

WABASH COLLEGE Global Health Initiative

2014 Global Health Initiative Blog Posts from Peru

Bilal Jawed

“Those lights don’t mean anything”, said our driver in reference to the myriad of police vehicles in our journey to the hostel after landing in Lima. Just minutes after stepping onto Peruvian soil, I began to receive glimpses of how different the problems of Peru would be compared to those of home. Even the simple 45-minute drive to the hostel is a testament to this. The best way I could describe the average Peruvian commute is like a car chase scene from 007: mototaxis appearing from every direction, continuous honking, a complete disregard for any lane lines, and always inches from an accident. Not all Peruvian citizens are undercover agents racing to secure classified information, so what is contributing to the premature death rates of 15.9 per 100,000 inhabitants, one of the highest in Latin America? Perhaps it is the lack of both solid infrastructure and “competent” traffic enforcement. I highlight competent here because law enforcement may be adequate in terms of numbers but as our driver notes, not in integrity or work ethic. This deficiency in Peru’s traffic systems snowballs until it fundamentally changes the drivers of Peru; creating unsafe drivers from those that could be safe.

A few days later, we experienced the streets of Peru firsthand. Working with Stephen Batchelder and Ethan Farmer (dubbed the marketing team) in Tingo María, we found that one of the best ways to campaign for the health clinic was to occupy a busy traffic intersection and hand out fliers. Within the hour we burned through a few hundred fliers and got the word out to hundreds more through the megaphone. In that hour we witnessed what would be the horrors of an average American traffic cop: entire families on motorcycles (Father, mother, child, and infant), uncountable numbers in a single mototaxi, red lights only a suggestion, and seatbelts an afterthought. Working and living alongside the people of Peru helped me understand that much of the public health in Peru lies not just in the familiar biological side such as medical vaccines, parasites, and prescriptions, but also in the social side such as traffic safety. The seatbelt, for example, is considered one of the greatest public health achievements, instantly saving millions of lives. Education, another social aspect of public health, played an integral role in our health campaign in Peru. Each station organized in the clinic would not only provide healthcare for patient but also educate. For example, the orthodontist station would not only provide a fluoride treatment but also educate on dental hygiene and proper ways to brush.

One of my most humbling experiences came from the educational side of public health. I was stationed in the sign-in booth for one of our campaigns. In order to receive medical treatment, we had to facilitate all patients through a series of paperwork. One particular woman I was working with was probably 45 years old and not unlike any other patient we had seen that day. After verbally asking her general information like age, birthdate, occupation, in order to fill out the first sheet, we arrived at the consent sheet. I quickly explained to her what services we offered and why she was required to sign the sheet. After asking her to do so, I was stunned at her reply when she said she could not. “Otra vez por favor” (say again please), I asked her to clarify to confirm that I understood her properly with my limited Spanish. She explained that she did not know how to write. I asked her to write an “X” on the line. She scribbled a crooked “X” that reminded me of my nephew’s handwriting, asked if it was acceptable, and then went along her way. In my entire life, I had never met a capable adult who did not know how to write his or her own name. In that exact moment, I think I understood how different our education, our environment, and our lives must be.

From Lima, Huanaco, Tingo María, and back, there were many reminders of how much work needs to be done. Not just solely from a biological health standpoint, but from a ground up, infrastructure standpoint. Arriving in

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Lima, I did not expect our health campaign to solve the entirety of Peru's health issues but I did expect some sort of simplicity. Instead, I discovered an interconnected web of issues that will require a multidisciplinary approach just to scratch the surface. High traffic deaths, tuberculosis, and teen pregnancies are just the symptoms of a country suffering from corruption, poverty, and lack of education. But what I also witnessed was so much potential. For example, Valentina, one of the group's important aides, is a part of a campaign to change the traffic culture of Peru. She wears a wristband to signify her pledges to follow all traffic laws in order to lead by example. This change from within, everyday leaders who lead by example, is exactly what Peru desperately needs. I am inspired by the color and culture of Peru and cannot wait to see the progress that will be made in the future with the Wabash College Global Health Initiative. With the help of Valentina and those like her, maybe "those lights" will begin to mean something again in Peru.

Max Gallivan

During our first day in Lima, we had the pleasure of going to the Instituto Nacional de Ciencias Neurologicas, the leading facility for cysticercosis, a parasitic infection that creates cysts in the brain and causes a host of neurological problems for those infected. While this problem is rare in higher income countries, it is a major problem in Peru because the tapeworm that causes the infection is usually ingested into the human body by eating uncooked pork (or through eggs due to fecal contamination). Since those in poverty lack the resources to fully cook their food, they are at a higher risk for cysticercosis than those with the luxury of proper cooking equipment.

When we first arrived, we got a tour of the lab where they test their patients. Because they are the main cysticercosis unit in Peru, they see a lot of patients and had a multitude of slides and tests to run. Afterwards they took us to their museum to showcase specimens of patients with different nervous system problems. As a psychology major, this building was the highlight of my trip. Being able to see all these different neurological problems up close on real brains was a great learning experience that showcased how fragile the brain can be when not taken care of. There were preserved brains affected by cancers, strokes, hemorrhages, and cysticercosis.

It was interesting to see the contrast between the diseases that I am used to hearing about in the United States and the diseases of countries like Peru. The cysticercosis infections reach all parts of the brain, forming cysts as the parasite travels through the blood and causing damage throughout, which could lead to some interesting symptoms while the brain is still functioning. The hardest thing to think about is that this infection is a problem for those in poverty, but they still have to deal with all of the neurological problems that people in the United States and other high income countries have to deal with. Without access to certain things that humans need to have good neurological health, those in poverty face many health problems, with little access to anything that can help them. Without facilities like these to help those in Peru, these people would fall victim to many different neurological problems. And while it doesn't seem to be the biggest problem that many of the Peruvians face, it was great to see that someone is able to lighten the health burden of these people.



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Ethan Farmer — The “Gringo” Touch

I had never traveled to another country before, so seeing all of the differences was a cultural shock to me. However, I never thought about how my presence would affect the people there as well and how I was different from them. Our second campaign day in Tingo Maria was to me, the first true immersion into their culture. This taught me a few things not only about their culture but also the effect that I had on the people in this country.

I started off the campaign looking for head lice, mostly in children. Having never done this before, I had to learn quickly and took advice from the mothers there! As the day fell past noon, we were getting fewer and fewer patients, so a medical student from the area took Bilal, Stephen and I on a campaigning trip to the city. We handed out little fliers and yelled into a megaphone the words “Campaña de Salud, hoy” or something of the sort.



I have never taken Spanish so I could not speak the words very well. But even then, our Peruvian friends would make us say everything because we sounded different. People would turn their heads in curiosity simply because they heard a different voice saying something. This was an important part to the campaigning. Even when we went to the edge of the street to hand out fliers to the mototaxis (little motorcycle taxi cars) stopped at a stoplight, I had to approach the vehicle first to get the individuals attention, say my phrase and then our friends would explain the rest to them. If it was just the Peruvian doing it, the people would take it as an everyday thing and not care. Our presence brought about a new and different connotation to the campaign and that was the whole point in taking us on those recruiting trips, ultimately getting the people to go to the campaign.

Once we ran out of fliers, the three of us got lucky because the driver decided to go to this outlook point over the city. After we climbed a bit, we saw this breath-taking view of the whole city and what the people there call the “sleeping beauty” (La Bella Durmiente) landscaped into the mountains. It was simply amazing to see the whole city in one glance. This was a gratifying experience. To know that what we were doing and did the past two days helped the people in that city, maybe not directly that day but it put them in the right direction. From that moment on, I could feel that this was the purpose of our trip and we had just started.

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Jackson Schroeder – Tingo Maria Veterinary Campaign

On Day 2 of the health campaign in Tingo Maria, I got to work at the veterinarian station. There were two vets at the campaign, but I primarily worked with the female vet. Like the other services at the health campaign, vet services were free. All you had to do was bring in your dog or cat.

Throughout the day, we saw about 15 dogs and only one or two cats. The vet would administer a subcutaneous shot and an oral liquid to attack and prevent external and internal parasites. She would then take a sample of blood to further test for parasites. Basically all cats and dogs in Tingo Maria have at least 1 parasite. Even when owned,

they roam the streets, which presents a major problem because their feces contain parasite eggs. My main job with the vet was to hold down the animal and to help give or hold any of the shots or blood samples.

Conversation with the vet kept the day flowing quickly while also learning a lot about her and her culture. She only spoke Spanish, so I was able to use my Spanish the whole day. While talking about the USA and Peruvian beliefs about the USA, she had many interesting things to say. She said there's a growing number of Peruvians and South Americans who fear that the USA is trying to dominate South American countries through massive American corporations. Specifically, she mentioned Monsanto and genetically modified organisms (GMOs). The majority of food in Peru is organic, but Peruvians are starting to see GMO seeds sold by Monsanto and other companies in their country. We discussed how important food and crops are, especially to middle-income countries like Peru.

Another discussion point about USA actions affecting South American countries was with nuclear energy. She talked about how many Chileans believed the earthquake that happened in their country a couple of years ago was caused or amplified by the actions of a certain USA nuclear company. Neither I nor the other Wabash students knew of the company. Unfortunately, I can't remember the name of the company. I do remember that she said they were active in the USA, not South America. This related to another thing we talked about, climate change. She talked in depth about the changes she has seen in Peru due to climate change. She's seen everything from less to no snow on mountains, more extreme temperatures, and changes in the rain season and the amount of rain they see.

Although the vet had many concerns about certain companies, she believed the USA was a good country overall. She was happy with the health campaign we were having because so many people never get medical care and treatment. Day 2 of the health campaign in Tingo Maria was one of my favorite days of the trip. I was able to work with and help animals while having a very informative and quality discussion with the veterinarian.



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Brandon Wongngamnit — Health Campaign in Huánuco

Halfway through the journey to Peru, we were leading our third global health campaign in Huánuco. Huánuco was a relatively large city that spanned across Andes' mountainside and was at an elevation of about 1900 meters. The weather could not have been better for our first day in the mountains. The sun was out and shining upon the vast and beautiful landscape. There was a slight breeze that woke us up from our early morning. We held the campaign at one of the primary schools of the main region. The day was eventful to say the least. We had plenty of participants, but two stuck out to me.



While taking a break from triage, Ryan Horner and I went to find Valentina, one of our guides who was out taking pictures of everyone doing their jobs. While she escorted us to the bathrooms in a different facility (since the only bathrooms on the property were under construction), we ran across two older women mumbling in Quechua. Doing our duties, with knowing the little amounts of Spanish and no Quechua, Ryan and I tried to refer the ladies to the health campaign. Thankfully, Valentina began conversing with the older women and explained to us the situation. Not knowing much Quechua herself, Valentina tried to explain to the ladies that we were here only to do simple tasks like: height, weight, blood pressure, and general medicine. The two older women seemed frightened by the thought of going to the campaign and refused to participate. After the encounter, the two older women did

not receive treatment and scurried off to their homes. Valentina then explained to us that the two women were of an older and much different culture. They were afraid that we were lying and would give them vaccines without their permission. They said that they would be OK since they ate potatoes and other vegetables.

This notion of alternative medical methods (and what seemed to me) lack of knowledge really made a difference in the way I saw the simple treatments we were administering. Taking height and weight is only part of the annual doctor visit for us in the United States, but seemed life changing to hundreds of people who participated in our campaign. Many patients referred to me as doctor when asking me questions about their blood pressures (and of course I explained to them that I was only a student). I would not trade this small and eventful experience for any other. I learned a lot about the Peruvian culture and the how we are not always right. These methods of alternative medicine seem to work for the millions of cultured mountaineers and people of the jungle. It made me question my future in westernized medicine and research.

Jim Walsdorf — Pamplona Alta

Pictures of this area of Lima don't do it justice. Dr. Wetzel tried to give us an idea of what we would see at this place with some pictures, but it didn't really sink in for me how truly underprivileged and impoverished this community is. The second day we were doing the health campaign in this area was this first time I was able to venture out into the community. We weren't having that many people come to the campaign so a couple of us went out into the community to spread the word that there was a health campaign at the school nearby. It was slightly unsettling when one of the organizers of the health campaign, Valentina, told us it wouldn't be a good idea to go out with any valuables with us. When we set out on our walk up the hill in front of the school,

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we began to see more and more the poverty these people live in. At the top of the hill we were introduced to a lady, Lucia, who ran a community kitchen, which was literally right across the street from a trash heap that was riddled with stray dogs. There was even a man picking through the trash I assume looking for cans.

After our introduction to Lucia, we walked over to an area that gave us a good vantage of the valley below the hill. Let me tell you, the things I saw in this valley that people were calling their homes were baffling. There were simply tarps stretched over some pieces of metal and that was where someone called home. Also, I was told a couple of interesting facts about these homes that made them even more shocking. First, sometimes as many as two or three families could share a one room shack, and second, that the area of about 20 houses in Pamplona Alta makes up the same area as a house in one of the wealthier parts of Lima.



Just when I thought things from this area couldn't get more unbelievable, they did. I found out that there is a wall that you can see going up one of the hills that separates Pamplona Alta from a very wealthy part of Lima, as well. I just couldn't grasp that there was that large of a disparity of money and health services literally meters apart. The biggest thing I took away from this area is that there are plenty of people that need help around this area of Peru and I am extremely happy that I got to have some part in helping these people get the health services they need. We may have only had around 150 people out of the hundreds of thousands of people that live there; it still feels good that I got to do something. This is one thing I will keep from this trip for the rest of my life – to never take for granted the privileges that I am blessed with, and to help people who aren't as lucky as I am.

Carson Powell – Visit to US Embassy & USAID

On our final day in Peru, we left the hostel early to talk with USAID (United States Agency of International Development). Unlike many USAID headquarters in other countries, Peru's was situated at the embassy. Hopping off of the bus, I was surprised by the sheer size of the compound, with 2 main buildings surrounded by a large concrete wall. Outside, hundreds of Peruvians waited in line with their paperwork for visa applications. I asked Roma, one of the Peruvian students joining us on our tour, about the application process. She said that while she had never applied herself, the process was difficult and approval was seemingly random.

After turning in our passports for visitors passes, we were led into a conference room where we met with three members of USAID and three members of the Peace Corps. The two programs are independent of each other but both do similar work. They are also at the mercy of government policies created by political deals in Washington and in the host country. Funding can be unexpectedly cut by congress and they only serve in countries at the invitation of the local government, an invitation that can be rescinded at any time.

For example, we learned that USAID's funding for health development in Peru is being cut, meaning those programs will end by early 2015. This means that we are no longer providing supplies and are only giving

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technical assistance on the ground. For an example of their work, USAID's project manager briefly touched on how malaria was reduced by making advances in farming irrigation for rice cultivation. Surprisingly, they also team up with the DEA (drug enforcement agency). When the DEA and the Peruvian government destroyed coca crops (used for cocaine production), USAID stepped in to offer other crop options for farmers to grow so they could continue earning money. USAID focuses most of its efforts on creating economic opportunities for the Peruvian people.



Next, we listened to the director of the Peace Corps' health program in Peru and two volunteers who were on the final year of their tour. I was especially excited for this part of the trip as I'm strongly considering joining the Peace Corps after graduation. It's an amazing opportunity to become fluent in another language, throw yourself into another culture, and help others!

The Peace Corps' history in Peru has two phases, since it came to the country in 1962, only to leave in 1975, and return in 2002. Of the 24 regions in Peru, the Peace Corps serves in eleven of them. Both volunteers gave brief presentations of their work. One focused on teaching sex education in schools and the other worked with mothers, specifically stressing neonatal nutrition. Sustainability is the main priority of the Peace Corps, so the goal of both volunteers was to reach out to at least thirty families that could carry on their message after they've left. Both volunteers admitted to facing local corruption with their programs. Of the two times a significant amount of money "disappeared," it was only returned once. I can't begin to imagine the challenges they've faced over the past couple of years and although they looked well dressed and fairly normal, I'm sure they will face some culture shock upon their return to America. I've only been here less than two weeks, and I know I will.