You may have been subjected to the latest “medical” farce on TV (or if lucky, maybe not) in which good-looking young doctors have wild adventures and sexcapades in South American jungles while saving lives with little more than scalpels, paperclips and grit. This is Hollywood fantasy. In the meantime, REAL doctors and medical students are volunteering in the jungle. There are no sexcapades, no narrow escapes from homicidal dictators, narcotraffickers or piranhas, and no press agents, inflated egos and inflated salaries. There is grit, inventiveness, dedication, laughter and mosquitos. There are lives being saved, pain alleviated, children given a brighter future, and distress when faced with patients for whom nothing can be done. This report is dedicated to the real medical people who are Off the Map!

12 Feb 2011 (Saturday): The plane descends bumpily through the clouds toward the Iquitos airport, and I rouse myself out of my doze to peer out the window. I’m three hours late in arriving at Iquitos, having flown overnight from Miami to Lima, and then making the connection on to Iquitos. The medical team I will be traveling with has already assembled in Iquitos, most having arrived on the first flight of the day from Lima. I descend the airplane ramp to the tarmac and walk towards the terminal, dodging around Japanese tourists taking pictures of themselves in front of the plane, and enter the terminal. One of the porters inside the terminal greets me, shakes my hand, and takes my baggage claim tickets. I head outside to meet Guillermo Guerra, our transfer agent and “fixer” of all things airlines. After salutations, my first question is whether everyone’s luggage arrived. I’m quickly reassured that I won’t have to dip into the emergency supplies that we have on hand for such eventualities. We exchange small talk, and shortly the porter, someone I’ve known for years, arrives with my luggage, and Guillermo and I head into the city.

Twenty minutes later we’re pulling up in front of La Pascana, the basic yet homey and comfortable hostel that we’re using as our rendezvous point in town. The standard cheek-to-cheek “kisses” are exchanged with the girls at the front desk, and handshakes with the male staff and Victor, the ever helpful proprietor. My luggage disappears down the garden courtyard to my room while I meet most of the medical team for the first time – doctors and senior medical students from the University of Mississippi Medical Center. The team leader, Dr. Svenja Albrecht, a 4-time veteran of these Amazon trips soon appears and before long, the team is piling into the ubiquitous 3-wheeled motorcycle taxis and heading to the large public hospital in town for a tour with Dr. Ernesto Salazar, a
neurosurgeon and ecologist who has spent 30+ years working in Iquitos, and who has provided invaluable assistance and advice to Project Amazonas over the years. The Regional Hospital is busy these days – the city is in the waning phases of a dengue fever epidemic that has seen over 10,000 probable cases and a couple dozen deaths, and corridors and courtyards have been converted into temporary wards to deal with the demand.

I wave them good-by. I have my own list of “to-do’s”. First and foremost is transferring funds to our general manager, Fernando Rios, for purchase of fuels, food and other items and materials for the expedition. Fernando has already purchased over $900 in medicines in the city before my arrival, and the crew is hard at work preparing the boat. Next in order is working with an elder of the Yagua Tribe to fill out an on-line visa application form for a US business visa. We’re hoping to bring Don Manuel Ramirez Lopez to Florida International University to participate in a workshop on Human and Indigenous Rights. The application takes a good two hours to complete, including quickly capturing an acceptable digital photo of Don Manuel before the natural light fades, and responding “no” to a lengthy list of questions such as “Have you ever renounced US citizenship in order to avoid paying US income taxes” and “Are you now, or have you ever been a member of a terrorist organization?” or “Have you ever engaged in money laundering?”. Some questions we can’t answer such as “What was the date of birth of your father?”, and “What was the date of birth of your mother?” There simply wasn’t any record keeping for indigenous peoples when his parents were born, and his grandparents were slaves to the rubber barons at the turn of the 20th century. Don Manuel never knew any of his grandparents, and he himself was essentially kidnapped at the age of 5 and forced to work as a domestic servant for a “patron”. He fled at the age of 15, but that is a whole other story. In short, however, he never had opportunity to learn to read or write, and the language of the visa application is so complex that it basically requires a native English speaker – me – to fill it out.

We finish the application; I quickly change my shirt to something more formal and run off to the cathedral on the central Plaza de Armas to attend a mass in honor of the mother of the proprietor of the Pascana, a gentle woman who passed away a year previously. I’m joined by Anna, one of the Mississippi residents, who has been anxious to attend a mass while in Peru. Not being Catholic, I follow her lead on when to stand, sit or kneel. The street noise makes it difficult to follow the priest’s homily, but it focuses on freedom and there is mention of the popular uprisings in Tunisia and Egypt. We might be in the heart of the Amazon jungle, but we’re still linked with the rest of the world. That will change tomorrow.

Mass over, Anna and I join the rest of the expedition at a local restaurant for dinner. We’re quite the diverse group – I’m dual American/Canadian. Of the Mississippi contingent, Svenja Albrecht is German, Leila is from Iran, Korean/American Emily is Mississippi born and raised and can put on a mean southern drawl, Anna is from the bayou’s of Louisiana, Lauren is from Mississippi as well, but learned Spanish while living in Chile, and Benjamin is another Mississippi native – his red hair is going to be fascinating to many of the village children who have never seen such oddly
colored hair before! Rounding out the group is Kitty Jackson, a 4th year Scottish medical student studying at Oxford, England (who also learned Spanish in Chile). The following morning we'll be joined by Dr. Arti Barnes, from Mumbai, India who is now a faculty member at the Mississippi Medical Center. We're joined for dinner by Dr. Ernesto Salazar Sanchez and his wife Rosy, and two medical students who are staying in their home while they conduct a rotation at the Regional Hospital in Iquitos.

We have a fantastic meal of rice and yuca juanes (a typical dish boiled in a leaf), chicken, fish, caiman and vegetable shiskabob, roasted plantain, and juices – tumbo, camu camu, and chicha morada. All of it is new for the most of the group, but everyone digs in whole-heartedly. For me, it is my first meal of the day, since I’m not counting the coffee in the Lima airport Starbucks at 6 AM, nor the miniscule bag of chips that the airline gave all the passengers when the flight was delayed 3 hours, nor the crackers and juice on the flight to Iquitos. Sated and content, we walk back to the hotel. I crank out another couple hours of final emails and my head hits the pillow around 11:30 PM. The music filtering into the room from the Saturday night festivities at nearby bars and clubs doesn’t matter. It has been a long day and I’m soon sound asleep.

13 Feb 2011 (Sunday): Stirrings and the rustlings of luggage being organized and packed wake me up around 6:15 AM. Most of my gear was never unpacked, so I soon have my stuff in the lobby and do another final FINAL email check. Guillermo pulls up with the transport van a few minutes later, and by 7 AM, everyone is on the way to the port facility at the opposite end of town at Bellavista. The boat crew and Jose Adan Cobos, our Peruvian dentist, are awaiting us. We make our way through the crowded market, load our gear and ourselves into a skiff, and head across the black-water Nanay River to our Nenita riverboat which is waiting on the uncrowded far bank of the river. A quick orientation shows everyone where the cabins, bathrooms, potable water and coffee/tea are located. Appreciative noises are heard about the spaciousness of the dining area, and even surprise at the roominess of the cabins – I suspect though, that after a few days aboard the cabins won’t seem so roomy any more, however. Nobody is planning on spending much time in the cabins anyway – the front and back decks are far too inviting as places to relax and watch the river and landscape go by.

Arti will catch up swiftly with the speedboat that will also be bringing the last of the supplies. Emerson, our steward soon announces breakfast. Omelets with broccoli, onions, peppers and cheese, French fries, toast, fresh squeezed lemonade and finger bananas disappear quickly.
As we head downriver, everyone is full of questions – what’s that?, what’s this?, what’s that bird, that tree, that building? For me it brings back memories of the excitement and thrill of my own first trip down the Amazon many years previously. A few miles downriver the speedboat pulls up and we welcome Arti on board.

At about 11 AM, we arrive at Yanamono (literally “black monkey”), where we make a short stop at a historic aguardiente (firewater or moonshine) factory that produces rum and other products from sugar cane. It is a great place to get off the boat and stretch our legs a bit. We are greeted by “Blackie” the proprietor’s dog who promptly places muddy footprints on me. I can’t complain though. I tend to get Blackie all riled-up every time I visit – I just can’t help it. It is sort of like dealing other peoples kids – get them excited and hyperactive and full of sugar…and then leave. 😊

The metal press used to squeeze the juice from the sugar cane is stoutly built with massive interlocking gears, and was built in Leicester, England sometime around 1880. The current proprietor’s grandfather brought it to the Amazon from Spain shortly after the start of the 20th century. We designate a couple of “mules” to turn the press, and shortly have a half-calabash full of sweet sugar cane juice to sample. We walk through the rest of the process – fermentation and distillation – and then troop over to the proprietors’ airy thatch-roofed house where we are greeted by the proprietor, Don Cesar, and his wife. They have samples of their different products to taste – pure aguardiente, or mixed with molasses, ginger, or a mixture of roots and bark known as “siete raices” (7 roots) and reputed to have many medicinal properties. Best of all they also have sugar cane molasses. It is sweet without being heavy or cloying, and I buy a large bottle for use on the boat. It will be great with pancakes or French toast.

We continue eastward down the Amazon, passing the mouth of the Napo River a short time later. Here Francisco de Orellana and his band of adventurers became the first Europeans to encounter the Amazon River. Part of conquistador Gonzalo Pizarro’s ill-fated expedition to find the fabulous El Dorado, the city of gold, Orellana and his men endured an epic voyage of nearly 4000 miles. Swept down the Amazon in small open boats, they then traveled up the coast of South America, eventually reaching the Spanish island of Margarita, off the coast of modern Venezuela. For a fascinating
account of their adventures, and of the history of the Amazon itself, read *Tree of Rivers* (2006), by Charles Manning. By late afternoon, we reach the mouth of the Apayacu River where we will be conducting our first clinics.

We motor upriver past the large and relatively well-to-do community of the same name, and stop for the night at Yanayacu, a Yagua Indian community. As we anchor, ominous clouds are boiling overhead, and before long sheets of rain are lashing down punctuated by strobes of lightening and the peal of thunder. This is real rain – not some gentle spring shower! The drencher continues for a couple of hours before gradually settling down to a more modest level.

Dinner is another great meal with roasted chicken, potatoes, rice, salad, carrots and beans, and papaya. A green cilantro and huacatay sauce adds additional delicate flavor. The papaya is delicious – naturally sweet with some lime juice squeezed on top, it is far better than any papaya I’ve ever had in the US. It seems very unlikely that anyone will be losing weight on this trip – not with chef Danilo’s cooking and signature sauces. The *Nenita* is no cruise ship, but in the food department it equals or bests them all. I’ll vote for “bests” – fresh fruit and fresh fruit juices at every meal, nothing pre-frozen or pre-packaged, and all attractively prepared. I don’t eat this healthy at home. Ben decides that he’s going to take a picture of his loaded plate at every meal - it will be easier than trying to get pictures of the platters before the hungry hordes descend on them!

I’ve been working on the computer in my cabin as the rain continues, but animated laughter soon draws me to the dining hall where I find a pill party in full swing. The table is covered with vitamin bottles, plastic bags, and small piles of pills. A growing mound of bagged pills occupies the table center. Leila, our pharmacist is the party planner and keeps note of our progress and the numbers of bags readied. There is a lot of animated chatter, snatches of songs (as long as anyone can remember the lyrics and tune), and jokes. Eventually a mini-boom-box appears and pills disappear into bags to the sounds of the Beatles greatest hits as toes tap and people sing along.

Once enough pills have been bagged, we get everything organized for the following morning’s clinic, clear off the table and head to bed. A half hour later the generator is turned off and darkness ensues, but not silence! The rain has brought out the loudest and most persistent frogs and insects. There is a cacophony of buzzes, clicks, plinks, croaks, barks, burps, chuckles, trills and titters. It all blends
together into a background roar and at first it sounds like a billion mosquitos are trying to get through the screens of my cabin window. As I listen though, a fascinating pattern emerges – the sound is pulsing. Each frog is trying to call at the same time as its neighbors, working to draw the attraction of a potential mate, while not vocally isolating itself to the delight of some predator which otherwise has a hard time homing in on a single frog. Literally thousands of frogs of a dozen species are chanting in unison. Some species calls are longer or shorter than others, however, so the intensity of each pulse of sound varies throughout its duration. Show me a cruise ship that offers such an exotic soundscape!

14 Feb 2011 (Monday): A group of persistent buzzing frogs are still going at it when the calls of birds awake me in the morning. I guess the buzzing frogs weren’t very lucky at the amphibian bar last night and are still calling in the hopes that some female frog will be drunk enough to take pity on them. The frogs are soon drowned out by the dawn songs of greater kiskadees, great antshrikes, gray saltators, russet-backed oropendolas, canary-winged parakeets and coraya wrens, among others. As I sip my first cup of coffee (real Peruvian coffee – no instant coffee allowed on board!), the raucous squawking of a pair of blue-and-gold macaws draws everyone’s attention. The birds settle in the crown of a tree across the river, where despite their size and bright coloration, they are soon lost among the foliage. Breakfast this morning is scrambled eggs, toast, French fries (I can get used to this!) and fresh juicy mangoes. We gorge ourselves again.

As we finish breakfast, the crew moves the boat a short distance to the port area nearest the school. The ground is muddy from the heavy rain, so we pull on rubber boots to walk the 200 yards to the school house. Edwin, one of our crew, is already busy sweeping out any dirt and arranging tables and chairs. In Peru, students are on their summer leave, so we aren’t disturbing any classes. If class had been in session through, the teacher would have declared a school holiday for the day so that students and their parents could attend clinic if needed. By 8 AM, we’re set up, and Cesar, our naturalist/guide, and Segundo, our boat captain are busy taking down patient data – name, age, sex, weight, height, and waist diameter. Teo, another crew member, is assisting Jose Adan, the dentist.

The crew are amazing – they are up and about before anyone else – cleaning, wiping down handrails, servicing motors, setting the table and helping Danilo in the kitchen. They work together without direction – like the parts of a well-oiled machine. Now they’re helping with clinic, and Teo and Segundo, his older brother, are actually quite proficient as dental assistants when needed – prepping patients, giving anesthetic injections, and even doing the occasional extraction. Until we have a hospital ship with a regular dental room, extractions are all we can provide, but there is no shortage of patients waiting for relief from severely decayed teeth and chronic dental pain. When clinic in Yanayacu finishes, the crew will be back at work again – motoring us up the meandering Apayacu River to our next stop of Sabalillo – while the rest of us relax and watch the river scenery go by.

Clinic is soon in full swing – one of the first patients is a young girl suffering from persistent small boils and sores that erupt over her entire
body. There are a variety of fungal skin infections, musculoskeletal pain from lifetimes of hard work and visual complaints from exposure to wood smoke and the strong tropical sun. An unusual case is a young man of 21 years of age with hypognathy (underdeveloped lower jaw) and an infected upper jaw. He has the stature of a 12 year old. Other cases include a young child with bloody dysentery, an older boy with cerebral palsy and a staph infection behind his ear, and a teenager with persistent headaches and a “crazy” ocular exam who we will need to get evaluated in Iquitos as soon as possible for potential surgical intervention to save his eyesight. A teenage girl has patches of extremely dry, whitish skin over her arms, back and scalp, a probable fungal condition. We take pictures to be able to consult with a specialist – medication can be sent back to the community at a later date. As I’m running back to the boat for some forgotten item, an older man complains to me of pain from a hernia that he has had for several years – he is busy with house and garden chores, however, and doesn’t stop by the clinic despite my urging. There are also the usual cases of fever, dehydration (one of the most common problems) and scabies. We attend to 79 patients (out of a population of about 220) in 4 ½ hours, before wrapping up clinic and returning to the boat for a refreshing swim in the blackwater Yanayacu Creek. Then we worshipfully down another of Danilo’s culinary offerings.

As the afternoon progresses, we motor up the Apayacu River. The banks close in and numerous hairpin bends preclude any distant vistas, and I can imagine this sort of river as the claustrophobic inspiration for Joseph Conrad’s *Heart of Darkness*. Most everyone sprawls out on the front deck – reading, listening to music or just absorbing the atmosphere. Our boat steward, Emerson, is at the wheel – over the course of the trip, all of the crew, including chef Danilo, will be found behind the wheel at some time or another. I’m in my cabin, watching the river banks roll by while entering patient data into an Excel database. I’ll be compiling a report from the trip to submit to the Peruvian Ministry of Health, and also to add to our year-end report on activities to the regional government in Iquitos and the central government in Lima. Just as I’m writing this, Danilo surprises us with a large tray of hot popcorn. It vanishes in no time.

At 5:30 PM we arrive at the community of Sabalillo. It is too late to start clinic however – it will be dark at 6 PM. We travel a few hundred yards further upriver to the mouth of a creek and anchor for the night. The skies are clear and the moon shines brightly. An American pygmy kingfisher takes a last dive at fish just off the prow of the boat, while the first bats start flitting over the surface of the water. It won’t be raining tonight, and not a single mosquito is to be seen. Dinner is another fantastical array of cabbage salad with avocado, chicken with onions, pepper, tomato and olives, rice, finger bananas and passionfruit. No-one can quite identify the juice, but it is tasty. After dinner, another more modest pill party starts up while Arti helps me with entering the patient data for the day – it goes a lot faster if someone can read data on the forms to me.

Before long, a canoe powered by a peke-peke motor pulls up to the *Nenita*. A woman has just given birth and there are complications. The party dissolves instantly. Ben, the pediatrician gathers his materials, Emily,
Lauren, and Leila pull out vials of epinephrine and oxycontin. Svenja is looking for sutures – we know that we have a considerable supply of them, but for a few seconds we can only locate a pair of #6 sutures. There is a sense of relief when the box with 200 or so assorted sutures is found. The speedboat is soon underway. I and a couple of the others remain behind – the woman’s house will be crowded, and there is no need for additional congestion or gawkers. A short time later, the speedboat reappears with Kitty and Svenja – there is need for a few additional items; and is there something warm to dry the baby off with and wrap it in? The “airline lost my luggage” box that we keep on-board quickly provides something suitable – a thick pair of work-out shorts - the other materials are located and the speedboat heads out again. A half hour later, the boat is back, with everyone aboard. The baby is dry and warm with the umbilical cord tied off, the tear that the mother experienced while giving birth has been sutured. We’ll check on her again in the morning, but now it is time to retire for the night.

15 Feb 2011 (Tuesday): Sometime around 5:30 AM I wake up. The chorus of frogs has been modest but accompanied by owls and other night birds. Now the day shift is taking over. Local bird names are often onomatopoeic, and the early callers are the coro-coró (green ibis), soon joined by ti-wacuro (black-fronted nunbirds, who always chorus in family groups), shira (black caracara), bou-doup (gilded barbet) and others. I lay comfortably in bed listening to the cacophony. Across the river, there is an explosion of sound from a group of tocon; the handsome titi monkeys which sound surprisingly like the much larger howler monkey. A peke-peke motor fires up and heads downriver. There is no such thing as sleeping in late in these isolated river communities – daylight hours are far too valuable. I get up to use the restroom – it is 6:00 AM. On the back deck, Anna and Kitty are already doing yoga and exercises. They are disgustingly awake and energetic. I need coffee before even contemplating such a thing, and of course after coffee, I quickly come to my senses and abandon all thoughts of early morning exercise.

Breakfast is fried plantains, a vegetable breakfast crepe, papaya and Brazilian guava juice. We eat it while laughing at stories from Psych ward rounds, the foibles of past high-school French teachers, and delusional parasitosis. Not, perhaps, your normal breakfast conversation. Then it is time to head the short distance downriver to the community.

Sabalillo Yagua Indian community is neat and well organized. I have friends here from many years past, so there are lots of familiar faces. The newer school house is immaculate – even the chairs are neatly lined up in rows in the center of the room, away from any rain that might blow in through the decorative concrete blocks that bring light and air into the room. Jose Adan sets up his dental chair and equipment there – he needs the extra light. The rest of us set up in the old school house, with its plank walls and well used desks and benches.
Before long, clinic is in full swing. There are the usual complaints of aching muscles and joints – the results of years of hard work and accidents. There are also fungal infections and parasitosis, but all in all, the residents are pretty healthy, considering the degree of isolation. One little boy comes to clinic hugging an unusual pet – a baby white-lipped peccary. It seems quite content in his arms, but when I attempt to scratch its head it squeals loudly and gashes my finger with a razor-sharp tusk. Another animal to add to the considerable list of creatures that have bit, clawed, scratched, stung, or otherwise inflicted damage on me!

One resident has suffered from psoriasis, an autoimmune disease, for many years. We’ve taken him to Iquitos in the past for consultation with a dermatologist, but the prescribed medications are rarely if ever available. I know. Fernando, our general manager and I have scoured all of the larger pharmacies in Iquitos looking prescribed medications to no avail. For the past year, the patient has been treating his psoriasis with an herbal remedy made from the bark of the chuchuwasi tree (Maytenus sp.). To my untrained eye, the patches of dry scabby skin on his arms and legs look to be considerably reduced in size and severity from a year previous. We encourage him to continue with the herbal remedy – at least the rainforest pharmacy still has a full stock of medications! A distressing case* is a 36-year-old man so emaciated and weakened that he appears skeletal, and can only crawl, not walk. He has had diarrhea for the past year associated with fever. His family is very concerned, and rightly so, as he needs long-term care and additional diagnostic tests to have any hope of survival. Our medical team does what it can, and we promise to check out what the possibilities are for care in the government clinic in Yanashi, or in Iquitos. Unfortunately, he won’t be covered by the medical insurance that school children in Peru receive, and even though medical care would be a mere fraction of the cost in the US, his family can’t afford it. We’ll see what we can do, but our resources are limited too, and the needs are considerable. It all becomes a difficult and callous-feeling exercise in triage – how should limited resources be allocated to produce the greatest benefit to the largest number of patients?

(*We later find out that he was previously diagnosed with AIDS in Iquitos, but refused to stay for treatment, choosing to return home instead. We called up the community and offered to take him to Iquitos for hospice care there, but again he refused to commit to staying at the free hospice in Iquitos, preferring to stay in his community. By the time you read this, he has likely passed away. The case is doubly distressing because it means that HIV/AIDS is no longer “just” an urban disease in the Peruvian Amazon.)

After four hours, clinic starts winding down, but there are other needs in the village. The schools VCR, hooked up to a battery and solar panel, doesn’t seem to be functioning. Dr. Edwin, one of our crew, examines the patient. He is familiar with the case, having set up the solar panel for the village the previous year. Some fiddling here, some palpitations there, a bit of rewiring of the nervous system of the VCR, and it is resuscitated.
Before long, the incongruous sounds of an Abba music video are blasting out to the delight of the children who are gathered in front of the television. Meanwhile, the village elders want to talk to me about the ramifications of the large communal reserve that has recently been signed into law on the watershed. They are all in favor, as it means that commercial interests will be less able to plunder the resources that the indigenous peoples of the area have been depending on all their lives. They want to know, though, whether the government is going to put in a control post, and if so, whether it will be staffed by outsiders, or whether community members will be hired. I don’t know, but I promise to bring up the subject at a meeting in Lima that I have scheduled with an NGO that works with indigenous communities and which was involved in lobbying for the communal reserve. I also suggest that they draft a letter to the appropriate authorities expressing their interest in having such a control post, and in staffing it with local people.

Then it is on to another couple of patients. The village generator, and a peke-peke boat motor. This time, it is Dr. Segundo, our boat captain who makes the diagnosis and prescribes treatment. The generator needs major surgery and various organ transplants, as the shaft that connects the dynamo to the rest of the engine has snapped. The radiator is patched with tar, but leaks like a sieve, and needs to be replaced at first opportunity. Segundo unbolts the two parts of the broken shaft – we’ll take those to Iquitos where is should be a matter of a few minutes to have them welded back together. The boat motor has been the victim of neglected maintenance. Dr. Segundo patiently points out what is wrong with it and what parts need to be replaced (rings and all the gaskets), and patches it together sufficiently for basic operational capacity. If the owner follows the doctor’s advice, he’ll get a few more years use out of it. Not counting the mechanical patients, we’ve attended to 71 patients in Sabalillo.

By the time I get back to the Nenita, everyone else is finishing lunch – I don’t mind, they saved plenty for me! There is another community, Estiron de Cusco, an hour by speedboat further up the river, so most of the medical team pile into our speedboat and head upriver. I and a couple of others stay behind – for me it is an opportunity to catch up with entering patient data into the database. If I leave it to the end of the trip or when I get back to the US, it may never get done – I’m going to severely discipline myself to keep up with the tedious task on a daily basis, and hope to have it all summarized and ready for final report form by the time I’m back home again. We take the Nenita 20 minutes upriver to the Sabalillo Forest Reserve operated by Project Amazonas. It will be a good place to spend the night, out of sight and sound of roosters and barking dogs. Dusk falls and the Cusco group are not back. I’m not worried. It is a long ways to go but the night is clear, and the moon is almost full. A bit after 9 PM the light of the speedboat appears, and soon disgorges its hungry occupants. They are touched that those of us who remained behind didn’t already eat, but waited for them to get
back. In reality, it wasn’t our, but Chef Danilo’s decision. Nevertheless we take credit for a few minutes before bursting their bubble.

The Estiron de Cusco trip has been a productive one with 85 patients attended in a few hours. Five of the patient data sheets are starred, indicating an urgent need for follow up or intervention. The first of these is a two-year old girl who may have a congenital heart defect that can only be fixed surgically. She faints and stops breathing on a regular basis. Not a good way to start out life. A 28-year old woman also has heart issues and is at risk of heart failure. She needs radiography in Iquitos to determine what course of action to pursue. A 22-year old mother has pelvic inflammatory disease, which if not contained could mean a future hysterectomy, and a 53-year old woman suffers from severe occipital headaches linked to decreased visual capabilities. A simple visit to an ophthalmologist could mean a great difference to her. The lone male in the group needs a knee replacement, but since that is unlikely to ever take place, steroid shots in the knee joint could help him regain mobility and alleviate pain.

Despite the long day, there is immediate interest when I mention taking a night hike on one of the trails. Within minutes, Svenja, Ben, Arti, Anna, Kitty and I are heading up the trail. We pause to take pictures of some bromeliads with magenta bracts, and then examine a coca plant growing near the field station clearing. Local people have used coca leaves to alleviate hunger and fatigue for centuries, and it is still part of the culture. I pop a leaf in my mouth and chew. It tastes like grass and has much the same effect. The amount of coca alkaloid in a single leaf is miniscule, and it takes hundreds of pounds of leaves to produce a gram of cocaine. I have as much chance of getting high as I have of becoming addicted to nicotine by smelling a soggy month old cigarette butt. It simply isn’t going to happen! Further down the trail are the bright red bracts of the aptly-named “hot-lips” plant, a coffee relative. We stop for more pictures. Amazingly, there are still no mosquitos. Zero. Zip. None. Crossing over a log bridge, we’re in primary forest. Buttress-rooted trees soar beyond the reach of our flashlights and exuberances of vines stretch in every direction. The undersides of palm fronds reflect a silvery white, while reflected spider eyes are a whitish-blue. The night is still – a few frogs call to keep the cicadas company, but otherwise there is only the occasional mournful whistle of a partridge-like tinamou. We meander down the trail for about a half-hour, enjoying the solitude and the vault of the forest overhead, before heading back and crashing for the night.

16 Feb 2011 (Wed): I wake early, and decide to walk down one of the trails before breakfast. By 5:45 AM, I’m off the boat, moving as quietly as possible to not disturb the sleep of others. Even the crew is still in bed after the long day yesterday. Passing the field station building, the caretaker’s dog erupts. My attempts to shush it provoke ever louder outbursts. Good morning everyone! The sunlight has yet to reach the treetops, so the forest interior is dim but alive with bird calls. Every now and then I catch a glimpse of movement, and once a sapling near me vibrates violently as an unseen bird flees my presence. As the light builds, I’m more successful. A group of golden-crowned manakins begins to display at a traditional lek (display) site – these tiny black birds with bright yellow heads are still displaying in the same location that they were on my first visit to the Sabalillo Forest Reserve – back in 1997. A ruddy spinetail sits on a low branch and preens, straightening the feathers on one wing, then the next, before flipping off into the gloom. Overhead, a yellow-crowned parrot flies above the canopy – its flight call sounding
like the distant baying of a hound. Most birds I don’t see, but I’m familiar with many of the calls – nasaly outbursts from chestnut woodpeckers, the piercing yelps of white-throated toucans, and the hollow hooting of rusty-belted tapaculos. A good find is a collared gnatwren, a small understory bird found only north of the Amazon and west of the Napo Rivers. It moves through the undergrowth at the edge of a fallen tree, giving me excellent looks. It is the first time I’ve seen one, or in birding parlance, a “lifer”.

Back at the boat, we cast off from shore and head down the Apayacu River. This is a good time to catch up on journals, data entry, reading and even sleep. We have several hours of travel time before we reach our next destinations, two isolated small communities located on Matahuayo Creek, a tributary of the Orosa River located on the south side of the Amazon across from the mouth of the Apayacu River. It is an overcast day, but very pleasant temperature-wise. Apart from the torrential rain the first night on the river, we’ve had exceptional weather – nights have been in the upper 70’s F, days in the upper 80’s, occasionally reaching the low 90’s, but it has never been blisteringly hot and humid.

We reach the Matahuayo around noon, and motor down its tortuous channel to the small community of 9 de Agosto (9th of August), though I’m later informed that it has changed its name to Pobre Alegre (literally “the happy poor man”). The houses all face the obligatory soccer field which slopes and dips down toward the river. No astroturf here! The medical people set up in the school, Jose Adan sets up his dental chair on the open platform of a nearby house. As I walk up to the school, a woman in front of me is carrying a huge pot that she was cleaning down at the river. She loudly announces that she is a cook should the gringos have need of one. I reply that her pot is large enough to cook a gringo in. The local people all laugh at the ridiculous idea of cooking a gringo in a pot, and I add that it wouldn’t be worth the effort – too bitter. They chuckle again, and for the rest of the time we’re there, I hear people commenting muy amargo (too bitter). There isn’t much in the line of entertainment options in many of these communities so any little incident becomes fodder for commentary and amusement. A little joking around also breaks the ice and relaxes everyone. The crew are the masters of this – as they check people in for clinic, you can hear the running jokes – measuring someone’s girth becomes transmogrified into determining the length of their bichos or lumbrices (intestinal round-worms), the anti-parasitic medication that everyone receives is “worm candy”. The work may be serious, but the atmosphere is kept light.

A middle age man is busily constructing a new boat as we pull up – expertly wielding his machete and adz to shape the bows to the form he desires. When he later comes to clinic, we discover that he is completely blind in his left eye due to an accident years previously, and is very nearsighted in the right. He hasn’t come to clinic with a vision complaint, however – he thinks his eyesight is OK. We put a star on his data sheet – a pair of corrective glasses for his right eye will dramatically change his vision of the world. Such a simple thing, but that pair of glasses might as well be on the moon as far as his ability to access them without our assistance.

Finishing up clinic in Pobre Alegre, we take the speedboat another half hour up the winding Matahuayo. Numerous times there are narrow trails or channels cut through the woods where one can paddle or pull a canoe.
a short distance across an isthmus to the river on the other side. If we were able to travel in a straight line, it would likely have taken only 10 minutes to arrive. We arrive at Nuevo Libertad Paucarillo, a small cluster of houses on a high bank above the Matahuayo. The woman in the largest house, a rare two story structure with an open air “downstairs” exhibits no surprise as we haul our boxes of medications and supplies up to her front door. We ask permission to borrow her house for a few hours, and she readily acquiesces – we’ve used her house for clinic for the past two years. Before long, community members are appearing for attention. Jose sets up in the brightest corner, the rest of us spread out where benches permit patients to sit – we’ve brought our own plastic chairs from the boat. This new community is only 5 or 6 years old, and still lacks a school though the government promised a teacher last year. I as the community members if there is any word of a teacher coming this year. They shake their heads “no”. A 60 year-old man has a basal cell carcinoma on his nose – caught years ago, it could have been removed and treated relatively easily. Doing so now would require removing half of his nose. We give him antibiotic cream and bandages to help prevent superinfections, but there is little more that we can do. At least it isn’t life threatening, but he will live the rest of his life with it.

As dusk falls, we wrap up for the day, load up the speedboat and head back down the Matahuayo to its junction with the Orosa. The Nenita is waiting for us there, and as we round the last corner, it gleams whitely in the dusk, light pouring out of its windows. We’re back “home”. We motor slowly back down to the mouth of the Matahuayo, and tie up to the bank for the night.

17 Feb 2011 (Thu): It has been another clear night with coolish temperatures (at least as far as the “rainy season” in the Peruvian Amazon goes. We’ve been fortunate weather-wise – the only rain so far was the first night and we’ve have had mostly clear night skies with somewhat overcast conditions during the days. Average nighttime temperatures are in the mid-70’s F, daytime temperatures 10 to 15 degrees warmer. After breakfast with yet another unique variety of fruit juice, we start clinic in the school at San Pedro de Orosa. Clinic is very “run of the mill”. Dental care is always in high demand, and kids and babies abound. It gets pretty hot in the school building as the morning goes on, however – the building is oriented at right angles to the river so little air flows through the limited ventilation, and virtually none through the doors, which are continually packed with people.

We finish up with our 93 patients in San Pedro around 1 PM, and take a well-deserved “breeze break” by motoring slowly up the Orosa River to Puerto Fujimori, a small community that will be our second clinic of the day. The school there is located on top of a low but very steep hill located away from the river. Happily, community members quickly appear to carry the boxes of medical supplies up to the school building through the mid-day heat, and by the time we arrive, someone is busily sweeping out the dirt that has accumulated since school let out at the end of December for “summer” break. Again, clinic is pretty standard – nothing too exciting or unusual in the medical sense. A short spurt of rain cools things off around 4 PM, and by 5:30 PM, we’ve worked through the 55 patients who showed up for clinic and are heading down to the boat. Another excellent dinner and a couple of hours of data entry later, and I’m heading to bed! The last few days have been busy indeed.
18 Feb 2011 (Fri): Santa Rosa is our one and only clinic of the day, but it is also larger community – about 350 people in total. The ladies here always have handicrafts that they seek to sell or trade, and today is no exception – as soon as clinic starts to wind down after working through 119 patients, they bring out their wares. I warn them that the group didn’t necessarily come prepared for purchasing or trading for souvenirs, but nevertheless some sales are made. While clinic is being wrapped up, I “borrow” a couple of children and start to check out the area around the community. The kids know which trails lead where, and after an altercation with a handsome white-winged trumpeter which definitely lets us know that we aren’t welcomed in its yard, we find ourselves at my desired destination – a creek that flows out of the forest and into the Orosa River a short distance from the village. My motives are ulterior. I’d heard that there was a nice creek there, and am pleased to see that the water is clear and that the creek bed even has some sand and gravel in it. There is also high, well-drained ground on both sides of the creek. Another “plus”.

Why the interest? Santa Rosa is the only Yagua Indian community that possesses a secondary school–students from other communities have to either travel to Santa Rosa or to Yanashi (on another river) or further abroad to continue their studies past 6th grade. An oft repeated concern expressed in communities is the difficulty and expense in sending children on to further schooling outside of the community. Leaving home to board with a family elsewhere is a daunting challenge for students, and many don’t have the resources available, or simply don’t know anyone with whom they could live while attending secondary school. I and others have been mulling over the idea of building a dorm at Santa Rosa to accommodate students from other communities – a place that they could call “home away from home”. As a child, I attended boarding school and lived in a dorm for 5th, and part of 6th grade – my parents were working in a remote area and it was the only option for formal education. So I know what it is like to leave home (in my case for 3 months at a time) and live somewhere else. I, at least, had the advantage of “house parents” to ensure that I had a clean living space, good food, enforcement of house rules, and the like. It provided continuity and community, and made the separation bearable. I’d like to see something similar for students in these communities. The simple fact is that most will not currently continue an education past 6th grade, but there are always the bright stars who want to, and who deserve the opportunity to do so. That creek and high ground next to it is the perfect spot for the facility that I’m mentally envisioning – far enough away from the actual school grounds to provide a sense of separation (who wants to feel that they are living IN school?), yet with clean water, ample space, and some separation from the noise and hubbub of the community center. Somehow we’ll make it happen.

I keep pondering these thoughts as we continue up the Orosa River during the mid-afternoon to the Madre Selva Biological Station, where we anchor for the rest of the day. At the field station, we do a quick orientation to the facilities, and offer everyone the opportunity to either stay in their cabins on board the Nenita, or to transfer to on-land accommodations. Most opt to stay on the boat – their gear is already organized and they are comfortable. I opt for the land option, however. My own “private” shelter hidden away from the camp was built just the month previous, and this is my first chance to use it. Additionally, I love the opportunity to hear
all the night sounds of the jungle, as well as the dawn chorus of birds. One can hear those same sounds on the boat, of course, but they are often mixed with the sound of snoring, doors opening, a toilet flushing, or low conversation. Not quite the same experience!

The “after supper” activity of the day, however, is our first night hike in the rainforest. Armed with flashlights, boots and insect repellent (hardly needed), we head slowly down one of the trails. The rainforest looks very different at night – the beam of light forces you to focus on specific objects rather than allowing you to be mesmerized by the confusion of shapes, patterns and textures. At night, you notice details. The spider on the edge of a leaf. The whitish underside of a massive palm frond. The delicate curl of a vine tendril. The line of ants marching up a tree. The texture of the bark. We don’t encounter any large animals, but see a myriad of smaller ones – the already mentioned spiders with their eyes that reflect a blue-white color in the light of our head-lamps and flashlights. Small frogs on the surfaces of leaves or the ground surface. The forms of fish in the pools of a creek. Walking sticks and katydids. Salamanders. Moths attracted to our lights. Periodically a bat, accustomed to using the trail as a highway through the forest, swerves confusedly aside, the air from its wingbeats fanning our faces. We are a sudden roadblock that wasn’t there the last time it used the freeway. An hour and a half goes by quickly and we head back to camp – we haven’t gone far – maybe 500 yards, but suddenly everyone is yawning in unison. It is bedtime once again.

19 Feb 2011 (Sat): Today is a non-clinic day. Everyone has been working hard, and clinic in Santa Rosa yesterday was long and hot. Everyone was looking forward to sleeping in for a while as well, but I’m up early to check on various trails, curious to see how many of the seedlings I transplanted in 2010 survived, and to check out what needs to be done at the facilities. After a leisurely (and late) breakfast Anna and Kitty depart to take a long hike around the Anaconda Trail – a 2.5 mile loop that takes about 3 hours when one is stopping to look at, and take pictures of everything. The rest of us decide to visit the government clinic in Yanashi, located on the Arambassa River, the next river over from the Orosa. We’ve been referring patients to the Yanashi clinic for follow up for the past few days, so it behooves us to know what is there. The small channel through the woods that connects the two rivers provides partial access, but a treefall prevents the speedboat from going through. We walk instead for about an hour on a concrete trail between the two rivers, and then along the bank of the Arambassa river to the clinic. Meanwhile the crew has a chainsaw and is busy removing the fallen tree so that they can pick us up with the skiff in Yanashi, and bring us back through the channel.

There is only a technician at the clinic when we arrive, and through polite, he’s somewhat confused as to what to do with us. We ask him to give us a quick 5-minute tour of the facilities. Just then, the RN and the Obstetrician, who also serves as the clinic director, arrive. They quickly greet us Latin style (brushing cheeks), and in a business-like manner find out who we are and what we are there for. The technician is clearly relieved – we’re not his responsibility
any more! An hour and a half later, we’re still taking the 5-minute tour. The Obstetrician and RN are delighted to talk about the challenges of operating a clinic, and our group has lots of questions. It is sobering to see how few resources are available to work with, impressive to see what they are able to accomplish with what they do have. Lack of electricity is a clear challenge – although the clinic has a computer, it can’t be used most of the time – just during a couple of hours a night when the town generator is on. Maintaining cold-chain for vaccines is done using giant coolers and patient records are all on paper and filed by ID number. Keeping records must be a huge challenge. The emergency room consists of a table and stand with some basic medications and disinfectants. There are IV stands and a few other resources, but it is nothing like what we’re used to expecting from an emergency room! Still, the staff know what they are doing, and are probably more competent at taking care of a wider range of conditions and emergencies than the average first responder in the US.

We return to Madre Selva for a late lunch, able to travel through the boat channel this time. The passage is beautiful, with trees arching over the waterway, festooned with vines and epiphytes. On one of the big tree trunks, I almost expect to see “Tarzan was here” carved into the wood. We eat, then vegetate in the afternoon heat. As the day cools off, most of us elect to take a shorter hike on one of the trails at the field station – this time we see the forest in all its mesmerizing glory – forget the details, this is the time to get the big picture! We do, too. A giant kapok tree (Ceiba pentandra) provides the perfect background for a group photo, which seems to have disappeared from my camera!

20 Feb 2011 (Sun): It’s Sunday morning, but in most rural communities in the Peruvian Amazon, that doesn’t necessarily mean much. It is just another day on which animals and gardens need to be tended, fish caught, children cared for, and houses and canoes constructed or repaired. For us too, it is just another day in which to conduct clinic, and within a few minutes of setting up in the school of the Yagua Indian community of Comandancia, people are showing up for clinic. It is one of the hotter days that we’ve experienced so far, and by 1:15 PM, everyone is ready to take a break – there are still plenty of patients to see, but if we continue straight though, it will be after 3 PM before we break for lunch, and we certainly don’t want Chef Danilo to be mad at us! Immediately after lunch, most of the team slumps down in
chairs on or the back deck, eagerly awaiting the slightest bit of breeze, and avoiding any exertion. Then it is back to the schoolhouse at 2:45 PM, and another two hours of clinic before wrapping things up around 5 PM.

Our interaction with the community isn’t over, however. The artisans’ association members have brought their handicrafts – baskets, woven handbags, necklaces, paddles, hammocks, wrist bands and purses. Some items are purely ornamental, others functional, and some a mixture of the two. I purchase a totebag made from bark cloth from the oje tree (*Ficus insipida*) – I’ll be using it as part of an Amazon exhibit at Florida International University at the start of the fall term. Earlier in the day, I was also fitted for a palm fiber skirt and “blouse” traditionally worn by Yagua men, and which possibly gave rise to the stories of warrior women in the Amazon. A Yagua warrior shooting blowgun darts or arrows at a Spanish conquistador could easily have been mistaken for a woman at a distance. Quite possibly though, Yagua women in the 16th century were also adept with bows and arrows.

The history of the Yagua people since European contact hasn’t been a happy one. Decimated by diseases brought in by outsiders, the Yagua and many other indigenous peoples in the Amazon were later enslaved by the rubber barons at the end of the 19th century and beginning of the 20th century. As the rubber boom went bust, they were still held in thrall to landlords and bosses who provided them with tools, alcohol, salt, and other hard to obtain materials, but who also kept them in a perpetual state of indebtedness. The very name of the community, Comandancia, derives from a landlord/boss who was known as *El Comandante* (The Commander). They were treated more like animals or property than as humans, their language and culture denigrated and discouraged. Only in recent years have they been granted title to a small fraction of the lands that they originally occupied, and been able to organize and start to chart their own course. Much of the damage has already been done, however. The Yagua language, already the only surviving one in a distinct language group, is on the verge of extinction, though efforts are being taken to encourage younger members of the tribe to learn and use it. It is a difficult proposition when there are only a handful of fluent speakers still alive, and when Yagua communities are interspersed in a larger Spanish-dominant environment. It is for this reason too, that the opportunity of secondary education in Yagua communities in a bilingual setting is so critical.
We encounter some interesting cases among the 110+ patients we see (essentially 50% of the official population of the community). One attending table is convinced that they had the “coolest patient” – a 16 year old pregnant girl who also had 12 toes. Nobody brags about “their” cases, of course, but everyone wants to know about any unusual or rare ones. An alarming case is a 30 year old who over the course of 4 months has lost all vision, probably permanently, in one eye which appears to be massively infected. The major concern is how to keep the remaining eye from becoming infected, which could lead complete blindness. A selection of antibiotics is given to clear up the infection and to prevent any spread. Meanwhile, once back in Iquitos, we’ll locate an ophthalmologist and make arrangements to bring the young man there for more comprehensive and possibly surgical intervention. Once again, Svenja laments the fact that we weren’t able to recruit an ophthalmologist to be part of the medical team. Every day of the trip, and in every community, we’ve encountered patients who really need an eye doctor. My “coolest” patient of the day has to be a young girl with a staph infection (boil) on her upper calf and a scraped chin. The boil has to hurt, as it is swollen and hard, and yet she smiles shyly and doesn’t squirm or even whimper when the boil is lanced, drained and dressed. I’m pretty sure that at that age I wouldn’t have shown such grace under pressure or pain! There are lots of viral upper respiratory infections, as well as a couple of cases of pneumonia. Also many dermatological conditions ranging from dry scaly skin on the lower extremities to fungal infections, to scabies, infected insect bites, and possible pre-cancerous skin growths. In addition to an ophthalmologist, we could also use a good dermatologist! A five-year old is recovering from a broken arm, while a 33-year old suffers from asthma and gastritis and a 63-year old from osteoarthritis and muscle atrophy. We see young adults in the prime of life, grandparents and great-grandparents, and newborns. Some suffer from conditions that a trip to the corner drugstore would cure or alleviate – if there was a corner drugstore. Others exhibit mystifying medical conditions that defy rapid (or any) diagnosis. Laboratory analysis would be needed in many cases, but of course simply isn’t available. One thing isn’t in question though, and that is that whatever treatment and relief that we are able to give is greatly appreciated.
Back at Madre Selva for the night, we’re treated to another of Danilo’s varied meals – he has yet to repeat himself for any meal during the trip, and I don’t expect that he will. We have something quite different to drink though. Tonight we don’t play the “guess what the juice is” game. Our beverage is white and creamy – someone hopefully suggests “piña colada” – and they aren’t too far off, apart from the fact that neither pineapple nor coconut are part of the beverage. It is masato – a traditional drink of many Amazonian indigenous peoples. It is prepared from yuca (cassava) root and is mildly fermented. Originally it was prepared by chewing boiled yuca, spitting it into a large pot, adding some water and letting it ferment for a few hours. A job for older women who didn’t have the strength or stamina to engage in heavy labor in the fields, or to spend long hours gathering forest resources. Now, it is mostly prepared by mashing the cooked yuca in a wooden container. Ours has the texture and something of the taste of a yoghurt drink – one that has gone slightly sour. I deliberately don’t ask if it was prepared in the traditional or modern manner. It might be an acquired taste, but it is refreshing and filling. Just the thing for a warm and muggy night with heat lightening flashing in the distance. I sit and type on my laptop for a couple of hours after dinner before succumbing to a full stomach and a long day. Yawning, I head to bed. I take a book with me, but don’t read more than a couple of pages before laying it down and falling asleep.

21 Feb 2011 (Mon): Our next to last day of clinic and we’re on the road early, motoring up the Orosa River to the Yagua Indian community of Santa Ursula. We eat breakfast as we travel, as it is a good two hours travel time. Again the river is spectacular – travel time on these smaller rivers is always one of my favorite times on a trip. New scenery unfolds around every bend, and you never know when scarlet macaws, white-throated toucans, violaceous jays, red-capped cardinals or the very handsome king vulture might make an appearance.

Arriving at Santa Ursula, we discover that word of our imminent arrival has already spread. A flock of children greet us at the port and help to carry plastic chairs, a container of water, and miscellaneous medical supplies up the hill to
the community center. There, a boy is already industriously at work sweeping out accumulated dust, leaves and other detritus. By now, everyone has the “system” down pat, and work as an efficient and effective team. Before we half realize it, 86 patients have been through clinic, and we’re (or rather volunteers from the community are) hauling our gear back down the hill to the boat. Evening falls as we motor back down the Orosa toward the Madre Selva Biological Station.

22 Feb 2011 (Tue):
Today is our last day of clinic, then we have to head back to Iquitos and “civilization”. In the morning, we set up clinic in the small community of Santo Tomas, founded by religious colonists most of whom wear small bloodwood crosses around their necks. A large red cross stands in front of the small church in the community as well. The village is the closest one to the Madre Selva Biological Station, so we know the people well. They are lovely neighbors and often stop by to visit. The children all call me “Don Devon” and we always feel welcome in the community. Filomena, one of the mothers in the community, never fails to give me some fruit or other treat to eat – thanks in part for support for one of her sons who is attending secondary school in Yanashi, but also because she is simply unfailingly generous and cheerful.

I check out the water tank constructed behind the school that one of my students from Florida International University constructed as her Amazon Study-Abroad project in 2010. It is nearly full of clear rainwater collected off of the roof surfaces. Community members inform me that the water is good, and that they restrict use of the tank to the students at the school to ensure that they always have clean water. Clinic is efficient, busy, but otherwise uneventful with the regular range of cases and health complaints, but nothing particularly out of the ordinary. We end clinic sometime after noon, and then spend some extra time taking portraits of people. I’ll print them out and bring them back on my next trip to Peru. Receiving family pictures are very popular in these rural areas where people have no other means of getting pictures of loved ones. I’ve probably taken enough baby pictures over the years to qualify to set up my own baby photo studio.

We have lunch, and then rest through the heat of the day before heading a short distance further upriver to Nuevo Israel. This particular community is set a long way back from the edge of the river, and rather than haul all of our medicines and other gear several hundred yards to the school, we elect to set up clinic on the river edge itself at the end of a concrete walkway that leads to the soccer field, and after that, to the community itself. Some conveniently placed trees provide shade, and we can enjoy the occasional breeze blowing off of the river. Crewman Teo heads up to the village to pass the word, and soon returns with one of the tables from the school. Shortly after, additional tables appear, carried by some of the men and older boys of the community. By the
time we have tables arranged, chairs placed, and packets of vitamins, paracetamol, ibuprofen, and other commonly distributed medications placed at each attending table, some 30 people are already waiting for attention. We quickly discover one of the disadvantages of open air clinic. People crowd around the tables to watch and listen – this is better than TV, and akin to allowing a devoted “ER” or “General Hospital” fan to wander freely around the set during filming. It is also definitely somewhat awkward when it comes to trying to elicit information of a private nature from a patient. Who wants to describe in detail their recent bowel movements with eager ears all around? When we set up in schools or a local house, some of the same issues apply, of course – there is no real privacy, but at least the presence of walls and strategic arrangements of tables and chairs can help provide the illusion of privacy and prevent some eavesdropping. We ask the on-lookers to move to the other side of the “check-in” table, being manned by Segundo and Emerson. They grumble good-naturedly, but eventually comply, and clinic continues.

It is getting dark when we finish up with the last patient. We’ve run out of mebendazole, the standard medication for intestinal parasites, and also out of a couple of other medications. I’ve got them noted, and we’ll send those back from Iquitos to be distributed by the village health promoter. There is still enough light for a group photo on the riverbank of the medical team, boat crew, and community members. Cameras get passed around, and there are calls of “one more”, “one more”. Eventually everyone is satisfied that they have a good picture, and we board the Nenita. As cast off from the shore, there are more pictures to be taken – this time of the villagers waving good-bye. We head downriver toward the junction of the Orosa River with the Amazon. It will be a good 18 hours travel time back to Iquitos, so if the moon is out and river conditions are good, we’ll travel most of the night. Clinics, however, are officially over.
Several requests during the past couple of days help illustrate the divide between traditional/rural medical practices and beliefs and Western medical practice. As we finish up clinic in Nuevo Israel, a villager asks for some diesel for medicinal purposes. I ask “what medicinal purpose?” Rheumatism. Heads nod all around. I’m skeptical as to whether the request is truly for medicinal use, or for the household lamps at night, but once assured that it won’t be taken internally (external application only), I authorize one of the crew to tap into our reserves. They later tell me that applying diesel is a common remedy for rheumatism. The previous day, I have a request for an advance on future labor payments. A female shaman, the best in the area, I’m assured, needs to be paid for her healing services. The man’s wife had been cursed and had been suffering from excruciating pains, which also started affecting her children. The clinic in Yanashi could do nothing, and so the shaman was sought out. She has worked with the wife and children for several months now with considerable success. The curse is lifted and the pain alleviated, so now it is time to pay for the services. I like this system! If you’re not cured, you don’t pay. I doubt, however, that would go over well with the medical establishment back home. Some might say “quackery”, but I’m hesitant to pass judgment. We’ve examined the “cursed” woman in clinic before, and I know her personally. Any therapies we’ve given her in the past only temporarily alleviated the pain, and now she reports being pain free, and brings her kids to the clinic, all smiles, to ensure that they receive vitamins. Is it psychological? Possibly, but in that event, the shaman has proved herself to be the quite adept in that field, and even makes house calls! Payment in full will, of course, be made eventually. Should the shaman’s protective influence be withdrawn… Traditional medical practices are clearly here to stay, and will continue to play an important role in community health for many years to come. Our role isn’t to replace or denigrate them, but to search for complementary approaches to improving health. The people of the rivers will be the ones who decide themselves which practices, traditional or Western, are effective in meeting their health needs.

We motor into the night, watching the stars come out and the bats zipping across the surface of the water. The skies are clear and the sailing is good. We down Danilo’s last dinner aboard, play cards, read and enter a bit more patient data. One by one, people retire to their cabins and the dining hall empties. We sail into the night on the mighty Amazon.

23 Feb 2011 (Wed): When we awake, we are close to Yanamono, site of our first brief stop on the way downriver. There will be no sampling of aguardiente for breakfast though! French toast and good Yanamono molasses are in order, however! After breakfast, the boat is busy with people packing their personal gear, and I work on inventorying and packing up the remaining medications and supplies. We still have good quantities of many items – they’ll be used on the next medical trip. As we approach Iquitos, the boat traffic increases and after and early lunch, we pull into port. Fernando and Guillermo are there to meet us with transportation to the hotel. Some of the group head out to the San Juan artisan’s market to purchase souvenirs – bloodwood bowls are an attractive bargain there.
The rest of the group is departing Iquitos the next day, but I have to depart tonight at 7:45 PM, thanks to changes in airline schedules. As a result, I’ve scheduled an earlier final group dinner for 5 PM at El Meson restaurant on the waterfront. The spread is impressive – a wide variety of platters of local specialties. We engage in the obligatory speeches and dig in. Guillermo show up to take me to the airport and helps himself as well – there is more than enough to go around! I keep postponing my departure, but eventually can’t procrastinate any longer. Guillermo already has my luggage (picked up from the hotel), and we run to the waiting taxi and speed to the airport. The flight counter has already closed, but I hop over the luggage scale and poke my head into the office behind the counters to look for an attendant. Thankfully there is someone still there, and they swiftly issue me my boarding pass. At security, the doors are closed but some tapping on the glass brings an inspection officer to open the doors. By the time I reach the waiting room, most of the flight has already boarded and I speed directly across the tarmac and up the air-stairs. I’m not one for arriving at airports at the last instant, but that final dinner spread was just too good! The flight is uneventful, and before long we’re landing in Lima. I have appointments there the following day, so I’ve made hotel reservation for the night. Sure enough, as soon as I walk out of baggage claim, a hotel driver is there with my name on a placard. It has been a busy day, for not being a clinic day, but I surf the TV channels to catch up on news of events in the Middle-East and elsewhere before falling asleep.

24 Feb 2011 (Thu): It is a beautiful day in Lima, and despite the congested streets, the city seems to shine. I notice many more parks, planted medians, fountains, and spruced up public and private buildings than I’d noted on my first visits over a decade previously. I have some business to conduct – a visit to the cartographic institute to purchase topographic maps of the areas we serve, a visit with the director of another non-profit organization involved with conservation and indigenous lands issues, and another meeting with a “fixer” – someone familiar with the bureaucratic “ins” and “outs” of Lima, and who can thus assist with permits, customs, and other logistical matters. It isn’t a terribly busy day, and my flight on to the US doesn’t depart until midnight, so I enjoy walking around town between appointments. In due time I’m back at the airport, however. Shortly after midnight, my flight takes off – next stop: Miami, and home.

25 Feb 2011 (Fri): We land at 6:05 AM in Miami, right on schedule. I’m soon through immigration and customs and a friend picks me up outside, a mug of hot coffee at the ready. Although it has been a great trip, it is good to be home! I’m only there for about 90 minutes, however, before it is time to drive to the Everglades and teach class for the day. It is fun telling the students that “last night I was in Peru”.
Our area of medical service in the Peruvian Amazon is illustrated on the following map:

Regular medical presence (yellow), intermittent presence (green) and future aspirations (blue). We want to turn the whole map yellow, however! Virtually all communities in the region are along the rivers, with the areas between rivers unpopulated.

Can you participate in a medical service expedition? Yes – check out our website at www.projectamazonas.org for details.

**Project Amazonas, Inc.** is a USA-Peruvian non-profit organization which maintains and operates three biological reserves in the Peruvian Amazon. These are open for use by students, researchers, courses and ecotourists. Project Amazonas manages the sites in collaboration with local communities, and also engages in medical, education, and community development activities with isolated communities in the north-eastern Peruvian Amazon. Project Amazonas is registered as a 501(c)3 organization in the state of Florida, and as the Asociación Civil Proyecto Amazonas, is also registered at the national level in the Republic of Peru. For more information, visit www.projectamazonas.org.

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