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Good Intentions

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The trip to Montero from the airport takes forty minutes in a dilapidated Toyota bus. Over the next week, seven other medical students and I learn to recognize when we are approaching the city by the sequence of smells from factories along the route. The roasted marshmallows of the sugar cane factory, the sourness of the brewery, the mustiness of the soybean processing plant; each fills the bus with its own distinctive odor.

We have come to Bolivia for our weeklong spring break. In theory, we're here half for our own edification and half to volunteer. In the mornings, we will shadow health care workers in local hospitals and clinics, and in the afternoons we are to perform free health screenings and assist with public health interventions. That's what we were promised, anyway. In reality, it would be hard for us to help in any meaningful way. Only three of us speak any Spanish and, as first-year medical students, there simply isn't a lot we know how to do.

On the first clinical day, four of us arrive at the Children's Hospital with bags of stuffed animals

and vague instructions from our trip leader, who we have secretly dubbed “Gringo John.” He’s in his late sixties, a family medicine doctor from the Bible Belt who found himself in Bolivia on a church trip and just kept coming back. Gringo John only speaks a few words of Spanish, though he’s been traveling here for over a decade and runs a foster home.

The Bolivian attending physician wasn’t expecting visitors today – as would become a theme of the trip, there must have been some miscommunication – but he gamely agrees to let us observe. Within earshot of the attending, John tells us that rounds will be “just like 1950’s medicine in the US—like traveling back in time.” A nurse takes my arm and warns me to hide the stuffed animals if I don’t want them to be stolen by hospital staff.

We follow the attending into the unit for respiratory diseases. It is a room with six beds, the open windows facing a hallway that opens into a small courtyard. As a Bolivian medical student begins to present the first patient, a three-year-old child with pneumonia, I watch the mothers, waiting for this ritual to end so that they can try to coax their children to eat. I try to take up as little space as possible, translating in a whisper for my fellow students in the room. We are not welcome. Maybe that’s my guilt at being here, observing but not participating, taking but not giving, trying to stand clear but perpetually, inevitably in the way.

After rounds, we hand out the stuffed animals. The mothers help us decide which animal to give their children—the bear, the elephant, the octopus,

the lizard. The nurses swarm, asking for toys for their own children, and who are we to tell them no? We make sure we have enough for the rest of the hospitalized kids and give the nurses the least-desired extras. Pretty soon every nurse has at least one plush animal head poking out of her scrub pockets; one nurse snatches two. I try not to glare.

There's one languid boy whose mother isn't there to help him pick out a toy. He looks six or seven, but who can tell here? It is impossible for me to separate true age from malnutrition. The same nurse who warned me to hide the stuffed animals pulls at my elbow and tells me his family is very poor, and that he's been in the hospital for over a week with diarrhea. His eyes are open but glassy. I pick out a much-coveted lion and hold it out to him, but he doesn't reach for it. I snuggle it next to his arm and whisper that I hope he feels better soon.

The mere existence of this trip spawned contentious debate on the medical school listserv, making me uneasy about my decision to go. One student sent an article questioning the ethics and value of short-term global health engagements; another attached Ivan Illich's *To Hell with Good Intentions*, a piece that judged Americans traveling to impoverished Mexico on "mission vacations" as pretentious, condescending, unhelpful, and motivated by the guilt of privilege. A student who had gone on this trip the year prior vigorously protested this point of view, noting that the medical school sponsored the trip, legitimizing it. Now that I'm here, though, my uneasiness has doubled.

It feels good to think we're volunteering; it's fascinating to see how health care works while exploring a new country, but what good does our presence actually do? Conversely, does our presence actively cause harm—taking up space in exam rooms, wasting doctors' time? Is it ethical for us to stay for a week and leave without any commitment to sustainable change? My gut tells me no, told me no even before the trip began, and yet here I am in Bolivia.

One afternoon, we ride in Gringo John's pickup truck to the central plaza, where some of us will perform free screenings for diabetes and hypertension. Tommy, a redhead with an orange stethoscope, rides with me in the open truck bed, crammed between red plastic tables and chairs that we've borrowed from a church. Our driver is Daniel, a young Bolivian man, who insists that he is fortunate to have secured a job as Gringo John's assistant.

Gringo John tells us that this is his favorite part of bringing students to Montero; last year, the group screened over a hundred people in two hours. We have two electric blood pressure cuffs, some sterile needles to prick fingers for the blood sugar test, and a box of alcohol pads to wipe the blood away. He says to tell the people with high blood pressure to avoid salt, and the people with high blood sugar to avoid sugar and starch. This advice, of course, would cut out the main staples of the diet here—fried foods, plantains, potatoes, and rice. Beyond telling the patients this and urging them to see a doctor soon (the vast majority

don't have easy access to doctors), Gringo John doesn't think there's more we can do. "What's the use of doing screenings if we can't offer follow-up?" I ask Tommy under my breath.

The screenings are so popular that several local news stations show up. Gringo John appears live on television, interviewed in Spanish; hungry for the spotlight, he declines Daniel's offer to translate.

All of the students spend the evening at Hogar de Niños, the foster home for boys Gringo John has set up on the outskirts of Montero. En route, he tells us that they separate the boys they suspect to be homosexual and make them sleep in a different dorm. We look at each other, aghast, and stay silent hoping that this will be the end of the conversation. Fifty boys between the ages of two and fourteen live together on the compound. When we arrive we see three sleek dogs running around outside, a jungle gym, and a well-kept soccer field behind the dormitory building.

The boys come over to investigate as we park the truck. Gringo John is all father figure now, tousling hair and telling the boys they've gotten bigger since the last time he saw them. There's a soccer ball sitting in the yard, so we organize a quick game of *gringos contra niños*, and run around until it starts to get dark and the mosquitoes swarm. We all get together for a group photo. When Gringo John starts an informal tour of the compound, Tommy and I escape out back for more soccer. We're all a little hesitant, but then I ask one of them how old he is and within minutes we're surrounded, the kids all yelling their ages at

us and laughing. One asks how old we are, and I tell them we're all two hundred years old.

There's one boy who isn't talking, but he follows the conversation with his eyes. He must be shy, I think. I walk up to him. "Oh, Alejandro doesn't talk," explains one of the other boys. "He's ten." Alejandro nods vigorously and holds up ten fingers. The other boy starts to show off, doing handstands and somersaults, and then we're all flipping around in the grass. I try to teach the boys that martial arts move, snapping up quickly from a supine position to standing.

All too soon, Gringo John comes out of the house and it's time to leave. The boys surround the truck again and the dogs bark loudly as we back out of the compound. Later I ask about Alejandro and learn that he's mute because of something that happened when he was very young. Something about his father, maybe, something violent. Alejandro just stopped talking, or maybe he never started. At any rate, caregivers have tried everything: speech therapists, sign language, but he can't, or won't, speak. "At this point," Gringo John says vaguely, "it's not a medical problem."

The following morning, en route to the general hospital for another session of shadowing, Daniel looks upset. He tells me that Gringo John's appearance on Bolivian television had unfortunate consequences: he misunderstood the interviewer, who was asking if there were other health screenings planned and where they would be. There were no other health screenings; people had lined up outside clinics, but no one was there to screen them.

When we get to the hospital, my classmate Kristina and I are led to the operating rooms. We are given dark green cloth booties to cover our shoes, masks to put over our mouths and noses, and caps to cloak our hair. We meet the surgeon, and he says if we watch two gallbladder operations we can assist with the next and the next after that. I'm not sure whether that's allowed, but the prospect is exciting. It feels as though we'll have earned something.

The patient is wheeled in. She's sixteen, wearing a scrub cap and a gown that opens in the back. I can see on her face that she's terrified. They inject something into her arm so that she will be still and calm while the anesthesiologist sits her up and palpates her spine, searching for the right space to place his needle. This operation, which would be under general anesthesia at home, will be done under a spinal block. She leans forward against a nurse, who holds her shoulders still. The anesthesiologist jabs the needle in and out, pumping the syringe lightly. She jolts forward and backward with the jabs; there is some blood. Her gown slips from her shoulders and her breasts are exposed. Though it's cold in the room, nobody moves to cover her up. The anesthesiologist finally hits the right spot and pushes the plunger down to inject the anesthetic. The nurse lays the girl down on the table and starts to arrange the surgical instruments. Suddenly the girl starts screaming, "You left me alone! Where did you go?" Her entire body trembles so violently that the metal operating table makes a clattering noise. The nurse yells to her to calm down from across the room.

I am suddenly dizzy. I lean against the wall and bend forward, unlocking my knees and forcing my head down. "Are you okay?" whispers Kristina. I leave the room to take some deep breaths. When I get back, they've draped the patient and now all I can see from the stepstool is her abdomen, taut and streaked with brownish-yellow antiseptic, framed by green surgical cloths the color of her gown. Her face is shielded from the surgeons by another cloth, and her arms are stretched out at her sides like a cross.

The surgeons make their first incision and her brown skin gives way to bright red blood and pale yellow globules of fat. My classmate and I take turns standing at the foot of the table, looking up towards the abdomen and standing precariously on the stepstool behind the surgeon. Then the anesthesiologist motions for me to come back behind the curtain, nearer to her head. He instructs me to press a button on a machine that's monitoring her vital signs: blood pressure, heart rate. Her heart is beating too fast, so he brings out a small glass vial of a medicine that will lower the rate. He fills a syringe and puts it in my hand. He motions for me to pinch the plastic tubing so that when I inject the medicine it will go into her vein and not up into the bag of saline dripping into her arm. "Go on," he says, so I put the needle where he's pointing and slowly depress the syringe.

I am keenly aware as a first-year student, I would not be allowed to do this in an operating room at home. Then again, that's part of the draw of these global health trips. Even if you don't ask

for it, you play doctor before you're fully trained. It goes far beyond catching babies and placing IVs. I read one news article praising an Ivy-League pre-med who acted as the town doctor for a year in rural Haiti, using medical books and the internet to treat people. That is clearly wrong, but where does one draw the line? Is there some justification to be found in the fact that before the student came, the town had no doctor? If intentionality matters, who sorts out the people who are there to satisfy some sort of savior complex from those who are truly there to help?

The anesthesiologist keeps me busy monitoring the patient's heart rate and breathing for the rest of the operation. When he leaves the room for a few minutes my mind thrums with what-ifs. What if the patient crashed right then? How would I know? What would I do? When the anesthesiologist comes back, the gallbladder is out, and the surgeon places the organ into a metal cup and turns to us: "Want to see what's inside?" He takes his scalpel and cuts the gallbladder open so that it oozes with a thick greenish brown liquid. Inside are hundreds of tiny yellow pebbles, any one of which could have stemmed the flow of bile, causing the patient's infection, swelling, and pain.

We have to leave right before the next patient is wheeled in. "It's too bad you'll miss it," says the surgeon. "You could have helped more on this one." I make a noise like I'm disappointed, but honestly I'm glad for the reprieve.

That night, a representative from the clinic cooperative comes to our hotel and joins us for din-

ner. At the end of the meal, Daniel translates as she stands and thanks us for our service in Montero. She talks at length about the wonderful partnership between our medical school and the rural health cooperative, how she hopes we'll come back, how she's glad we have had such wonderful experiences here. She pulls out a folder and hands each of us a piece of paper—a certificate of achievement, printed in color. What have I achieved? Ashamed, I tell her I hope to come back when I'm a real doctor and can do some good.

That night, I think about the terrified teenager with gallstones, and how my classmate and I were two more strangers in the operating room, our unnecessary presence unquestioned and unexplained to her. Did we add to her fear and discomfort? I can't clear the image of the boy at the children's hospital holding a stuffed lion as the only evidence of our transient company. If our motives were truly to help a community, couldn't we have done more good by just donating the money we spent traveling here?

I think about the television debacle. Because of Gringo John's poor Spanish, hundreds of people waited outside of clinics for help that would never come. I think about how futile the screening program was to begin with, and how in retrospect it seems more focused on the number of people screened and the egos of the screeners than the follow-up care that patients would receive. It was brochure philanthropy, geared towards generating a concrete and printable metric, no matter how useless. An inspiring story to woo potential donors.

Perhaps it's okay if we call these trips what they are: an educational opportunity to visit a new country, meet some doctors, and maybe learn something about healthcare along the way. But to take credit for "volunteering," to presume that what we students did was helpful or useful to anyone here seems so arrogant as to be unforgivable; I've done wrong by taking part.

We return to the Hogar de Niños on our last night for a pizza party with the boys. Alejandro, the boy who didn't talk, finds me early on and stays close. While the others are helping in the kitchen, I ask him where I can wash up and he takes my hand and leads me to the dormitory bathroom.

We have to walk through the dormitory to get back to the kitchen, and Alejandro points at one of the bunk beds. "Is that your bed?" I ask, and he nods. He runs to the corner of the room and starts to remove things from a shared wooden dresser. Three pairs of pants. He points to them, then to himself. "Are those your pants?" I ask, and he nods, proud. He takes out socks and points to them, and then to two pairs of shoes, lined up neatly in a wooden cubby. "Are those your socks? Are those your shoes? Wow, what cool shoes. Look, your feet are as big as mine!" He shows me shirts, coloring books. He runs to his bottom bunk, and removes a pair of bright red underpants from his bedclothes. There is a smell of urine as he folds the comforter back. He pulls out some crumpled socks. "Are those yours too?" He nods. "I see you," I think.

He sequentially lays out all of his possessions in front of me, urgently and with a methodology that remains opaque. Perhaps he does this with every foreigner that visits and forms an ephemeral friendship with him, proving his own existence by naming and claiming the few things that he owns. Perhaps he is trying to show me that even though I will be gone within the hour, he will be living there, in this room, with these things, forever. When he is finished, I help him put his things away, and we walk together to the dining room to eat with the rest of the boys. As I recall it, he held my hand.

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