HOW HEALTH CARE REALLY WORKS: THE CASE OF AN ANDEAN COMMUNITY IN SOUTHERN CUSCO, PERU

Christiane Paponnet-Cantat
University of New Brunswick

Abstract: The author of this paper examines the type of health care delivered in Capacmarca—a peasant community of the southern Peruvian Andes. The study shows that the health-care system fails to serve the peasant population. Because of the political and cultural marginalization of the region, health professionals play an important role in the reproduction of structures of *gamonal* domination.

Résumé: L'auteure de cet article examine le genre de soins médicaux qui se pratiquent à Capacmarca, une communauté paysanne du sud andin Péruvien. L'étude démontre que le système de distribution des soins médicaux ne sert pas la population paysanne. À cause de la marginalisation politique et culturelle de la région, les travailleurs médicaux jouent un rôle important dans la reproduction des structures de domination *gamonale*.

Introduction[1]

Peru is a developing country burdened by poverty and extreme socio-economic inequalities. In recent years, these conditions have been exacerbated by the crippling political turmoil of the 1980s (Poole and Rénique 1992, Strong 1992). Infectious diseases, malnutrition, high rates of infant mortality and premature deaths are serious issues for Andean peasants who are among the poorest in Latin America.[2] Starting in the 1960s, Peruvian governments have attempted to bring public health-care services to rural communities. However, their state agencies have failed to bring substantial delivery benefits to the highland population (Caballero 1980).

In this paper, I would like to address the question of health-care delivery in the Andean region of Peru in terms of: (1) the political economy of health within the context of changing agricultural relations, and (2) the relationship between peasants and higher levels of local society—including the landed

Anthropologica XXXVII (1995) 123-139

élite (*gamonales*, Sp.) and the formal authorities. By contextualizing the health-care system within structures of unequal distribution of power and privileges, I intend to demonstrate that the socio-political environment of agrarian transformations can negatively affect peasant health issues (Dewey 1989; Leatherman 1994; Luerssen 1994).

Special attention will be given to the residents of the upland district of Capacmarca in the province of Chumbivilcas, Department of Cusco. This province belongs to the *provincias altas* (Sp.) or "high provinces" of southern Peru. Since consensus exists among scholars that the *provincias altas* represent an identifiable cultural and historical region, all parts of which face similar economic and ethnic obstacles (see Poole 1994), it is my hope that the argument presented here can provide a basis for understanding some of the challenges faced by other Andean communities in southern Peru. The data for this paper were collected during several periods of field work which I undertook in 1983, 1984 and 1986.

Ethnographic Profile of Capacmarca

The district of Capacmarca is made up of five recognized communities[3] and various settlements or *anexos* (Sp.).[4] It lies in a *quebrada* (Sp., Andean valley) at some 3000 metres above sea level and is surrounded by bleak and cold semi-desert punas. The district itself is thinly peopled with no more than 4350 inhabitants (OREC 1984:30). Although Capacmarca benefits from a mild climate and is considered by local residents to be among the most fertile valleys of the province, it is one of the least developed and most isolated districts of southern Peru (Boza Ricalde 1955; Monje 1985).

In the southern Andes, survival is precarious and highly dependent on preserving the ecosystem. This vast and rugged territory of mountain ranges and upland plateaus, interspersed with fertile valleys, represents a formidable challenge to human occupation. For centuries, agropastoralism has been the Andean response to a set of environmental constraints (Alberti and Mayer 1974; Brush 1977; Guillet 1983; Watters 1994, among others). In Pre-Colombian times, when food security was a core principle of social organization, the Andes and their rich flora provided a more than adequate diet to their inhabitants. Some remnants of biodiversification could still be found in Capacmarca.[5] However, the current trend shows a loss of this abundant genetic diversity in the area.

Environmental problems are symptomatic of the bleak economic and political situation of the district. First, the region is geographically isolated from provincial centres. Access to it is difficult and the environment inhospitable. As a consequence, infrastructural development has been less than adequate. Transportation is particularly trying. Landslides, rains or mechanical breakdowns make travel hazardous and cause lengthy delays. No motorized trans-

portation goes to Capacmarca during the rainy season when all local roads are impassable. This isolation prevents physicians from serving the district; it also hampers patients' access to hospital treatment facilities.

Second, remoteness is not only physical but also political. During Viceroy Toledo's colonial rule in the 1570s, *reducción* (Sp.) villages were created as encampments of Indians but not as potential urban centres (Gade 1994). Population dispersion became another reason for isolation. Because of the poor location of many *reducciones*, people tended to settle outside of these Toledan villages. This pattern is evident in the district of Capacmarca where the nucleated settlement is located at 3565 metres above sea level, but the majority of the population is dispersed outside the central village in a number of smaller groupings including Cochapata, Chancaymarca, Moccojahua, Cotoña and Chiripa.

Isolation was exacerbated in the 19th century when Chumbivilcas was excluded from the international wool trade market. Consequently, the railroad line between Arequipa and Cusco never crossed the province. Excluded from the world trade, Chumbivilcas oriented its economy toward regional markets with a focus on cattle rearing for beef production to feed coastal cities.[6] At the end of the 19th century, increased cattle ranching encouraged the further entrenchment of the *hacienda* (Sp.) system. While colonial *haciendas* found in the area date back to the 1600s and 1700s when Spain, together with the Catholic Church, granted land to a small number of Spanish families, the republican *haciendas* emerged as a regional response to domestic demands for foodstuff. Their expansion was at the expense of local native communities. These private estates undermined the traditional subsistence economy and subjugated communities to the commercial sector of the regional economy.

Hacienda expansion, political isolation and the uneven penetration of peripheral capitalism, due to the exclusion of the province from the international trade market, gave rise to *gamonalismo* (Sp.). *Gamonalismo* is a notoriously violent form of "*misti*" (or *mestizo*, Sp.) domination in the *provincias altas*[7] which, in Chumbivilcas, gave rise to a culture of violence based on ethnic and class differences (Poole 1988, 1994). This cultural expression of class domination has functioned as an effective means of sealing off the region from outside influence since its social reproduction depends on the extra-legal use of violence and the monopoly of local state office (Gose 1994; Paponnet-Cantat 1994).

As a remnant of the *hacienda* agro-economic system, Capacmarca's land ownership is now disproportionately distributed along class and ethnic lines. Subsistence peasants or *campesinos* (Sp.) are landless or landpoor; they make a living from farming tiny parcels of overworked land or from grazing small herds on exhausted pasture. Scarce household resources and limited cash flow force many of them to seek seasonal work in cities such as Arequipa or Cusco.

Poverty prevents peasants from investing in the infrastructure of their productive system. The cutting of wood for cooking has denuded the land; the shortening of the fallow period on marginal lands has depleted the soil of its basic nutrients; overgrazing by non-Andean herds has led to desertification; the lack of hygienic facilities has contaminated ground waters. In other words, the environment of Capacmarca has reached its limits, which means that agricultural output is very low and conducive to malnutrition.

In spite of the 1969 land reform, *gamonales* continue to own relatively large estates. Their access to vast expenses of prime land is typical of this hacienda-dominated southern region where they have responded to state intervention by escalating their criminal activities to maintain their political dominance (Paponnet-Cantat 1994).

In 1984—a decade and a half after the land reform—a re-peasantization process was underway in the district (Paponnet-Cantat 1990). Peasants had received some land but neither capital nor technical assistance services. State credits had not been made available to them to overcome the decapitalization occurring on many estates before expropriation (Powelson and Stock 1987). In addition, early in the 1970s the state centralized its planning operation and controlled domestic food pricing through the establishment of Empresa Publica de Servicios Agropecuarios (EPSA). The government-imposed consumer prices for food crops such as maize, potatoes and wheat were insufficient to cover the costs of food production and transport. As a result, Andean subsistence farming became increasingly subordinate to the industrial sector. Low food prices meant low wages and a consequent depreciation of the value of rural labour (García Sayán and Eguren 1980; Gonzáles de Olarte 1979; Maletta 1979; Montoya 1971). This situation has led some observers to comment that "peasants were released from being serfs of the *hacienda*-owners only to become serfs of the state" (Powelson and Stock 1987:202). The case study discussed below reflects what I encountered in the mid-1980s among agrarian reform beneficiaries involved in subsistence cultivation.

Health Conditions

High morbidity and mortality rates are always significant indicators of poverty. In Capacmarca, the average life expectancy for peasants was only 40 years in the mid-1980s and more than one quarter of the deaths occurred before the age of two. Infant mortality, which is one of the indices most sensitive to conditions of hunger and poverty, was reported to constitute 67 percent of the deaths in 1984. A very high mortality rate among children has been a common pattern in the Andes as other studies suggest (Mitchell 1991). Thus, the small family size (five members), which tended to characterize *campesino* households, should not be wrongly interpreted as implying a low fertility rate. Rather, it is more accurate to interpret it as a result of high infant mortality.

In the district, death in the first year of life could have been attributable to a number of causes. Low birth weight was common. Newborns suffered from a frequent incidence of diarrhoea attacks. Typhoid fever, whooping cough and pneumonia were widespread childhood illnesses. In the mid-1980s, communicable diseases such as tuberculosis were yet to be eradicated.[8] In fact, the incidence of tuberculosis was alarming among Peruvian children nationwide. For instance, in 1985 the town of Huarí in Ancash lost some 250 children from that disease (SUR 1985:67).

The causes of poor health and short life expectancy were varied. Insufficient land combined with a cold and humid climate led to low agricultural production. The dumping of garbage and human wastes into the fields contaminated the water supply of the community, causing severe intestinal parasitic diseases.

Because of the difficulty of obtaining sufficient fuel, women did not boil the water used for making *chicha* (Qu.)—an Andean brew of potato and maize which contains essential vitamins and minerals (Bejarano 1950; Super 1988:77).[9] As a result, *chicha* frequently caused diarrhoea and stomach ailments that could be fatal. *Watia* (Qu.)—the baking of potatoes in the ground without any container in order to save fuel—was also dangerous. The death of a young man after drinking *chicha* and eating *watia* during my field work in 1984 gave evidence of this fact.

Malnutrition was widespread. Protein deficiency was particularly severe among the peasant class. *Campesinos* tended to survive on maize, potatoes and beans. Eggs were sold to *mestizos*. Cattle and sheep were raised but often lost to rustlers who roamed the countryside and terrorized the peasantry (Paponnet-Cantat 1994; Poole 1994). Beef and mutton were rarely consumed apart from special occasions. Guinea pigs were the main source of animal protein since they were prolific and easy to feed.[10] Dairy products were only for the richest peasants who owned enough milch cows. The soil that supported the vegetation consumed by their milk and meat yields were extremely low. Protein deficiency was probably responsible for the failure of peasant children to achieve physical stature as well as for their reduced resistance to infection.[11]

Although respiratory infections such as pneumonia tended to affect young children most, they also killed elderly people. Other physical ailments likely to affect the adult population were rheumatism, goitre and cirrhosis of the liver. Goitre or thyroid enlargement was of some significance among South American natives and seemed related to a defective iodine metabolism (Paolucci et al. 1971). Cirrhosis was common due to the excessive consumption of *chicha* and *aguardiente* (Sp.)—a sugar-cane alcoholic beverage. Diseases in Capacmarca were related to poverty and expressed the pathology of a social system characterized by glaring class and ethnic differences.

Recent Agrarian Transformations

The military government of General Juan Velasco Alvarado (1968-75), which ousted the Belaunde civilian government from power in 1968, brought profound structural changes in Peruvian society. An agrarian reform with extensive expropriation was the main thrust of its radical program.[12] This sweeping reform represented an effort by the military more fully to integrate rural communities into Peruvian society, to weaken rural *gamonalismo* and, in the process, to strengthen economic growth and the role of the state over the totality of Peruvian territory.[13]

The agrarian reform was followed by an educational reform and the continuation of the national health plan which had started in the early 1960s. Both programs were extended to the far reaches of the highlands where previous periodic attempts to improve health and education had been traditionally negligible. Together these initiatives demonstrated a political will to promote rural community-development programs in the poorest regions of the country.

At the end of the 1970s, however, national resources were shrinking considerably. Peru remained heavily dependent on external aid and on imports of food to feed its people. As a result, the government became the largest borrower among developing countries (Clinton 1986).[14] A deep socio-economic recession affected Peru in the mid-1970s. It intensified in 1982 and was followed by increased political turmoil. All these factors further impoverished the highlands (Reid 1985). Hence, a serious lack of funds prevented adequate infrastructural development. Staff training for newly built rural health centres also suffered from insufficient funding. Furthermore, Peruvian professionals were reluctant to work in isolated villages where wages were meagre and living conditions extremely challenging.

Not only did the downturn in Peru's economy hinder the delivery of health care,[15] but the type of model chosen by the government was prejudicial to the peasantry. For instance, it requested that peasants pay cash for health-care services which encouraged further monetization of the local economy. This showed how unaware politicians were of the realities of frontier areas where cash was scarce and the lack of it could seriously hamper peasants' access to biomedical remedies (Oths 1994).[16]

Role of the Health-Care Worker

The dispensary of Capacmarca was built in the late 1970s with free peasant labour. No financial resources were made available to rural communities for such facilities and no licensed doctors ever paid a visit to the district. Only two Belgian nuns from Sicuani (Canchis Province) made monthly rounds to Chumbivilcas over a period of two years. Once they stopped coming, the government sent a trained health practitioner, called a *sanitario* (Sp.), to work at the centre.

Examining the behaviour of the *sanitario* in his daily interactions with peasants provides some insight on how the heath-care system operates at the micro-level. The assumption here is that the ways in which this agent of the state allocates resources and delivers health care mask ethnic and class attitudes that not only prevent effective medical care delivery to the peasantry but also maintain socio-political differences.

In 1984, the *sanitario* (whom I refer to as Juan) was a newcomer to the area. He was employed by the government to work as a full-time paramedical at the clinic. I was told that his salary was high by local standards. His monthy earnings apparently amounted to 470 000 *soles* which would have made him among the highest paid individuals in the village. This *mestizo* was approximately 30 years of age, married with two children. His formal education included completion of grade 5 and one month of practical training in the city of Arequipa.

One of his main functions was to promote medical consumerism through the selling of drugs, the giving of injections (usually penicillin that he had in large supply) and the dispensing of birth and death certificates. The use of money was essential. Biomedical treatment would not have been available to those without the means to pay for the visit. A bribe in goods was regularly added to any peasant fees. Mandatory gifts could be one-year-old guinea pigs (once he requested a contribution of three), chickens or a fat pig. Although illegal, these "gifts" were within the bounds of local patronage practices. One Sunday morning, a woman showed up at the dispensary after her husband had severely beaten her—abuse which had been going on in that family for at least five years. The *sanitario* charged her a costly fee for the consultation. The next morning, she came to his home to deliver maize as an expression of "gratitude."

In a socially differentiated environment where clientelism is influential in the acquisition of scarce resources, gifts regulate the receiving of medical services which otherwise would have been blocked out. The following is a first-person account by Juan of an event which took place during one of his journeys throughout the countryside:

> I was riding to Capacmarca when I noticed that peasants were making cheese in their home. I wanted one for free but they refused. At first, I thought "they must be thinking that I am a teacher." But even after I told them that I was their *sanitario*, they still refused, insisting that they would exchange their cheese in return for maize only. Before leaving the farm I noticed that the wife was pregnant. I thought that sooner rather than later they would have to come and see me. Then, I would find a way to be repaid; they would have to beg me for my services (*suplicar,* Sp.). Without fail, shortly afterwards, the husband came to my house for a birth certificate. He had not brought the baby with him. I forced him to go back all the way to his house and fetch the child. When they arrived hours later, the baby was crying and sick. I was pleased that I had my revenge. (Translation mine)

Health-care expenditures represented a heavy burden for peasant families whose resources were extremely limited. Fees were pricey and well beyond the means of the peasantry. For instance, a young girl was brought to the medical office after having been bitten severely on the cheek by a horse. To change her dressing, the *sanitario* charged the sum of 5500 *soles* one day and 8300 *soles* another time. To put these fees in perspective, it must be stressed that in 1984 the average wage for day agricultural laborers was approximately 1500 *soles* for a man and 1000 *soles* for a woman.

The *sanitario* was untrained to treat acute diseases. As noted previously, his training time had been extremely short due most likely to an emphasis on quantity rather than quality of paramedics on the part of the government. Not only was Juan's practical training limited but his knowledge of germ theory non-existent. This inability to understand asepsis is best illustrated by the following observations. In 1984, he launched a vaccination campaign and gave vaccines to 40 children, using one single syringe. Then he organized another campaign to collect sputa for tuberculosis in the local schools. After spending days collecting three specimens per school child to send to the hospital in Sicuani, he piled them up on the window sill in his office, left them exposed to the sun and, a month later, took them to Sicuani for culture.

Juan's medical services were not only questionable but dangerous. For instance, most of the drugs he used had surpassed their stipulated shelf life including recently arrived medicines from Sicuani which had been "dumped" in the countryside. Despite limited medical training, Juan prescribed medicines as a doctor would and, even worse, used tablets as change. For instance, he usually charged 300 *soles* for a birth certificate. I witnessed the father of a baby giving him a 500 *soles* bill, and receiving in return two tablets. Juan always cited the shortage of small bills in the community as an excuse for keeping the change. On another occasion, a peasant came to the dispensary with his baby who was running a high fever. The *sanitario* squarely refused to examine the child, stating that he had no injection which otherwise he would have routinely given. He then prescribed two tablets and charged the father 200 *soles* for them.

Juan liked to be blunt and boastful about his pilfering. For instance, he told me that he had kept for himself five of the ten food aid packages that nurses from Santo Tómas had left to assist children suffering from malnutrition. I heard repeated complaints from peasants over his constant "borrowing" of their horses to go to Sicuani in spite of the fact that he was well aware that horses were crucial to peasants for cropping, threshing and transport. Tension over this matter developed after the *sanitario* lost a couple of mounts and did not bother repaying their owners. This, they felt, added insult to their injury.

One area of incompatibility between Juan and his *campesino* patients was that each party relied on different ethnic values toward illness and medical

treatment. Juan showed only disdain for traditional healing practices, denigrating their contribution and discarding them on the grounds of deep-seated ethnic prejudices, i.e., they were too "*indio*" (Sp.). For Juan, to rely on traditional Andean knowledge was considered a statement of personal identification with being Indian. In Capacmarca, his wife resented her time in the community and made it public that her husband was seeking a post in Sicuani because they were not "*campesinos*" but "city dwellers." This attitude was reflected in Juan's high regard for biomedications symbolizing "progress" and "development." Thus, he constantly pushed for their consumption although local peasants lacked any background knowledge of the workings of Western drugs.

Campesinos, on the other hand, were not ready to abandon traditional practices for modern medicine. Although it appeared increasingly difficult to find a "good" *curandero* (Sp., curer), people expressed to me their wish to have access to Andean healers whose cultural models for treatment were derived from a common understanding of the world.

In the Andes, healing used to be part of a cultural complex well integrated into a spiritual system of beliefs (Bastien 1978, 1987; Rowe 1946; Simmons 1971). Good health referred to both the moral and the physical constitution of a person.[17] Andean medicine emphasized harmony. Health depended on an equilibrium between body and spirit: between the symbolic and the material aspects of life. Sickness derived from humoral imbalance whose constituting elements were air, blood and fat. These combined improperly could cause an excess of hot or cold in the body.

There was a strong connection between physical and moral principles that encouraged people to re-establish a healthy relationship with the land, the community and the earth shrines (Bastien 1987:12). At the core of this ideological system was the notion that the natural environment was inseparable from the social and spiritual orders: well-being required a healthy balance between the self and the natural as well as the supernatural worlds.

Medicine and magic were interdependent. Treatment included the reading of coca leaves, guinea-pig dissecting and the use of herbal remedies. All medicinal plants held magical power and local people, in particular the *kallawayas* (Qu., Andean travelling herbalists), were the custodians of crucial knowledge about their plants.[18]

These traditional ideas began to decline with the advent of modern medicine in the Andes. After 1930, improved transportation in the area enabled medical doctors and missionaries to make their way into the remotest regions of the highlands. Through their work, they started to inculcate doubts into peasants' minds about the powers of traditional practitioners (Bastien 1978:9, 1987:11). At the national levels, governments also supported a model of health-care delivery which favoured biomedicine at the expense of culturally

adapted remedies more familiar to local populations. Governing élites rejected medical pluralism in the rural sector on the assumption that traditional healing methods would be incompatible with economic progress (Gesler 1986:57).

The situation in Capacmarca is not unusual; other observers have reported similar cases in the highlands. Luerssen (1994), who conducted her research in the neighbouring department of Puno, is worth quoting here:

> Most of the professional staff are in their first year out of medical school. Having been trained in major urban centres, they are often unprepared for and unenthusiastic about working in rural sites. Serious cultural and class differences frequently impede proper provision of care. . . . Serious discrimination often affects medical treatment as well as the way staff personally deal with and talk about their poorer patients. (Ibid.:382)

Simmons (1971:58) also reports that in Tiraque, Bolivia, "individuals and groups who purport to help the peasants are cheating them; the peasants are not blind to this, and attitudes of suspicion and withdrawal are reinforced." He adds, "This is highly evident in the field of health."[19]

Andean environments that can accommodate changes such as the one described by Crandon-Malamud (1991) enable medical pluralism to offer political alternatives for the negotiation of identities. A similar situation does not exist in Capacmarca where social relations are rigidly established. Medicine in such a context is one powerful mechanism for maintaining political hegemony and social differences.

Gamonalismo and Health Care

In a country like Peru, inequality in the distribution of health-care resources reflects the hierarchical nature of social relations at the grass-roots level. Power relations in Capacmarca have remained profoundly shaped by a regional breed of violent latifundism/minifundism constructed around the ideological and economic interests of the *gamonal* elite (see Poole 1994:97-132). I would argue that the two-tiered health system found in the community was constructed around the *gamonal* power structure of local society.

In the 1980s, after the implementation of the land reform, Chumbivilcano *gamonales* fought back to retain their hold on political and social power. In nearby Colquemarca, Poole (1994:110) mentions the case of one powerful *gamonal* rumoured to have been responsible for a mass grave uncovered on the *hacienda* after its appropriation in the agrarian reform. In Capacmarca, many sold off their animals—a decapitalization that would have a long-term impact on local herds; others held back their best land but most became more than ever involved in livestock theft—a criminal activity which was carried out with the complete support from local authorities. Furthermore, in their search for new strategies and identities, *gamonal* families took up posts in the police force and the educational system (Gose 1994; Paponnet-Cantat 1990,

1994). Such positions enabled the landed élite to maintain their dominance over the peasantry and to preserve the foundation of the cultural identity that had supported this class since the end of the last century.

The way the rural élite exercised their raw power in the educational system was a deeply wounding experience for their pupils: absenteeism was overlooked; student labour was used by the teachers for personal matters; sex was extorted by male teachers from female students. The death of a 10-year-old peasant boy tragically exemplifies their coercive superiority.

It happened in 1983. Three schoolteachers (two were from *gamonal* families; the third was the son of a police officer) were going to Cusco through the town of Accha. They were Clara, her husband, their five-year-old daughter and one of their colleagues. To reach Accha from Capacmarca one has to walk for nine to ten steady hours under a harsh sun as the journey is a long and arduous trek across the puna and there are no trees to provide shade.

A 10-year-old boy, native of Capacmarca and the pupil of one of them, met with the group on the way to selling his chickens at the weekly market in Accha. Right away the youngster was told by the teachers to carry the little girl on his back. The midday heat was suffocating as it always is in the *altiplano* (Sp.) The boy who was carrying the girl was desperately tired. He lost his chickens and repeatedly complained of exhaustion, but to no avail. Finally, he fell to the ground and was left behind by the teachers who continued their journey to Cusco. A rider from Capacmarca found the boy and carried him on his horse to Accha. Upon arrival, the young boy was in shock, sweating and with a high fever. In Accha, he was taken to the police station to receive medical attention. That night, the policeman on duty paid no attention to him and went drinking with his friends. When he came back to the station at 3:00 a.m., the child was dead. The Chief of Police in Capacmarca, siding with his *compadres* (Sp.)—the teachers—asked the police in Accha to state on the death certificate that the child had died of pneumonia. The following week a general assembly was held in the community during which *comuneros* (Sp.) accused schoolteachers of abusing children. An agreement was reached to settle the case by paying the youngster's parents the sum of 150 000 *soles* (US$100.00).

When it came to health-care issues, the local élite considered them to be a class privilege, and thus welcomed the coming of a modern practitioner which would enable them to gain access to scarce health-care resources. On the other hand, the *sanitario*, as a newcomer to the district, depended upon them for support as he wished to belong to their social circle. For instance, he succeeded in obtaining a teaching post for his wife in Chancaymarca despite the fact that she was not a qualified teacher and had no previous experience in education. During my stay in the village, I saw Juan spending most of his afternoons socializing with the police and teachers. Seeking social recognition and acceptance among the élite seemed to have been one of his greatest concerns.

Health-care practitioners like Juan, in the end, are caught up in a grim situation: geographical remoteness, lack of sufficient training and little or no funding to run their practices. Amid an atmosphere of insecurity and inequality, they look out for themselves as many others do around them in such a harsh socio-political environment.

Although independent from *gamonalismo*, health-care delivery in Capacmarca becomes an integral part of this system because power holders such as regional *gamonales* increasingly control the agencies of the state apparatus at the local level. Thus this case study demonstrates that medicine reconstructs, within the medical context, those social relations that pertain elsewhere.

To sum up, the study of health-care delivery in peasant communities of the Southern Peruvian Andes benefits from an ethnographic perspective which delineates structures of power at the local level. This ethnographic approach allows one both to rethink the impact of social classes, ethnic groups and, as Butt (1994) mentions, gender relations on the operations of state institutions and to understand how health care can feed upon and reproduce social inequalities.

Conclusion

Given Peru's current domestic situation, it is difficult to foresee any rapid health-care improvement. The national economy is in an alarming state of decline. There is a heavy foreign debt, hyperinflation, shrinking salaries, unemployment and a widening gap between rich and poor. The political scene is even worse. After 16 years of Sendero Luminoso's (Communist Party of Peru, Shining Path or PCP-SL) violence together with that of the military, Peru is faced with a counter-insurgency state headed by President Fujimori. Alberto Fujimori's authoritarian "democracy," combined with his radical economic "shock" program along the lines favoured by the International Monetary Fund, have had a direct impact on the health of the Peruvian poor. Poole and Rénique (1992:23-24) observe: "Between 1970 and 1990, cases of chronic malnutrition jumped from 985 700 to 5 753 600 out of a total population of 22 million." According to them, 75 percent of highland children under five are malnourished. Recently, many diseases have reappeared, among them cholera with 344 564 cases being reported in May 1992 to the World Health Organization. In 1992, Strong made the following statement, "Cholera symbolized Peru's social, economic, and even psychological malaise. The disease bred on the country's hunger and rottenness. And like the war it partnered, cholera victimized mostly those whom the state had long ago abandoned" (ibid.:191). Although grass-roots organizations have emerged and NGOs have tried to respond to some of the most urgent needs, all are threatened by Peru's economic crisis and political violence. Hardship for millions of poor Peruvians is likely to continue for a very long time.

Notes

1. An earlier version of this paper was presented at the VIII International Conference on Traditional Medicine held in St. John's, Newfoundland, from August 18-21, 1994.
2. According to the Population Reference Bureau, in the early 1980s Peru was fourth on the short-life expectancies list for the hemisphere behind Bolivia (50), Haiti (52) and Nicaragua (56).
3. Andean peasant communities are corporate entities made up of families who share a tradition of communal rights to cultivation and pasturage in exchange for the fulfillment of a number of obligations.
4. Throughout this paper I will use (Sp.) meaning Spanish word and (Qu.) meaning Quechua word.
5. In the district, one encounters at least nine varieties of maize (*Zea mays*) which was the major cereal, five types of barley (*Herdeum vulgare*), several of wheat (*Triticum spp.*), fourteen different types of potatoes (*Solanum tuberosum*) which was the most important of the tubers, six of oca (*Oxalis tuberosa*), eight types of bean (*Phaseolus vulgaris*)—a nitrogen-fixing legume, and four of *tarwi* (*Lupinus mutabilis*) and *añu* (*Tropaelum tuberosum*). Such a gamut of local cultivars per species indicates biodiversification which also functions as an Andean farming strategy to reduce the impact of weather fluctuation damages on yield production (Brush 1977; Gade 1975).
6. Statistical data confirm that in 1947 Chumbivilcas was the leading cattle producing region of the department of Cusco with production being at 18 percent (54 700 head of cattle) and was third for sheep with 12 percent (145 600) after Espinar (25 percent) and Canas (13 percent) (Murillo Valencia, 1968:33).
7. For an excellent discussion on the elements that constitute *gamonalismo* in southern Peru, see Poole (1988)
8. It should be mentioned that this disease was not widespread among the native population prior to conquest (Salzano and Callegari-Jacques 1988). However, some studies suggest that it occurred in southern Peru before the Spaniards' arrival (Allison et al. 1973).
9. *Chicha* drinking has always played a crucial role in Andean social and ceremonial gatherings. The religious role of *chicha* has been noted by many scholars such as Murra 1960; Rostworowski de Diez Canseco 1977; Rowe 1946.
10. Apparently, Peruvians eat an estimated 70 million guinea pigs each year (Vietmeyer 1985:28).
11. Andean people are of short stature. They average from five feet six to five feet ten (Markham 1973:203).
12. The Cuban revolution in 1959 and the resulting Alliance for Progress in 1961 provided the impetus for agrarian reform programs throughout Latin America in the 1960s and 1970s. However, the kinds of reform programs promoted by the Alliance for Progress did not challenge the political and economic structures in place and thus were far less radical than the Peruvian Agrarian reform of 1969.
13. A large body of literature exists on the social and economic reforms of General Velasco Alvarado. Among the most comprehensive we find Booth and Sorj (1983); Figueroa (1984). Fitzgerald (1979); Lowenthal (1975).
14. Peru's foreign debt was $U.S.737 millions in 1968 but had reached $U.S.8032 millions in 1979 (Clinton 1986:35).
15. Watters (1994:179) observes that by the late 1970s the health situation in Peru had worsened. Per capita calorie consumption of low- and middle-income families declined and the incidence of typhoid, malaria and dysentery associated with poverty increased during this period.
16. Andean researchers have indicated that the lack of financial resources can seriously constrain peasants' use of biomedical treatment (Bastien 1987; Kroeger 1982). Interestingly, Oths (1994) argues that critical economic times may inhibit but not prohibit the use of biomedicine among Andean peasants.

17. For a discussion of Inca conceptions of illness and death, see Classen 1993:chap. 6.
18. For a listing of Andean plants and their use, see Cobo 1964 [1653].
19. Although I would not like to create the impression that all Peruvian *sanitarios* are unethical, I wish to point out that, from my own experience in the area, this is a widespread phenomenon in the highlands.

References Cited

Alberti, Georgio, and Enrique Mayer, eds.
1974 Reciprocidad e intercambio en los andes peruanos. Lima: Instituto de Estudios Peruanos.

Allison, M.J., J. Mendoza and A. Pezzia
1973 Documentation of a Case of Tuberculosis in Pre-Columbian America. American Review of Respiratory Diseases 107:985-991.

Bastien, Joseph
1978 Mountain of the Condor. St. Paul: West Publishing.
1987 Healers of the Andes. Salt Lake City: University of Utah Press.

Bejarano, Jorge
1950 La derrota de un vicio: Orígen e historia de la chicha. Bogotá: Editorial Iqueima.

Booth, David, and Bernardo Sorj, eds.
1983 Military Reformism and Social Classes: The Peruvian Experiences, 1968-80. London: Macmillan.

Boza Ricalde, Mario
1955 El abigeato en Chumbivilcas. Indice de las monografias hechas por los alumnos del Cuzco de geografia humana general i del Perú, sobre tema de caracter social, 17.

Brush, S.B.
1977 Mountain, Field, and Family: The Economy and Human Ecology of an Andean Valley. Philadelphia: University of Pennsylvania Press.

Butt, Leslie
1994 A "Shortage of Women": Gender and Medical Care in the Highlands of Irian Jaya, Indonesia. Culture 14(1):29-38.

Caballero, José Maria
1980 Agricultura, reforma agraria y pobreza campesina. Lima: Instituto de Estudios Perunos.

Classen, Constance
1993 Inca Cosmology and the Human Body. Salt Lake City: University of Utah Press.

Clinton, Richard Lee
1986 From Belaunde to Belaunde. *In* Culture and Nationalism in Latin America, edited by Victor Dahl, pp. 33-38. Proceedings of the Pacific Coast Council on Latin American Studies, Vol. 13.

Cobo, Bernabé
1964 Historia del Nuevo Mundo [1653]. *In* Obras del Padre Bernabé Cobo, edited by F. Mateos. Biblioteca de Autores españoles, 92. Madrid: Ediciones Altas.

Crandon-Malamud, Libbet
1991 From the Fat of Our Souls: Social Change, Political Process, and Medical Pluralism in Bolivia. Berkeley: University of California Press.

Dewey, K.
1989 Nutrition and the Commoditization of Food Systems in Latin America. Social Science and Medicine 28:415-424.

Figueroa, Adolfo
1984 Capitalist Development and Peasant Agriculture in Peru. New York: Cambridge University Press.

Fitzgerald, E.V.K.
1979 The Political Economy of Peru 1956-78: Economic Development and the Restructuring of Capital. Cambridge: Cambridge University Press.

Gade, Daniel W.
1975 Plants, Man and the Land in the Vilcanota Valley of Peru. Biogeographica 6. The Hague: Dr. W. Junk B. V.
1994 Regional Isolation in the High Provinces of Cusco and Apurimac. *In* Unruly Order: Violence, Power, and Identity in the Southern High Provinces of Peru, edited by Deborah Poole, pp. 31-61. Boulder: Westview Press.

Garcia Sayán, Diego, and Fernando Eguren
1980 Agro: clases, campesinado y revolución. Lima: DESCO.

Gesler, Wilbert
1986 Health Care in Developing Countries. Chapel Hill: University of North Carolina Press.

Gonzáles de Olarte, Efraín
1979 Regiones, capitalismo y subdesarrollo en el Perú. Crítica Andina 4:133-141.

Gose, Peter
1994 Embodied Violence: Racial Identity and the Semiotics of Property in Huaquirca, Antabamba (Apurímac). *In* Unruly Order: Violence, Power, and Identity in the Southern High Provinces of Peru, edited by Deborah Poole, pp. 165-198. Boulder: Westview Press.

Guillet, David
1983 Toward a Cultural Ecology of Mountains: The Central Andes and the Himalayas Compared. Current Anthropology 24:561-575.

Kroeger, Axel
1982 South American Indians Between Traditional and Modern Health Services in Rural Ecuador. Bulletin of the Pan American Health Organization 16:242-251.

Leatherman, Thomas
1994 Health Implications of Changing Agrarian Economies in the Southern Andes. Human Organization 53:371-380.

Lowenthal, Abraham, ed.
1975 The Peruvian Experiment: Continuity and Change Under Military Rule. Princeton: Princeton University Press.

Luerssen, Susan
1994 Landlessness, Health, and the Failure of Reform in the Peruvian Highlands. Human Organization 53:380-388.

Macera, Pablo
1968 Mapas coloniales de haciendas cusqueñas. Lima: Universidad de San Marcos.
Maletta, Héctor
1979 Formas de subordinación del trabajo al capital. Crítica Andina 4:103-133.
Markham, Sir Clement Robert
1973 Cuzco and Lima. New York: Kraus Reprint Co.
Mitchell, William P.
1991 Peasants on the Edge: Crop, Cult, and Crisis in the Andes. Austin: University of Texas Press.
Monje, Serafino
1985 Estructura economica de la comunidad campesina: caso Capacmarca, Chumbivilcas. Unpublished B.A. Thesis. Cuzco: Universidad Nacional San Antonio Abad del Cuzco.
Montoya, Rodrigo
1971 A propósito del carácter predominante capitalista de la economía peruana actual. Lima: Edicones Teoría y Realidad.
Murillo Valencia, Audaz
1968 Abigeato: Analisis sociologico, juridico y estadistico. Unpublished B.A. thesis in Law, 160. Cusco: Biblioteca de Derecho.
Murra, John
1960 Rite and Crop in the Inca State. *In* Culture in History, edited by Stanley Diamond, pp. 393-407. New York: Columbia University Press.
Oficina Regional de Estadísticas (OREC)
1984 Indicadores demográficos y de territorio, Departamento del Cusco 30. Cusco.
Oths, Kathryn, S.
1994 Health Care Decisions of Households in Economic Crisis: An Example from the Peruvian Highlands. Human Organization 53:245-254.
Paolucci, A.M., A. Ferro-Luzzi, G. Modiano, G. Morpurgo and V.K. Kanashiro
1971 Taste Sensitivity to Phenylthiocarbomide (PTC) and Endemic Goiter in the Indian Natives of Peruvian Highlands. American Journal of Physical Anthropology 34:427-430.
Paponnet-Cantat, Christiane
1990 Land Reform and Peasant Differentiation in Two Southern Districts of Peru. Unpublished Ph.D. Thesis. Burnaby, BC: Simon Fraser University.
1994 Gamonalism and the Challenge of Agrarian Reform: The Case of Capacmarca, Chumbivilcas (Cusco). *In* Unruly Order: Violence, Power, and Identity in the Southern High Provinces of Peru, edited by Deborah Poole, pp. 189-215. Boulder: Westview Press.
Poole, Deborah
1988 Landscape of Power in a Cattle-Rustling Culture of Southern Andean Peru. Dialectical Anthropology 12:67-98.
1994 Unruly Order: Violence, Power, and Cultural Identity in the High Provinces of Southern Peru. Boulder: Westview Press.

Poole, Deborah, and Genardo Rénique
1992 Peru: Time of Fear. London: Latin American Bureau.
Population Reference Bureau, Inc.
1983 World Population Data Sheet. Washington, DC: Population Reference Bureau, Inc.
Powelson, John P., and Richard Stock, eds.
1987 The Peasant Betrayed: Agriculture and Land Reform in the Third World. Boston: Lincoln Institute of Land Policy.
Reid, Michael
1985 Peru: Path to Poverty. London: Latin American Bureau.
Roca, Demetrio
1979 El "Hacendado Condenado": las sanciones ideológicas de un pueblo. Crítica Andina 4:149-159.
Rostworowski de Diez Canseco, María
1977 Etnia y sociedad. Costa peruana prehispánica. Lima: Instituto de Estudios Peruanos.
Rowe, John
1946 Inca Culture at the Time of the Spanish Conquest. *In* Handbook of South American Indians (vol. 2), edited by Julian Steward, pp. 183-330. Washington, DC: Smithsonian Institute.
Salzano, Francisco M., and Sida M. Callegari-Jacques
1988 South American Indians: A Case Study in Evolution. Oxford: Clarendon Press.
Sauer, Carlos
1936 American Agricultural Origins: A Consideration of Nature and Culture. Berkeley: University of California Press.
Simmons, Roger
1971 Palca and Pucara: A Study of the Effects of Revolution on Two Bolivian Haciendas. Berkeley: University of California Press.
Strong, Simon
1992 Shining Path: Terror and Revolution in Peru. London: Harper Collins.
Super, John
1988 Food, Conquest, and Colonization in Sixteenth-Century Spanish America. Albuquerque: University of New Mexico Press.
SUR
1985 Salud popular, pp. 67-68. Cusco.
Vietmeyer, Noel
1985 Livestock for the Landless, pp. 28-29. CUSO Food and Development.
Watters, R.F.
1994 Poverty and Peasantry in Peru's Southern Andes, 1963-1990. Houndmills: Macmillan.