



# Hogar de Ancianos San Pedro de Alausí

(Home for the Elderly at San Pedro de Alausí)

By José E. Rodríguez MD & Students from SIGH Ecuador, 2008  
Photos By Tiffany Vollmer

I went with seven medical students to Ecuador on one of the Service Learning trips that SIGH (Students Interested in Global Health) has sponsored. We left on July 7, and returned on July 22. It was an amazing experience, one that I will not soon forget.

We visited clinics, hospitals, orphanages, and “nursing” homes. Probably the most difficult and meaningful for the students was the visit to the “Hogar de Ancianos, San Pedro de Alausí.”

The Hogar de Ancianos San Pedro de Alausí is located in Alausí Ecuador, in the heart of the Chimborazo province. It lies in the shadows of the tallest mountain in Ecuador and the furthest point from the center of the earth. It is also the most “Indian” province in all of Ecuador, being the ancestral home

of the Quichua Indians. Quite literally, it is in the middle of nowhere. Alausí is officially home to 43,000 inhabitants, but that includes other nearby cities. The “city” itself has less than 15,000 people. My wife’s entire family has lived in this town for centuries. Few people know me there, but everyone remembers my wife, even though she left over 30 years ago.

The Hogar de Ancianos is not really a nursing home. It is translated as “Elderly home.” A more apt description would be that it is a home for the abandoned elderly, like an orphanage. The home is run by the government, as a government charity. It used to run on a \$15,000 USD a year budget, but for the last few years they have operated on \$5000 USD per year. The director, Señora Ana, has worked there for free for the past 17 years. There are more than 100 elderly residents, who live there for free. Almost all of them are abandoned. The Hogar de Ancianos has no nursing staff. There are cooks, there are people who wash the clothes and

maintain the gardens, but the residents' health care is not a part of the service at this facility. The residents are encouraged to go out, but very few of them go because the director fears that they will not be able to find their way back. A high percentage of the residents are demented, and the staff deals with them the best way that they can. For example, one of the residents (we will call her Ms. Rodríguez) takes everything that she can hide in her clothes and places them in her shirt or in her underwear. Time and again the staff explains to her that she needs to stop doing that, to no avail. The director one day mimicked Ms. Rodríguez actions by stuffing her own shirt and underwear with things that she found. Ms. Rodríguez found the director's actions so funny that she laughed for a "long time." The next day, Ms. Rodríguez continued her bizarre behavior. Every night the director just takes the stolen items back to their original locations.



Señora Ana teaches school at night to pay her personal bills, and in the daytime she runs the center. She has been successful in getting donations from many places to pay for operating expenses, including the European Union and various U.S. based charities, but it is not enough. Some of the residents share a bed, and all of them share rooms. The Facility provides a roof over the residents' heads, but there is mold and chipping paint everywhere. She also told us that there are problems with residents' sexual activity. She even

stated to us, "What can I do? They cannot get pregnant!" The resident might not be able to get pregnant, but she can get an STI. The staff's lack of medical training is apparent. Like children, these abandoned elderly were lonely, seeking love. When we went, we took cookies and candy for the residents. I was a little worried about this with the high incidence of diabetes that exists among the elderly, but I was assured that this was a "tradition." These residents embraced the students as if they were their own children and grand children. They hugged, kissed and cried with the students. Only two of the students were fluent in Spanish, but that did not matter. Many of the residents were not fluent in Spanish either, because they spoke only Quichua. It was a wonderful expression of love and compassion.

It was particularly moving for me to see my son interact with these abandoned seniors. I was impressed by his willingness to get close to them, to hug them and to talk to them. I was also touched as my wife hugged and saw people that would have been the age of her parents if they were still alive. Those images will stay with me for the rest of my life. I asked the students to reflect on this experience, and I will quote some of the things that they said:

"It was harder for me personally to visit the nursing home than it was to visit the orphanage."

**"I don't think any of us students expected to see so many forgotten elderly people."**

"It was saddening to know there weren't enough beds for each resident, so the elderly patients were forced to share small beds with each other."

"Even though the elderly residents were cared for there were so many residents that they didn't receive the proper attention they needed. The funds were simply not there."

"Emotionally, the nursing home visit was the most difficult experience of the trip. The group of small-statured, elderly Ecuadorians was thrilled to have visitors. Many of the residents live out the end of their lives without a loved one or



family member, or hope to see one of them ever. I looked around the room, and saw despair, delight, and dementia. My own mortality struck me as I saw this group, and a fear gripped me that I could also be abandoned in the final years of my life.”

“Tears rolled down their faces, and mine. Two of the nursing home residents thanked us for our visit, and pleaded that we not forget them upon returning to the United States. Many of them had already been abandoned by their families. Our gift to them was acknowledging their presence – seeing them. It didn’t matter that we came from the richest country in the world, or that we will soon be doctors. I had walked into the nursing home thinking we had little to offer the residents on our first visit. I left knowing we had given them the powerful gifts of visibility and love. I learned how a small act of kindness can resonate further than expected.”

“I compared the privately funded orphanage we had visited a day earlier to the nursing home. Through donations from American and Canadian churches, the fifty-six child orphanage operates on a budget of \$20,000 per month. In stark contrast, the government sponsored nursing home, with nearly as many residents, operates on \$15,000 per year, and the budget will be reduced to \$5,000 a year beginning next year. What is it that makes hearts open for children, but forget about the elderly? In many ways the two groups are similar. Both homes hire caretakers to assist in activities of daily living. Additionally, we were taught to apply the ethical rules

set out for children to elderly adults with varying degrees of dementia, depression, or developmental delay. But one look at the nursing home confirmed that outside of the volunteers and employees who care so tenderly for the residents, society has discarded and forgotten about the very people they relied on for care.”



“Visiting the nursing home in Alausí was both the most depressing and the most hopeful place that we visited in Ecuador. It is a very eye-opening experience because we can look at them and see ourselves in 60 years. We are forced to deal with our own mortality. I couldn’t help but think what will happen when my parents get older and I must take care of them. Old age is something that everyone tries to avoid but without being successful.”

“The elderly that we saw at this nursing home were abandoned and poor. They had no way to take care of themselves and their families had left them. I could never imagine abandoning my parents because they were a burden. How could anyone do that to their parents? The only answer I could come up with was pure desperation.”

“At the same time, the existence of this not-for-profit nursing home and the people that ran it and dedicated their lives to the happiness of the elderly put hope into my heart. There was a lady there that volunteered at the nursing home during the day and then worked at night. The generosity of people like that instills hope in my mind for a promising future.”

“Reflecting on the Hogar de Ancianos was very difficult and uncomfortable to do. I personally am now encountering similar problems with the dementia and self care issues of my own grandparents. It is a hard, depressing, and horrifying thing to do looking old age in the face. It makes you think if similar things can happen to you or your parents. As uncomfortable as it made me feel, it was definitely a powerful experience that made me think.”

It is not surprising to me that the students would have difficulty with this experience. These residents were the same age as their parents, or grand parents, and were much poorer than anyone could have predicted. It was very sad to see how abandoned these people were—after dedicating their lives to raising families, being abandoned is heartbreaking for the resident, but incomprehensible for the observer. Many of the students were moved to work harder to make a difference in the lives of these elderly. They began to contemplate what they were doing in a new way, and they started thinking about their futures, and the futures of their parents. Some of the students asked how they could help, and we left with a list of things to do, and the promise to return to work with this population.

As a Reynolds Faculty Scholar this was a particularly meaningful experience. It allowed me to talk to the students about incorporation of geriatrics into their practice no matter what specialty they choose. Some of the students are interested in orthopedic surgery, so they felt that they would not be dealing with this population. We spoke about how joint replacements in the elderly are really the bread and butter of the orthopedic surgeon. Others were interested in women’s health, and as we spoke, it became clear to that student that there were more women than men in that Hogar de Ancianos—because women live longer, no matter where you are.

Some of the students did not want to deal with the elderly, so this particular visit was very difficult for them, because they looked their own future in the eye.

If I were in Ecuador and I had the opportunity to work in the Hogar de Ancianos, I am not sure how I would participate in the care of these elders. I like to think that I would have worked hard to prevent their current situation. As I pondered what I could do, it became clear to me that I needed to be more aggressive in my own “health planning” and that I needed to tell my parents what I could reasonably do if something were to happen to them. I called my mother, who has just recently retired and told her about this experience. We had a long talk about her future and what I was willing to do in the event that anything was needed by her or my father. While it was a difficult conversation, it was exactly what we needed to do. And, in the process, it helped me to define what my role would be in the care of the “elders”—both of my patients and of my family.

In the future, we will return with the students on our next medical mission trip to Ecuador. We have made the contacts and the Hogar de Ancianos is already planning for our return. This time, in addition to a visit, we will be examining and treating the residents there and offering what help we can. Many of our friends and family members, as well as the students are working to get more funds and supplies to support the Hogar de Ancianos. It is my hope that between visits we can make as much difference as while we are there.

