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As the droplets of sweat dropped down Jessica's face, the voices of the nurses echoed around her, "PUSH, PUSH!" All I could do was stand anxiously with a Fetal Doppler in my hand, worried that the next time I needed to determine her baby's heartbeats, I would not hear any. As her baby's head appeared, Jessica, sitting up on the custom made birthing stool, dug her elbows into my co-volunteer's legs, trying to get as much leverage as possible. Finally with one sweep movement, the nurse caught the baby as it was born. Tears started to well in my eyes from the beauty of it all – a new life was brought into the world. Jessica could not stop looking at her baby, and when she was not able see her baby as she was having some after birth procedures, she would look at me to gauge how he was. At one point in time, she was in so much pain that she grabbed my hand to squeeze. By the end of it all, when she was back in her bed with her newborn baby, I could see endless words of gratitude in her eyes as I left the room.

During my time in Cusco, Peru, working with ProPeru Service Corps, I was fortunate to have so many experiences like this one, where I could not do much medically but was able to help by just being there. For the month of June, I worked in Obstetrics in the Clínica de Belenpampa. Besides learning all of the background information of the controls the women had every month, I was also able to help with paperwork. Many times I wrote out prescriptions for the women with anemia, who constituted the majority of the women, and eventually I started taking down the information from the controls. We measured the women's stomachs to determine the growth of the baby, the woman's weight to determine her own growth, found the position of the baby (on the right or the left), and recorded the frequency of the baby's heartbeat. Although there were a couple of expecting mothers who were apprehensive about having a baby,

since they were young or without husbands, most of the expecting mothers, even many underage or without husband, brought a contagious excitement to the room.

Occasionally when I was not in obstetrics, I helped with family planning. There, women would receive yearly pap smears to check for cervical cancer. Most of them also got DPPV injections every three months as a contraceptive. One woman who had just given birth was encouraged to get DPPV injections to avoid potential defects in future babies. I was unaware that Peru was so proactive about avoiding unwanted pregnancies. I then learned about their problem of abortion; although it is illegal, many women still get it performed to avoid their unwanted pregnancies. It is a sad fact that many girls around the world are still putting themselves in jeopardy for something that could have been prevented by health education.

Another group of projects I helped complete with ProPeru was its trip to local rural communities every two weeks. Again, some of the people were unaware of basic hygiene procedures to avoid disease, so I was very impressed with ProPeru's effort to build a sustainable project that returns every year. During two of my four visits to a rural community, I worked in Orthodontology. The two dentists I worked with would check the patients' teeth, and I would record which needed to be extracted, which had cavities, and which were absent. Sadly enough, there were many patients who needed extractions from the lack of teeth brushing. I saw a total of eight, and with each occurrence I realized how easy it would have been to prevent them. As an attempt to teach the children who still had hope of keeping their teeth as adults, we gave out fun toothbrushes and toothpaste. I still cannot help but smile about their excited comparing of each other's toothbrushes, each one trying to use his as much as possible.

The second time I went to a community, I worked in General Medicine. They spoke mostly in Quechua so I could barely understand them, but it made me realize how important it is

to be able to speak multiple languages (like Spanish) here in the United States. The last time I visited a community I worked in Obstetrics, where I observed a number of pap smears and helped the doctor with anything she needed. Due to a lack of resources and education, many women had problems caused by lack of hygiene, which could possibly lead to cancer. I was proud to be able to give them information to prevent troubles in the future.

Back in Belenpampa for the month of July in my internship, I worked in the Birthing Ward, seeing a total of six vertical births and one lying down birth. Much of my time was spent waiting, so I would go with the doctors on *visitas* to measure the new mothers' stomachs, to check the babies, to cure umbilical cords, and to listen to the *charlas*, or talks, the staff would give to the mothers. One time I even gave a *charla* about maternal milk in Spanish to every mother in the three rooms! It was so exciting to teach them about something very important in their lives. When there were the occasional births, each time I witnessed a new one I was overcome with emotion for the beauty of seeing a new life come into the world. At times, however, there were complications. One baby was born blue and was without oxygen for three minutes. Another time, the baby took so long in coming that after the doctors tried to help the mother by pushing on her stomach, it was born very deformed, with a likelihood of brain damage. These two experiences made me recognize that with the good often comes the bad, and, as a future doctor, I need to appreciate the good times to overcome the bad.

Even with the lack of resources, such as two women having to give birth in the same room at the same time without cleaning up after the other, the Peruvian women still endured with extreme fortitude. They did not have epidurals, and where I worked there were no C-sections, just natural vertical births without any screams of pain. One nurse even told me, "These women are used to pain – they can endure almost anything." These tremendous people endured teeth

extractions, occasional teenage births, infection, and disease, when some of this could have been avoided. Many of the women lack the education to know that it is necessary to brush their teeth to avoid losing them, or that avoiding bathing can lead to infection and possibly cancer, or that sex can lead to untimely pregnancy. One doctor even told me when visiting a seventeen-year-old mother whose fees were paid for by the government, “This is why Peru does not advance. The ignorance of the girls is just promoted by the government.” What those girls needed was health education before they participated in a life-changing action. What I helped do as a volunteer was give as much health information as possible in the community projects and weekly health skits and games presented to an orphanage. I felt that, although I could not do much, especially since it takes years to develop a sustainable change, at least I could attempt to prevent some unnecessary suffering with a little bit of useful information. For a project for ProPeru, I even created a brochure discouraging underhanded illegal abortion and provided alcohol-based hand sanitizers for the clinic in multiple rooms where there was no access to a sink to wash hands.

While I was able to give a little to the community, they gave me so much in return. Besides learning a great deal medically, I also learned that living in a more advanced country is not necessarily better. The Peruvian women I saw every day were the strongest women I have ever met, and they faced each day with new hope and, sometimes, new life. I understood that, as a future doctor, I will need to approach all with humility and an open mind because there is so much to learn.