From February 14 – 28th, 2009 a team of medical students, physicians, and a pharmacist from UMC made the journey to the Amazonian region of Peru to participate in the health care of indigenous peoples in river communities. The team consisted of Dr. Svenja Albrecht of the department of Infectious Diseases, Dr. Felicia LeBlanc, Kayla Stover, and Dustin Bell, and senior medical students Winter Williams and Jericho Winter Williams. The team participated in the health care of indigenous people in the Peruvian Amazon and education organization headed by Svenja Albrecht. The and Dustin Bell, and senior medical students Winter Williams and Jericho Winter Williams. The team participated in the health care of indigenous people in the Peruvian Amazon and education organization headed by Svenja Albrecht. The
and education organization headed by Svenja Albrecht. The medical students would divide into teams to see the patients, and Kayla would very patiently attempt to keep up with the overwhelming task of translating. Dr. Albrecht would take time at each village to speak with the local health promoter, a lay person who was tasked with minimal education and communication issues related to the general health of the community, to find out what the local concerns were. Most days after lunch aboard the boat, the group would continue on to an other village for an afternoon clinic. Most clinics dealt with about 75-100 patients, primarily children. The major complaints were head- aches, back pain, URI and cough, diarrhea, and various dermatological problems including tinea and scabies. One or two more complicated cases would arise in each village, with the group encountering muscular dystrophy, squamous cell carcinoma, and lacerations in various states of healing. In these instances arrangements would be attempted to transport the patients to regional health post or the hospital in Iquitos if possible. Antibiotics, NSAID, GI drugs, and topical were the most commonly dispensed medicines. With the level of isolation in these communities where the only transport may be by wooden canoe or small outboard motor boat, the chance to see a physician and get access to the most basic medication may only occur once or twice a year, and they were quick to ask for their assistance.

Down time was spent watching wildlife along the river, playing cards, swimming, and kayaking. Day and night jungle hikes led by Devon, a biologist, provided overbearing at times, but the group gener-ally was very happy and pleasant to be around. Carnivale was in full swing during the trip, and locals were often seen paint- ing their faces, giving the appearance of a small parade or festival. Overall, the locals were incredibly welcoming and very grateful for our presence, even inviting us to play soccer with them. Trading afforded the opportunity to obtain some local handiwork in exchange for t-shirts or batteries. Departing up river to Iquitos for a few days at the end of the trip allowed the group to rest and enjoy the city before departing. The journey led eventually to Lima and back to the United States, the group grateful for the amazing experience but ready to see loved ones again. For more information on Project Amazonas, visit their website at http://projectamazonas.com

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Medical Adventures in the Peruvian Amazon

Graham. Peruvian dentist Dr. Ander joined us in the expedition along with two biologi- cal researchers, Jorge and Art. The trip was accomplished on the M/F Tucunare, the ship of Project Amazonas as well as an open topped skiff and a roofed metal boat, the Mai Kai Express. The Tucunare is a wooden riverboat equipped with a dining area, a common area on deck and bunks for person- nel. Project Amazonas is currently purchasing a larger, metal hulled vessel that will be converted into a medical boat complete with exam rooms, an x-ray ma- chine, and as conditioned living space.

the journey be- gan in Jack- son where the residents and students completed two weeks of didactics in infectious diseases of the region as well as observing and secur- ing medicines and supplies. After an over- night Sat- urday-Satur- day flight, the group had a lengthy layover in Lima complicated by bring- ing 300 pounds of medi- cal sup- plies and drugs into customs, which was used to keep up with the city and local churches on a sleepy Sunday morning. The group continued on to Iquitos, a city of around 350,000 people and the world’s largest city not accessible by road (only by river or plane). A day layover in Iquitos provided the opportunity to explore the waterfront areas, ride around in motorcycle taxis, and sample the local cuisine including fresh fish and ice cream made from indig- enous fruit such as camu camu. On Mon- day we departed on the Tucunare, head- ing down the Amazon to the Arosa River. The day and a half boat journey gave plenty of time for observing landscapes including beautiful sunsets and sunsets over the Amazon and wildlife such as par- rats and pink river dolphins. The boat crew expertly navigated while the ship’s cook prepared huge meals of regional food in a tiny kitchen.

Once the group entered the proper region, the clinical days started. A typical day began with coffee and bird watch- ing on the deck of the Tucunare while the journey to that day’s village began. The usual community consisted of open-sided, palm thatched roofed wooden houses on raised platforms arranged around a soccer field. Larger villages may have a genera- tor which runs for a few hours but no tele- phones or plumbing.

Flying into Peru after an over- night flight, the group would haul medicines and supplies for the day to the village schoolhouse, typically the only communication medium. Setting up a pharmacy and exam stations on school desks and chairs, the group proceeded to see most of the village’s inhabitants, taking histories, doing targeted physical exams.

prescribing medications that were filled at the pharmacy, and distributing small toys and trinkets to local children. The boat crew worked on gathering patient heights and weights as well as distributing doses of mebendazole to every patient to care for the ever-present intestinal worms, “bichos”. The residents, fellow, and medi- cal students would divide into teams to see the patients, and Kayla would very patiently attempt to keep up with the overwhelming task of translating. Dr. Albrecht would take time at each village to speak with the local health pro- moter, a lay person who was tasked with minimal education and communication issues related to the general health of the community, to find out what the local concerns were. Most days after lunch aboard the boat, the group would continue on to an other village for an afternoon clinic. Most clinics dealt with about 75-100 patients, primarily children. The major complaints were head- aches, back pain, URI and cough, diarrhea, and various dermatological problems including tinea and scabies. One or two more complicated cases would arise in each village, with the group encountering muscular dystrophy, squamous cell carcinoma, and lacerations in various states of healing. In these instances arrangements would be attempted to transport the patients to regional health post or the hospital in Iquitos if possible. Antibiotics, NSAID, GI drugs, and topicals were the most commonly dispensed medicines. With the level of isolation in these communities where the only transport may be by wooden canoe or small outboard motor boat, the chance to see a physician and get access to the most basic medication may only occur once or twice a year, and they were quick to ask for their assistance.

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