

Volunteering at Dignidad Nacional Clinic in Cusco, Peru

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This summer, I had the opportunity to travel to Cusco, Peru to volunteer at a general medical clinic through the Brody Scholars Enrichment Program. I have had a passion for volunteering abroad since my last medical mission trip to Guatemala, and I desperately want to travel again to gain experiences that I couldn't get in the United States. I chose Peru because I was curious to see how their health care system worked and what sort of challenges a Latin American country faces. I also wanted to experience Peru's culture and learn some Spanish by immersion. My trip was organized through Maximo Nivel, an international volunteer placement company, and they advised me to approach my medical project with a very open mind. With that advice, I spent weeks researching expectations, packed my bags, and boarded a plane on my way to an awesome adventure!

When I first arrived in Cusco, I was actually surprised at how small the city seemed. I knew that the population of Cusco was around 400,000 with a booming tourism economy but as I flew in, the city seemed nestled into a valley. I could tell that Cusco was encountering growth, because I could see neighborhoods and buildings starting to creep up the mountains that acted as natural boundaries. After a brief orientation on the Sunday I arrived, I quickly got settled into my home-stay and rested up for my first day in clinic. The name of the clinic that I was placed at was called Dignidad Nacional, a public clinic that depended on the Peruvian Ministry of health for funding. This clinic was located in a crowded neighborhood of Cusco called Santiago and provided adult, pediatric, OB/GYN, and dental services to the people that lived there.



When I first arrived in the clinic, I almost walked right past it because it looked almost exactly like the rest of the businesses in Cusco. There was no sign on the building, but at 7:30 am, there was a group of adults and children crowded around a door. The other volunteers and I were told that the people of Cusco still rely on home remedies and many do not trust the Peruvian health care system, especially the indigenous population. Therefore, the people that finally do show up to the clinics in Cusco are very sick and many need to be referred to the local hospitals. Upon introduction, I also noticed that there was not a single computer in the offices or medical records areas of the clinic. The only computer in the building was an old desktop that sat at the security guard's desk; when I asked, the security guard told me that it hasn't turned on in years.

My responsibilities during the week mostly included helping the clinicians and nurses with whatever they needed to help the clinic see as many patients as possible. On my first day, I actually left the clinic with a nurse in the morning and we traveled to several preschools in the Santiago area to measure height and weight of children in the schools. We traveled with a large wooden collapsible height ruler and an electric scale to 4 or 5 schools. Each school had about 15 children in the class, and they all had their own adorable uniforms. As we had the children take their shoes off, I was instructed to see if

their sock or feet were wet. May in Peru marks the beginning of winter and the nurses and teachers were concerned with the children having warm shoes with no holes. At the end of the morning, we used the information we collected and growth charts to determine if any children were under-weight or small for their age. Teachers were then notified to tell the parents of updates from the nurses.

Two days of the week, my Spanish-speaking skills were really put to the test as I was instructed to work in "Tópico" (triage). Part of the responsibilities of my medical project were to teach and instruct some of the staff on how to keep a medical environment clean and how to use personal protective equipment to keep themselves and their patients safe. This included wearing face masks when appropriate, changing gloves, and sterilizing equipment between patients. The pictures below were taken in the Tópico room, a room that every patient who sees the doctor or dentists passes through to get their height, weight, and blood pressure taken.





The remaining days of the week, I was with the adult medical providers of the clinic. I was able to assist them by filling out paperwork and prescriptions. They also let me do physical exams on patients and discussed differential diagnoses, laboratory testing, and treatment plans. It was on these days that I saw cases that I didn't think I would see many of the in the United states: several cases of giardiasis, tertiary syphilis, advance uterine cancer that was unable to be treated with the resources they have in Peru.

It was on days that I was with the physicians that I was able to see some limitations of their healthcare system and the frustrations that Peruvian doctors deal with on a daily basis. Some similar challenges were frustrations with patients not following the doctors suggestions: one of the clinic's doctors got very visibly frustrated with the parents of a 2-year-old boy who had a severe group A strep infection. The parents had been treating their son with home remedies and antibiotics they got from a friend, and they weren't able to remember the name of the medications that they had given their son. In my experience, frustrations with patients is something that translates well across many countries.

The limitations of resources were the major differences that I noticed. Peru does have nationalized health care, but the government only spends about 4% of their GDP on healthcare. This lack of spending became apparent to me when a doctor handed me a list of told me that he only had access to about 4 or 5 different antibiotics and the

breastfeeding woman with a bacterial infection couldn't take any of them. Not only were there limitations just contained to this clinic, but to the regional hospitals as well. Although I never visited the hospitals, I was informed that they are not equipped (with tools or staff) to do any major surgeries or advanced cancer treatments. The doctors also do not prescribe anything other than naproxen or corticosteroids for complaints of pain. I was told that, when prescribed the correct way, corticosteroids are one of the best drugs to treat a wide range of diseases. They are also limited in the prenatal vitamins that they could provide women of the neighborhood, and I was fortunate enough to sit in on a prenatal nutrition class. In the class, the clinic providers prepared foods rich in iron, calcium, protein and other vital nutrients to educate women that do not have access to vitamins.

The experience I had in Cusco this summer was a tremendous opportunity into seeing how the different health care systems of the world try to provide for their citizens. After seeing how resourceful and passionate the providers of Peru are, I have learned that doctors will always find a way to care about a community they have promised to care for. I was left with one piece of advice from a doctor that I spent quite a bit of time with in the clinic: he told me to always be honest with my patients, my coworkers, and myself. He said that as long as I am truthful, then I will never have to question if I am doing the right thing. I am incredibly grateful to the Brody for the chance to experience a new culture, and I am sure that this will impact the physician I will become.

