rescued.

The violent feeling of being thrown from the raft and waiting completely alone in the river allowed me to physically react to what Tania had shared with me. It was the first time since Tania opened up to me that I felt my body reacting. I felt attacked by the water, controlled by the water. Tania will never know that the whole entire day out there on the source of the Nile I was thinking of her, finding a way to cope with what she told me in Kigali. I'm not sure she'd want me to connect to her story through physical pain and the intense sensations of the water. But the source of the Nile River allowed me to grieve with her. Its water took me far and I almost drowned with her sorrow. It was the first time after hearing her testimony that I did not feel useless. Tania stood in the kitchen and told me her horrible memories. I felt helpless, useless. The river didn't help her, but it helped me as her listener.

The Nile brought me back to Kigali relaxed, released and a much better listener for her. The Nile emptied some of my frustrations, washed away my fear.

The Scar in the Eyes of a Mother

Throughout my work with the women I was not always listening to them alone. The story of Mama Elise came to me through a large group testimony. Mama Elise at first did not look at me, when I visited the women. They all looked at me except for her; she always looked away, as if she didn't notice my presence, or glanced at me as if she did not want me there.

I learned that after the genocide, she adopted nine children who survived in her extended family. The oldest one was "Elise," and that is how she became Mama Elise. She'd sit in the corner with the needle and thread, slowly sewing the next doll or bag to be sold. She'd check to see that no one was around before she got up to start walking. She could hardly walk and seemed ashamed to do so in front of

people, receiving their pitying looks. Day after day I became closer to all the women except for her. We all laughed out loud, they all gave me attention except for her; she did not want me there. She would turn away when I arrived so that our eyes could not even briefly meet. Whenever we told a joke, or the women would make fun of me in Kinya-Rwanda, I could see the spark of a smile on her face; I could also see her asking other women to hand her material so that she did not have to walk in front of me. Her eyes were so sad, and the scar on her forehead made it so that there was no doubt about what they did to her. The scars on the foreheads of some of the rape survivors were left by the killers on purpose, to leave the women with the shameful public mark of rape.

During the fifth week of my internship, I brought the American student participants of the IGSC conference and the theater group to meet the women. I didn't really know what to expect or whether the women would even like to share their testimonies with the wider group, but my objective was mainly to make a network and have the Americans buy the crafts made by the women so that they could support themselves. As soon as we got there the fabrics and beautiful crafts the women produce amazed all the American students. It took a while to get everyone to come sit outside.

The amazing thing about this women's co-operative is that some of the women who work there are widows of genocide victims, while some were married to Hutu killers. They have an amazing way of understanding each other because they are all going through the AIDS treatment together, and they do not view themselves as enemies. Only the women who were widows of the genocide stepped outside to meet the group and tell their testimonies. We set up the chairs so that the women were facing the students. The women asked me to sit with them; this request was followed by confused looks from the American participants who didn't realize that I was so close to the women.

At first I regretted even doing this. I suddenly felt as if I'd brought strangers into the women's home. We all waited quietly, not knowing who would share with us and what would be shared. The women thanked us for coming and supporting them. Then they moved to a brief explanation about the center and what they do. I was very nervous and unsure what exactly would happen after the introduction.

The source of the Nile River allowed me to grieve with her. Its water took me far and I almost drowned with her sorrow.

Suddenly, Marie, the director of the women's center, brought over a big chair. I saw Mama Elise struggling, limping, and with the help of two women, sitting on that chair. As she sat down, the first eye contact she made was straight at me. I could not breathe; her look was so warm, motherly and familiar, as though she'd looked at me a thousand times before. But this was the very first time our eyes had met. With this look I felt her telling me that today, she had something to tell me, today she would share not only with me but also with the group that I brought. She trusts me and the people I brought here to listen. I hadn't experienced this demonstration of trust towards me so strongly in all my life. Mama looked down and began her testimony in

Her most fragile and intimate story, told in front of a group, brought her closer to me. Only then did I understand the importance of telling and the acknowledgment of pain.

Kinya-Rwanda. The tears came even before the first breath. Twelve men raped her, over and over again. They infected her with HIV. They killed all her children, her husband, and all her siblings, leaving her with nine adopted children who survived from her family. Mama was left with no children of her own, and that is why the women always give her the respect of telling her testimony first.

Before she ran out of words, she slowly rose from the chair, showing us how difficult it was with no help. She took one step, then asked, "They already killed our husbands, kids and parents. Why did they have to rape us and leave us with the infection, and leave me with this scar?"⁸ She stepped down then, crying and leaving us breathless. She sat down, and even though the silence was intimidating and one cannot be sure

what to do after a testimony, I immediately hugged her and cried with her. After weeks of wanting to speak with her, we finally sat together. Mama called one of the group counselors to translate from Kinya-Rwanda:

"She wants you to know that she never looked at you and never spoke to you because every time you would come here it would make her sad, you see, you remind her of her daughter. You look just like her. Now she wants you to come to her house and see the children she adopted."

Her most fragile and intimate story, told in front of a group, brought her closer to me. Only then did I understand the importance of telling and the acknowledgment of pain. I did

not know the women were so eager to tell their stories. The women who do not have a chance to give their testimony are devastated. But the fact that I brought people to listen to them made more of a difference than just listening to them myself.

Mama Elise is the most important and most worthy teacher I will ever have. She is not a victim, not just a survivor, but a hero. "Mama Wawe" – *my mother*.

Never again, never again and never again – she says it three times, once for every month of the genocide

I was meant to be in Rwanda in the summer of 2009, to meet women like Mama Elise and to tell the world stories of forgiveness. For the first time, I left my conflict in Israel, and traveled to Rwanda. I am not proud of how the memory of the Holocaust is used within the national narrative in Israel. The memory of the tragedy in Israel is sometimes manipulated to give more legitimization to Israel's existence. But I grew up on a different narrative than the mainstream Israeli one. My parents raised me in a mixed community where Palestinians and Jewish families live together equally. I grew up seeing the other side as well. I grew up watching the mainstream Israeli narrative ignore the Palestinian suffering, or any suffering other than Jewish. Having these thoughts and feelings within Israeli society is not an easy thing. Even though my family directly suffered from the Holocaust, many Israelis would view me as an outsider just because I am seeking another way of telling and remembering suffering, not just Jewish suffering, but human suffering. Israeli journalist and historian Tom Segev was asked in a BBC interview about Israeli identity and the commemoration of the Holocaust. His words resonate with me:

I feel that Israeli society has not learnt the full humanitarian lesson of the Holocaust as we should and I feel that if we had given more attention to the humanitarian legacy of the Holocaust, we may act differently on the occupied (Palestinian) territories.⁹

With this passion in my heart to change the way my country uses memory, my main attraction to Rwanda was to witness the possibility of forgiveness. I wanted to be among the narrative tellers, to find out what tools they use to keep the national memory of their atrocity as a bridge for a different future. For most of my life I have been living among peacemakers, among Israelis and Palestinians who work constantly to bridge the gap between the people on our land, but it was in Rwanda where I witnessed incredible humanity and compassion I had never seen before.

NOTES

1. Moto: A motorcycle providing taxi service around Rwanda.
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3. Kinzer, Stephen. *A Thousand Hills: Rwanda's Rebirth and the Man Who Dreamed It*. New York, NY: Wiley, 2008.
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5. Tetreault, Mary Ann. *Feminist Frontiers IV*. New York: McGraw Hill, 1996.
6. Name of survivor changed for privacy reasons.
7. Field Notes: June 24th, 2009
8. Field Notes: July 15th 2009
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The “Right” Medicine

Gabriel T. Verzino '10

I hear his labored breathing before I even see his face. Just eighteen years old, he staggers slowly into the office with his arms extended for the chair opposite me. Although I do not know this boy, I somehow feel responsible for him. The nurse follows closely behind him, anticipating the moment his frail body might collapse. His sneakers have no shoelaces. His white v-neck t-shirt is stained with vomit. He places one hand upon each knee, palms open towards the ceiling, like a subject begging mercy from his God. His thin arms reveal small, pinpoint marks and several blackened veins. I had come somewhat ready to witness suffering, but not misery this extreme. This is Anthony.¹

He is like any other adolescent his age, except in one regard: Anthony is addicted to heroin. When we hear the words “heroin” and “addict” we oftentimes shake our heads in distaste. But among the burdens carried by people marginalized by our society, the stigma that substance users face is perhaps one of the worst. The disease is self-inflicted. Its presentation is sobering. Drug addiction shares many characteristics with chronic illness, including an onset and course governed by environmental factors, a tendency to run in families, and an inherent difficulty and complexity in being treated. But most importantly, drug addiction continues to take the lives of people, whom other people love and need.

It is my fourth week of interning with child psychiatrist Dr. Gottlieb, my supervisor at UMass Memorial Medical Center in Worcester, Massachusetts. My interests in pediatric

medicine have brought me here, to experience the harsh reality of overcoming substance addiction in a small adolescent detoxification unit. The youth can stay voluntarily for thirty days to receive rehabilitative treatment, and often call this place home, however ephemeral. I see their thinned faces and desolate appearances each morning as they wander the hallways or lay in their

beds staring at the ceiling. Their eyes visibly convey the pain and sorrow of hopelessness. Thirty days seems like hardly enough time to provide the complete and necessary care these youth require.

Chemicals found in drugs today are more potent, more deadly than they used to be. Typically, the most commonly purchased heroin contains much of these toxic elements because it is the most affordable. Medical providers are part of this losing battle. Current treatment efforts are mostly outdated, no longer capable of reversing the complex lethal effects that street drugs can now produce in youth. I wonder how any physician could begin to untangle the mirage of hardship that patients like Anthony are facing. Why are so many youth like Anthony requiring rehabilitation from drug abuse? Where did they all come from? Where did we as a society begin to fail these youth?

Eddie, also eighteen years old and suffering from a heroin addiction, arrives at the clinic shortly after Anthony. While Anthony is Irish-American, Eddie is African-American, adding another dimension of stigma, one based on his physical appearance. However, both youth are of a low socioeconomic class in Worcester, which make them uniquely equal in the hardship they face accessing health services. Adding to the complexity of his case, Eddie is without any family support to depend on. He is essentially homeless.

I had come somewhat ready to witness suffering, but not misery this extreme. This is Anthony.

He remains non-compliant with medical advice, insisting that his present age is proof enough that *he* can make decisions regarding his own personal health. He says he does not need rehabilitative treatment, yet, I wonder, how can he live safely without a home? Also, his previous arrest for assaulting other students while under the influence of alcohol, a situation which is prototypical for half of most major crimes, connects back to my previous question: can Eddie still have a comfortable and fruitful life in society?

Anthony and Eddie are just two of the hundreds of thousands of adolescents addicted to illicit drugs, such as heroin.²

On a typical day in America, 4,348 adolescents will use an illicit drug other than marijuana for the first time.³ During the course of my internship Anthony and Eddie provided a window into the complexities inherent in dealing with this group of troubled youth, such as the environmental factors that propagate drug use and crime rates. Ultimately, our understanding of their lives can help our society in general, and the medical community in particular, address their needs.

Anthony: Home, For a Moment

Each morning, I arrive to UMass Memorial Medical Center by the commuter rail which leaves promptly from Wellesley, Massachusetts at 7:16 A.M. From the window seat the landscape outside changes dramatically from the affluent suburbs of Wellesley and Natick to the industrial downtown Worcester area. The ease of suburban life marked by century-old churches with quiet boutiques and café establishments transitions somewhat harshly to the sight of dilapidated tenement apartments guarded behind chain link fences.

Once the train arrives in Worcester Station, the air feels heavier, more oppressive, and markedly more polluted. Along cracking sidewalks, battered cars and roaring trucks add a claustrophobic feeling to the crowded streets. The poverty is striking to see, yet it is exactly where I want to be. Conversely, the welcoming essence of UMass Medical School provides a refuge for all patients that arrive there. The once over-used and cracking sidewalks are now comprised of white stone that presses gently against lush green lawns. The campus appears to stretch for miles in front of me – elegant, spacious, and sophisticated. One can admire the words, “The University of Massachusetts Medical School” engraved above the original entrance. Built in 1962, the building reflects a modern yet well-established medical education and research institution.

Inside, the medical faculty is equally warm and friendly. Medical residents exchange smiles and occasionally a handshake in the hallways. A group of physicians are engaged in light-hearted conversation. The loudspeaker broadcasts an announcement. A physician uses the land

phone in the hallway. A gurney is maneuvered skillfully around a corner by a technician who is simultaneously wheeling several intravenous bags of fluid. This is controlled chaos. The patients, although I cannot be sure exactly how they are feeling, sit quietly relaxed in chairs outside the emergency room. They appear to be relieved from physical pain, but in a way, also seem sheltered from the troubles of their reality outside these walls.

Outside the hospital window I can see heat radiating from the hoods of the ambulances and cars parked outside the emergency room. It is mid-June and an oppressively hot day.

“They still haven’t fixed the air conditioning system,” says Dr. Gotlieb, as she writes out a script for her last patient on a prescription notepad.⁴

“That’s really unfortunate,” I reply optimistically. “Maybe it will be fixed tomorrow.” My collared shirt and tie begin to feel uncomfortable in the heat. I decide to loosen a top button. The smell of pungent vomit and suboxone medication⁵ in the narrow hallway outside the office door is more prominent in the heat. But the stench does not bother me. Instead, I am too consumed with excitement and an incredible sense of pride to be learning about substance abuse treatment firsthand. The first thing I learned about substance use rehabilitation in a *Disorders of Childhood* course last spring at Brandeis University was that addicted youth could be treated with behavior-based therapies. And more importantly that a family-based treatment model that involved parents and extended family was usually the most reliable method of helping a youth to recover.⁶

The pockets of my black slacks sag under the weight of physicians’ hospital cards, a laminated book of illegal substances, meal tickets, a methadone protocol printout, my commuter-rail ticket, and about two dollars in loose change. As I wait quietly for the next patient to come in, Dr. Gotlieb finishes writing another script. She is from an affluent neighborhood, near my own, but has dedicated her life to treating youth in this clinic. Her nametag hangs slightly sideways on the edge of her shirt collar. Unlike the other physicians, who prominently wear their nametags from

Ultimately, our understanding of their lives can help our society in general, and the medical community in particular, address their needs.

the breast pocket of their scrubs, her character seems less pretentious, governed more by the value of her words than the value of her title. It is refreshing for me to see this as someone coming from an upper-middle class background, where prestige and arrogance is almost commonplace. Her diploma, *Yale School of Medicine*, is barely visible inside a brown storage box hiding in the corner of her office.

“You know,” she says genuinely, “the really difficult part in prescribing medications is that we can never entirely know for sure what compounds are in the street drugs kids are using.”

I nod my head while pulling out my laminated book on street drugs. Looking at the pristinely covered front, I find it funny that a book on street drugs has been euphemized in this way. Most drugs are dirty; they are inhaled through pipes or cooked in spoons and injected through syringes. In this book, they seem to be abstract potential dangers, but they are actually commonly found at college parties. Flipping to the corresponding potencies section, I remember sitting in *Organic Chemistry* lab my sophomore year at Brandeis. The TA is standing at the whiteboard describing the process of mixing a compound in a liquid when he explains that part of the failures of drug control efforts is that drug potency is increasing, contributing to unsafe use.⁷

“How do you mean?” I ask curiously. Dr. Gotlieb stands up, and tucking several charts under her arm exhales deeply.

“Well, the seller makes more money by cutting the drug with other household products, like detergent and dishwasher soap,” she glances quickly at the clock on the wall, “But that punishes the user by making drug dosages less safe and predictable.” She speaks eloquently, as if she is reading something from a medical textbook. For a moment, I pretend to be a medical school student.

“OK, well you can ask the next patient questions if you have any,” she says, rushed. I had never done a psychiatric intake before. “I’ll go get his chart and then bring him back.”

This patient might very well my very first diagnosis, I think to myself. *But who will it be?* I wonder. The youth on this floor typically range in age from 16 to 21. It is only on rare occasions, like yesterday, when a girl from Gloucester, just 14, was admitted for using heroin by skin-popping.⁸ With as much knowledge as an undergraduate could have about substance abuse, I feel intellectually prepared, but apparently, not emotionally prepared to see Anthony.

After waiting patiently in a metal folding chair, Anthony suddenly comes staggering into the room, arms extending

for a seat in which to rest his worn-out and emaciated body. Anthony peers out into the violent morning sunlight. The light reveals his sunken eyes, deep black circles. He probably has not slept in days. The light is too bright and he turns to stare in my direction. I feel slightly uncomfortable at first, thinking that he may perceive me as a phony intern, one who is too young, but I suddenly suspect that he is not thinking that at all. Although his eyes are locked on me, his mind is elsewhere. Consumed by the pain and sorrow of hopelessness, only his eyes can explain what is happening to him. He is dying inside. It is difficult for me to look away from his gaze.

“Have a seat here,” Dr. Gotlieb says kindly. “It’s comfortable.” Yet his anguished face makes it clear that no seat is comfortable enough to subdue the withdrawal he is experiencing. Dr. Gotlieb waits patiently until I am able to break eye contact with Anthony. Her expression is controlled, and experienced. Mine is probably horrified. I give a millisecond smile and shift in my seat, clearing my throat. The assessment continues.

“Anthony, the nurses told me you came in last night,” she begins softly, calculated.

“Yeah,” he manages to say. I catch a glimpse of his thoroughly dried out tongue.

“Well there are not many other youth on the floor this month, so I think you’ll be able to settle in nicely,” she tells him optimistically. Anthony doesn’t seem focused on what Dr. Gotlieb has to say, much less on the conditions of his new living arrangements for the month. Without moving her head away from Anthony, she peers at me quickly, and then back towards his direction, perhaps assessing the impact he is making on me.

“How are you feeling?” she asks, now concerned with his apparent lack of mental wherewithal. His lips are cracked and bleeding as he breathes in deeply to answer.

“Like crap,” he speaks slowly. He begins wheezing and it seems like what he really needs is medicine, not a conversation.

Interestingly, a while back, when I was reviewing articles for the purposes of writing a clinical review paper with Dr. Gotlieb, I learned that youth who use heroin are typically treated with other medications, even additional opiates.⁹ This treatment process is known as methadone maintenance, which provides smaller and smaller doses of “controlled” opiates, like suboxone, to wean youth off their addiction and

lessen their painful side effects of withdrawal. According to these studies, however, the process is typically achieved within a 9- to 12-week period.¹⁰ Thus, even if Anthony did eventually receive methadone maintenance, it was unlikely that a thirty-day program would be enough time for him to fully recover.

Dr. Gotlieb looks at me, anticipating the questions I might ask. But I cannot bring myself to express my concern and thoughts. I am at a loss for words. As Dr. Gotlieb begins speaking again he grimaces in pain.

“It says you live with your mother, Kathy, is that right?” she asks, turning back from his chart open on her desk. His hands suddenly begin shaking. When he sees me glance at his hands, he looks down at them as well, as if he feels embarrassed. He clasps his hands together to try to stop them from trembling. Then looking up at me again, a small tear begins to form below his eyelid. “My Mm...Mom” he stammers, distraught with sadness, “My Mom, sh...she doesn’t want me back anymore,” he utters, tears rolling down his freckled face, “Sh...She told me that.” It is a sorrowful sight. His eyes well up with tears, accenting his green eyes. Popping his face into his hands, he releases a soft but chilling groan, which conveys the true magnitude of his suffering.

The abandonment that Anthony feels is not uncommon among addicted youth in our society. From another course I took at Brandeis, *Health, Community and Sociology*, we read an article describing the feelings of “shame” that parents of addicted youth feel amongst other parents in their society.¹¹ Substance-abusing youth often feel isolated. They are typically ostracized by family and neighbors. People instruct their children to stay away from them. But more importantly, the parents of addicted youth also experience stigma when dealing with their child’s school, the police, and the justice system. These parents typically feel ignored, blamed and de-valued as responsible mentors, creating a sense of hopelessness and frustration, which prevents them from responding appropriately to their child’s drug use. It is possible that Anthony’s mother never wanted him back for these reasons.

As Anthony sobs, his right elbow pinches his shirt downwards. It brings his v-neck lower and exposes a cross on a chain around his neck. *Where is God here?* I wonder. Anthony suffers all alone, without any social supports. But perhaps God is still watching over him. I think of my grandmother, also Irish Catholic, and remember her saying to me in her Irish brogue several weeks before she passed away “The eyes of the Lord are in every place.” Although I

cannot be sure, Anthony’s faith affirms that he is being looked after despite the painful circumstances that now surround his life.

Anthony’s visible grief becomes too much to watch. Intense grief and compassion begins bubbling up inside me all at once. I want to do more. *But how can I reach out to him?* The truly frustrating reality is that there are many more youth like Anthony; the average heroin addict today is a middle-class, white teenager.¹² Perhaps even more discouraging, the retail and wholesale prices of heroin have decreased dramatically since the 1990s, thereby increasing heroin availability among youth.¹³ The teens at the detoxification center informed me that one could purchase a gram of heroin called “black tar” for roughly \$15, and if injected intravenously, it would provide “the best bang for your buck.”¹⁴ Unfortunately, the reason “black tar” is so inexpensive is because it is usually cut with other compounds, such as sugar, starch, powdered milk, quinine, and even poisons like strychnine.¹⁵ The risk of overdose or death is possible because heroin addicts often do not know the actual strength of the drug or its true contents. *It is a wonder that Anthony is still alive*, I think to myself. The anticipation I was previously feeling turns into a sober frustration. What is there for me to do, I wonder? My heart is smashed, but surely no more than the heart of this boy.

Eddie: The Customer Is Always Right

Eddie sits in the waiting room of the psychiatry department. He wears baggy dark jeans and a black t-shirt. Eddie is eighteen years old and also a heroin addict, much like Anthony, although with one major difference; he is Black.

Many people are aware that male gender is a prominent risk factor for violence and homicide. Additionally, from a medical ethics course at Brandeis, *Patient Autonomy*, I learned that race itself is also a prominent risk factor for violence. Violence is common in inner city neighborhoods such as those Eddie and Anthony both used to call home. Violence-exposure among youth is among the most powerful risk factors for substance use disorders, tripling the risk of substance use and abuse.¹⁶ In such communities, vulnerable

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youth may attempt to reconstruct their sense of safety by self-medicating with drugs or alcohol. The slippery slope to addiction is a real threat for youth like Eddie, considering the leading cause of death among Black males between 15 and 24 years of age in the United States is homicide.¹⁷

As I flip to Eddie's history in his chart, I fear that he was exposed to serious violence sometime prior to arriving at the detoxification unit at UMass Memorial Medical Center.

It reads:

*Eddie was admitted Wednesday (7/15/2009)... recalcitrant to drug use termination, wants to "do own thing" and claims that "weed is God's plant"... very disobedient, has been arrested twice for assaulting schoolmates... traumatic experiences of domestic violence and physical assault since 14 years old, father has history of drug use and depression... self-medicating with heroin, reports sniffing Percocet in bathroom... no support system at home.*¹⁸

My fears are confirmed. Eddie is a victim of domestic violence. It remains unclear, however, whether his experience with physical assault is the only driving force behind his addiction. A few days prior, Dr. Gotlieb highlighted the relationship between child abuse and subsequent substance use in children in one renowned study that interviewed 4,023 adolescents nationally between the ages of 12 and 17 years on their experiences with substance use and victimization experiences.¹⁹ The major finding was that adolescents who are physically assaulted or who witness violence have an increased risk for current substance abuse and dependence. I sense that this finding may be pertinent to the addiction that Eddie now faces.

The chart also reveals another common antecedent to substance dependence. Eddie reports witnessing his father abuse drugs for several years. Roughly 5.4 million other children under 18 years of age also live with a father who meets the criteria for substance dependence or abuse.^{20,21} Parental substance use has a profound impact on children, including child abuse and neglect, and increases the odds that the children will become substance users themselves. It is estimated that roughly 8.3 million children under 18 years of age live with one or more parents with alcohol or illicit drug addictions.

I wonder where Eddie could possibly be tomorrow as I stand staring at him through the Plexiglas window in the psychiatry board room. Eddie is essentially an orphan. *Exactly what home could he go back to?* Among the many hazards of being homeless, Eddie faces the possibility of being further manipulated by others – doing things against his will in order to survive. The continuation of assaulting others and drug

dealing immediately comes to mind, which places Eddie at further risk of involvement with the police. Not to mention, Eddie will also find it difficult to get proper food and sleep safely, exacerbating his risk of malnutrition and mental illness.

But Eddie left home voluntarily. Contrasting with the counterculture mentality of hippie youth in the 1960s and 1970s who abandoned home in hopes of establishing new values and lifestyles, few youth today are leaving home for these reasons. Most youth today leave home due to physical abuse or substance-abusing parents.²² Eddie reports running away because of the physical abuse he experienced. Taking a seat at the boardroom table, I realize that ditching home was perhaps the only option Eddie had left. *Who can blame Eddie for abandoning his family?* My own impression of family is completely different from both the counterculture mentality of the 1960s and Eddie's notion of home. I see my home as a safe-haven. A place where my brothers can feel supported and loved by my parents. My mother, in her Irish way, encourages imagination and light-hearted debates. My father mentions time and time again the importance of an appetite for adventure over the love of ease. Together, my parents engrain in us a predominance of courage over timidity. Contrarily, Eddie feels threatened in his home. Eddie only learns to share the same addiction his father faces, and the ensuing fears and suffering that it creates. However dissimilar our experiences seem, I still hope that Eddie could perhaps find a temporary shelter within the protected walls of UMass Memorial Medical Center.

I continue glancing between Eddie and his chart. The words "*Conduct Disorder*" at the bottom of the page suddenly grab my attention. Eddie fit the criteria of this disorder almost perfectly: an unwillingness to obey authority, disruptive behavior, and harming or threatening to harm other people.²³ Given his attitude, it seems likely that Eddie may want nothing to do with these hospital services or what physicians have to tell him. I have it easy. Being raised in the ease and comfort that filled my childhood, I realize that perhaps I grew up trusting other people too much. But Eddie is not fortunate enough to come from such a loving family and an affluent neighborhood. His father, the person who is supposed to love him most, physically assaults him daily. Thus, Eddie had grown up believing that he could not trust other people.

The testimonies that Eddie gives about assaulting other students and his consequent confrontations with law enforcement advance the possibility that Eddie is caught in a vicious pattern of committing crime and using drugs. Among major crimes in the United States, nearly half are committed by perpetrators who are under the influence of illicit drugs.²⁴ Ironically, Eddie takes a personal liberty in disrespecting

other people's freedom, but it is this personal choice that lands him in jail, thereby further suppressing his freedom. Moreover, Eddie now has a criminal record, which will prevent him from obtaining some form of employment.²⁵ This reality will only make Eddie feel more hopeless, further exacerbating his drug use.

At eighteen years old, society automatically expects Eddie to assume more responsibility for his actions. If he is found guilty of another crime he will be tried as an adult. *Is Eddie mature enough to understand this consequence?* He is also legally able to make healthcare decisions on his own behalf. *But is Eddie willing to accept this important responsibility?* For better or worse, eighteen year old patients, like Eddie, can decide on the treatments they do and do not want, regardless of what the medical provider believes is appropriate. However, it is difficult for me to allow Eddie to continue leading a self-destructive lifestyle. I wonder how physicians can live with themselves knowing that they allowed another sick patient to leave the hospital. Eddie left the clinic a week later.

Medicine Only Goes So Far

In the cafeteria one August afternoon, towards the end of my internship, I was having a conversation with Julia, a twenty-four-year-old UMass Medical student.

"If you're great at soaking up small details," she says positively, "then you'll survive medical school, no problem." Julia is in her medical student mode: personable, rushed, and constantly clarifying herself.

"I mean, obviously you have to understand the biology and interactions between the organs," she continues, "And memorize the endless diagnostic protocols and treatment regimes, but that just takes practice." She is beginning to scare me.

"Yeah, obviously," I reply, trying to sound confident. When the time comes for me to continue finding articles in the library and for her to collect another urine sample, we begin walking towards the exit. She bites into an apple.

"It doesn't matter what you know though," she mumbles mid-chew, "Patients are going to do what they want to anyways." She chucks her apple into the trash, and holding her stethoscope tightly around her neck she turns the corner and disappears into the hallway. Eddie had left the hospital in July, perhaps never to return again. But standing at the entrance of the cafeteria, I wondered, 'Was there something more I could have done?' And even if Eddie had fully recovered from his addiction, who was to say that he would not continue using again at some later point? And nobody could be sure whether the treatment Anthony was provided

would be his foundation for a more meaningful life. Medicine can heal track wounds and bring addicts back to well-being again, but it cannot heal the addiction. The addiction is healed by the patient. By the time I returned home to Wellesley on my final day of interning, it became apparent that compliance is just another aspect of medicine physicians have no control over.

Moving Forward

Adolescents in inner-city neighborhoods face an incredible burden of street violence and risk the possibility of developing substance use disorders. Anthony and Eddie happen to be just two of the many American youth who live in such neighborhoods. They are marginalized simply because they are of a low socioeconomic status. Eddie continues to face a disproportionate risk of being murdered and using substances just because he is Black. It remains unclear whether medicine can reverse the pain and suffering that these two boys face daily. *Would thirty days be enough time for Anthony to recover? Was treatment really appropriate for Eddie?* Nobody can be sure. But nobody can be certain when another eighteen-year-old boy from Massachusetts will come staggering into a detoxification clinic with a heroin addiction. Instead of wondering where they came from, we begin to pick up the shattered pieces of their lives. We have already overlooked possible prevention solutions.

These questions must be posed to our entire society. Together we must find where we begin to fail these young adults. We must not allow the stigma and ugliness of drug addiction in youth to force us to turn our heads away in disgust and prevent us from intervening. Their struggles propagate crime, place costly burdens on our healthcare system, and tear at the fabric of what family is supposed to mean in this country. This matter is everybody's business. Of course, we cannot banish the existence of substance abuse with any program. The potency and availability of street drugs remain a complex problem that neither law nor medicine has been able to control completely. But we can perhaps remember, if only for a time, that substance abuse is a chronic illness, which takes patience and perseverance to overcome. These qualities are not inherent in medicine, which can only work to bind up the physical wounds that addiction has created in youth like Eddie and Anthony. But surely physicians can also strive to ensure that addicted youth foster hopefulness, which is perhaps the best medicine, and inherent only in the human spirit.

But standing at the entrance of the cafeteria, I wondered, 'Was there something more I could have done?'

Notes

1. To protect the identity of patients and colleagues all names are pseudonyms.
2. The Office of Applied Studies Report “A Day in the Life of American Adolescents: Substance Use Facts,” *Substance Abuse and Mental Health Services Administration* (2007), <http://www.oas.samhsa.gov/2k7/youthFacts/youth.pdf>.
3. Ibid.
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5. A medication used as an opiate replacement, to wean patients of opiate addictions.
6. Waldron, H. B., Slesnick, N., Brody, J. L., Turner, C. W., Peterson, T. R. 2001. “Treatment outcomes for adolescent substance abuse at 4- and 7-month assessments.” *Journal of Consulting and Clinical Psychology* 69(5) 802-813.
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12. National Institute on Drug Abuse “Drug Abuse And Addiction: One of America’s Most Challenging Public Health Problems,” U.S Department of Health and Human Services (2008) <http://www.nida.nih.gov/about/welcome/aboutdrugabuse/index.html>.
13. Ciccarone, D. 2008. “Heroin in brown, black and white: Structural factors and medical consequences in the US heroin market.” *International Journal of Drug Policy*, 20(3): 277-282
14. Field Notes: July 16, 2009. Roughly 10:30 A.M.
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18. Field Notes, July 15, 2009
19. Kilpatrick, D. G., Acierno, R., Saunders, B. (Ibid)
20. National Survey on Drug Use and Health, “The NSDUH Report: Children Living with Substance-Dependent or Substance-Abusing Parents: 2002 to 2007” *Substance Abuse and Mental Health Services Administration* (2009) <http://www.oas.samhsa.gov/2k9/SAParents/SAParents.htm>
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