

The Hospital CAN Be Your Home: Providing Supportive Services to a Public Bolivian Hospital  
Bolivia  
Denison University  
Dana Meyer, USA

## Section I

This project provided economic and human resource aid to the NGO “Movimiento Sonrisa” (Smile Movement) in Cochabamba, Bolivia. Specifically, the project resulted in the implementation of weekly educational workshops for the parents of children hospitalized in the Public Germán Urquidi Women and Children’s Hospital and in the formation of new American contacts for the organization.

The Germán Urquidi Women and Children’s Hospital is a level-three medical center treating high-priority pediatric cases in the Department of Cochabamba. In response to the poor quality of life available in Germán Urquidi, high school students founded Movimiento Sonrisa in 1997 to provide economic and emotional support to the hospitalized children. In April 2007, the NGO opened a small test shelter to provide lodging and three daily meals to rural families of children on the pediatric ward. The NGO hoped the shelter would allow families to spend more time with their children. They believed that if parents were under less stress, the sick child would benefit, resulting in a faster recovery. Today, in addition to their work in the shelter, volunteers continue to offer emotional support, educational assistance, and occupational therapy to hospitalized children.

Due to the unanticipated travel of the shelter Director, I was unable to begin my workshop project at the beginning of the summer as originally planned. Instead, I studied Quechua – the indigenous language spoken in the Andes – in the morning and volunteered in the Pediatric Trauma Ward of the hospital in the afternoon. In the hospital I had the opportunity to practice my Quechua as I provided educational and emotional support to the patients. In the process, I came to better understand the reality of the sick and injured children and their families. While language barriers were rarely a problem, I found that parents frequently confused me with doctors or hospital administration and were hesitant to approach me. When they did talk to me, they often hoped I could answer questions about the medical condition of their child or tell them when they would be discharged.

Both in the hospital and in the shelter I worked closely with Clemente Quispe, the shelter administrator. He would often explain to me the situations of the hospitalized children and their families and help me understand, for example, why children were kept in the hospital as collateral until their parents could find the money to pay their bill. Clemente often went beyond his duties as administrator of the shelter and helped families deal with social workers and find means to pay for their child’s treatment. Thanks to Clemente, by the time we held the first workshop in late July, I was already acquainted with many of the parents staying in the shelter and I knew their children personally.

After a meeting with the shelter Director held on July 14<sup>th</sup>, Clemente and I began searching for professionals to help us with the workshops. Volunteers talked to friends and family members and Clemente and I visited the Bolivian Red Cross, which had already agreed to help with our workshops. However, when the Red Cross volunteers failed to be present at their first scheduled workshop, we decided to search for other sources of presenters. Since July 22, workshops have been held every Wednesday night with topics including: pregnancy, birth, and post-partum care; the importance of breastfeeding; child abuse; nutrition and general wellness; and exercise. Attendance ranges from 15-20 parents and family members, and our hope is that when these individuals return to their home communities they will share their new knowledge with their friends, family, and neighbors. An obstacle to the success of the workshops is the impatience many of the mothers have to return to their baby in the hospital. Breastfeeding mothers are allowed to stay in the hospital with their child at all times, and while many are willing to steal away for a half hour for dinner, they are reluctant to dedicate another hour to workshop attendance. However, the parents who do attend the workshops are attentive, ask questions, and seem to be deeply appreciative of the information that we provide.

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In addition to my work in the hospital and shelter, I am currently traveling through the United States with Movimiento Sonrisa's volunteer coordinator, Mariela De Ugarte. In the past, Movimiento has enjoyed generous support from Sweden, but unfortunately that support has dwindled in recent years. The organization is looking to establish new connections to ensure the sustainability of its many projects, including the shelter. We have already visited the University of Michigan's Mott Children's Hospital, where we learned how the functions fulfilled by Movimiento Sonrisa are dealt with in the United States, and we are currently in Phoenix meeting with representatives from the city's Children's Hospital. We visited Denison University and gave a presentation about Movimiento Sonrisa in an effort to recruit volunteers. We also met with representatives from the Off Campus Study Office and Career Services. As a result, a relationship established in 2007 that sponsors a Denison intern at Movimiento Sonrisa was strengthened. Finally, we plan to visit the Bolivian community in Virginia to raise awareness about our cause. Our hope is to ensure the future of an organization that has created smiles for 12 years in a hospital that they have turned into a home.

## Section II

The popular definition of "peace" is the freedom from war or violence. Based on this definition, one might argue that Bolivia today is more peaceful than it has been for hundreds of years. Unfortunately, this is not the case. The tension between the rich and poor, white and indigenous populations in Bolivia is more apparent now than ever. With the administration of Evo Morales, repressed populations are for the first time gaining representation in the government. As a result, resentment between the two groups has increased drastically. New indigenous politicians are said to resent the elite for historic repression and injustice and are accused of seeking revenge. At the same time, the wealthy white population fears the loss of power and resources. Based on my personal experience with the tense situation in Bolivia, I would define "peace" as a lack of hatred, conflict, or tension of any kind between groups distinguished by racial, social, political, geographical, or economic conditions.

In Bolivia, the only way to eliminate the bitterness that exists between the rural, indigenous, population and the urban elite is to provide equal access to basic rights, including education and healthcare. Education of women has been shown to drastically improve family and community health, and a large portion of the suffering of the indigenous population could be avoided with education. My project contributes to peace by providing bilingual workshops on subjects that relate to biological, psychological, and social health to a population that rarely has access to professional advice, let alone advice directed specifically to its needs. At the same time, Movimiento as a whole ensures that families faced with illness and injury have access to dignified conditions, including a bed, basic hygiene, and food.

Although the services provided by Movimiento are minimal, some members of the middle and upper class community would argue that access to shelter, food, and hygiene are unnecessary luxuries. My work in Bolivia has forced me to realize more than ever just what "white privilege" means for me. I'm allowed to eat in any restaurant I want, use any restroom, and live in any neighborhood without danger of discrimination based on the way I dress, talk, or make a living. I have felt my "white privilege" sharply on a number of occasions, and I have learned that I am often an intimidating figure to the family members of the patients I work with. I know that my cultural background separates me from the reality of the Bolivian majority, but I also know that because of my privilege I can play an important role in changing that reality. My hope is to continue my work in Bolivia during and after completing medical school to help Movimiento and other organizations provide equal access to healthcare to all citizens.

Thanks to my time in Cochabamba, Bolivia, approximately 20 parents and family members of hospitalized children will attend workshops on nutrition, hygiene, domestic violence, and other issues relevant to community health each week for at least a year. The project forced me to experience class conflict first-hand and the situation of hospitalized children and their families touched me in a way that will draw me to Bolivia for years to come.

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**Photography**

