NEWSLETTER  Fall 2017  amazonpromise.org

From the desk of Patty Webster
Amazon Promise has been providing health care to the people of the world’s largest rainforest for nearly a quarter-century. Each year, we strive to expand our reach, and improve the care we provide. This year has been very busy and productive! By the year’s end, in collaboration with our NGO partners and volunteers, we will have installed rainwater catchment systems in three of the villages we work in (for a total of seven villages with potable water), providing safe drinking water and reducing the disease burden associated with ingestion of contaminated river water. In addition, we will have provided composting toilets to every family in the village of San Jose. Other accomplishments for 2017 include the availability of cervical cancer screening and treatment in all of our clinics, the addition of a family planning program, re-implementing our traditional medicine program, and the provision of medical and dental care and health education to over 5,500 people. In May, we hosted Something’s Stirring in the Amazon, an art auction fundraiser in New York City. Thirty-five artists from Peru, Colombia, Czech Republic, and the US generously contributed their works. The event was held in the beautiful 18th floor atrium of the Hogan Lovells International Law Firm with over 150 guests in attendance. The evening was a big success, raising over $38,000!

Your donations are constantly at work throughout the year, helping to improve and save lives!

Iquitos, our base of operations, is the largest city in the world with no road access, and while bustling and energetic, it is remote and far-removed from the rest of Peru. The poverty in Iquitos and the surrounding towns of Belen, Punchana, and San Juan is overwhelming. These are extremely high-needs areas, and we often see patients who are in worse physical condition than in remote jungle communities with less access to care. Our relationship with the local Ministry of Health (MOH) is long-standing, yet because of the constant turnover of directors and program managers, we often feel we are starting our relationship from scratch, even after 24 years of collaboration. Recent strikes at the MOH have left the poor with no access to any type of health care. This means our Iquitos office has been very busy receiving patients who have nowhere else to turn. We’re grateful to be there and thankful for your contributions that help so many in desperate need. Each time we are able to help someone through a severe health crisis, or see a community improvement project that affects an entire village successfully completed, I think about all of our friends and supporters who make it all possible. Going into our 25th year, we look forward to continuing our on-going programs and launching new health initiatives that will improve the lives of thousands in need. As always, it is so reassuring to be backed by such a dedicated and
hardworking staff in Peru, and our volunteers here in the U.S. We have been extremely fortunate to work with so many selfless and caring people. Thank you again for all your support!    

Patty

Remembering Jonathan (1944- 2017)

Patty Webster

In 1992, I was traveling back and forth between Iquitos, Peru and New York City, working as a jungle guide in the Amazon, then returning to New York to run an eclectic antique store called Dullsville. This is where I met the great film director Jonathan Demme. I became his assistant on various Haitian/Human Rights projects, an incredible experience, to say the least. Every once in a while, I’d travel to his home outside of Manhattan and give an Amazon slideshow to the entire family. A couple of weeks into the job, his movie, Silence of the Lambs, won five Oscar’s. When I decided I wanted to bring medical care to the people in the Amazon, Jonathan was the first person I approached for advice. As we sat in a restaurant near his office in New York, he listened intently and without hesitation offered his full support. That’s the short version of the story. Jonathan was an inspiring and positive force; a mentor. He and his wonderful family have always been incredibly supportive of Amazon Promise, literally since day one! Jonathan was a true humanitarian, a generous soul who stood up for the poor and disenfranchised; He loved animals and Amazonian art and showed incomparable compassion and empathy for all. Our hearts go out to his family.

Program Updates

Rainwater Catchment Systems and Composting Toilets!

Jose Luis Valles, AP Special Projects Manager

In June of 2017, San Jose on the Ucayali River became the sixth village to receive a Rain Water Harvesting System, thanks to Engineers Without Borders-Sonoma Professional Chapter (EWB-SPC), Amazon Promise, and the people of the village of San Jose. With our partners at EWB Central Houston, a system was also installed in November of 2016 in the village of Payorote, on the Amazon River. By working together, we have brought clean water to these villages that will improve the lives of everyone. We have seen firsthand, over and over again, how clean water can change a person’s life overnight, and in the long term allow people to lead healthier, more productive lives. Check out this time-lapse video of the Nuevo Loreto rainwater system installed in June, 2016 to get an idea of how this incredible process works!

EWB-SPC, along with AP, also assessed the village of Vista Alegre for a future project and has signed the 902 Project Partnership Agreement form with the community. This agreement allows everyone to move forward with fundraising, construction, and installation plans for a Rain Water Harvesting System scheduled for 2018.
Amazon Promise acts as the boots on the ground organization for several visiting professional partner teams. This allows organizations to carry out successful projects. As special projects manager for Amazon Promise, I have been in charge of all logistics prior to, and during construction, and also when providing follow-up for each rainwater or composting system installed. Each new system is an improvement on the last and we have been able to install many of these improvements on earlier systems to ensure their longevity.

This past June, the community of San Jose completed a clean rainwater harvesting system in partnership with the Sonoma County Chapter of Engineers Without Boarders (EWB Sonoma) and Amazon Promise. After a year of planning and fundraising, the construction phase of the project took 14 days in-country. Jose Luis Padilla from Amazon Promise was indispensable for all of his communication between EWB Sonoma and San Jose, logistical planning, material procurement, material delivery, and hard hands-on work throughout the construction of the project. A team from EWB Sonoma traveled to San Jose consisting of Chuck Corley, Phaidra Campbell, Bryan Bei, Jordan St. John, and Ben Campanile. Before the team from EWB Sonoma had even arrived, Jose Luis had already purchased and delivered the construction materials to the community. EWB Sonoma has constructed three similar systems on previous trips in the communities of Jaldar, Nuevo Jerusalen, and Nuevo Loreto. These systems have proven effective and sustainable at providing the communities with safe drinking water. The system in San Jose differed slightly from the previous projects in that the foundation was constructed using a rebar reinforced foundation with an above ground wood frame and deck to support the 5,000 liters of clean water storage. The teamwork between San Jose, EWB Sonoma, and Amazon Promise was truly inspiring and everyone involved learned from each other. Every year the EWB Sonoma team is increasingly impressed with the cooperation from the communities they work with. The success of this project has set a new high standard and will serve as an example of what is possible when people, regardless of their background, come together to achieve a common goal for the right reasons.

Ben Campanile, EWB Sonoma County
I’m very excited to announce that Amazon Promise, with guidance from EWB Sonoma, has just finished installing a Rainwater Harvesting System in the village of Hipolito. Through the generosity of our donors, this system for Hipolito is the first that Amazon Promise has built on our own. Once situated along the banks of a pristine tributary of the Amazon River in Peru, the village of Hipolito has become a secluded and remote village where, up until this month, the only access to nearby water was via a narrow, algae-covered stream unfit for drinking, bathing or even washing clothing in. The rainwater they were able to collect was contaminated by animals and insects that live on the roofs of the houses where rainwater is collected. People had to walk over 1.2 miles to the nearest village to find ‘cleaner’ river water to drink, then make the trip back with a heavy load. With generous financial contributions from our members and the EWB student chapter from Binghamton University, construction was completed October 5th, 2017! To see more photos of the Hipolito rainwater system go to: H2O for Hipolito!

**EWB-Central Houston** Chapter returned to Peru in September 2017 to monitor the system installed, in partnership with Amazon Promise, in the community of Payorote last November. They also completed an assessment of the village of Mariscal Castilla located at the confluence of the rivers Maranon and Ucayali for a future rainwater system.

We are now coordinating with two new EWB Professional chapters from Oklahoma City and San Diego, which have each committed to working with the villages of San Francisco on the Maranon River and Puerto Sol on the Ucayali River.

Many villages are in desperate need of clean drinking water and have requested our help. To continue this life-saving work providing clean water for all, Amazon Promise needs your help! Each system must be customized to the site of installation with updated costs averaging between US$6,000 - $6,500 per village, a relatively low amount when considering that an entire village will have clean drinking water for generations to come! Help us continue bringing clean water to those most in need by making a contribution today! [Donate here.](#)
**COMPOSTING TOILETS**

**Toilets for People** have installed composting toilets for eleven families, including one toilet for the Pre-school, in the community of San Jose. Universal access to clean water and sanitation is one of 17 Global Goals that make up the 2030 Agenda for Sustainable Development, and Amazon Promise is proud to be on this team of ‘Goalkeepers’!

Toilets for People have installed composting toilets in Belen, the Native Community of Jerusalen on the upper Tahuayo River, in the Pre-school of the village of Jaldar and now, San Jose. Each elevated bathroom consists of a composting toilet, male and female urinal, handwashing station, and a shelf for soap.

We wish to thank all of our partners who work with us to reach those most in need in the Peruvian Amazon, and who are truly helping change the world through clean rainwater and sanitation systems.
Patient Updates
Rosa Aranzabal, Amazon Promise Administrative Coordinator/Patient Advocate

Amazon Promise provides medical attention to many people who need special follow-up care and other interventions. To be able to achieve our goals and provide medical and health services to the poor, year-round, Amazon Promise has joined forces with several partner organizations, both local and international, as described throughout this newsletter. We are always working to meet our objectives, especially to improve the quality of life of the most vulnerable populations. I would like to share with you some of the activities we have carried out before, during, and after medical campaigns and throughout the year.

A Close Call

Our first patient of the July 2017 medical trip was a hut call in the village of Castilla at the mouth of the Ucayali River. Marita was laying on the wooden floor of her hut, with high fever and unable to move. She had an abscess on her lower back that had become septic, which is life-threatening. Before we arrived, she said she was sure she was going to die, and that certainly could have happened. Thanks to our team who provided immediate life-saving care, Marita is back to normal today. We’re so thankful to have been there.

Cesar

On April 1, 2017, I received an urgent call at 3:30 a.m. from Senor Grimaldo of the village of Vista Alegre. He was outside the emergency room at the hospital in Iquitos with his wife and very ill son, Cesar, who was 26 years old, weighed only 35 kilos, and was suffering from intense stomach pain. Cesar was dehydrated, lethargic, and unable to walk. The hospital would not admit him to the ER and told his family they would have to make an appointment. Luckily, our partner organization, Centura Health, had arrived from the U.S. and was evaluating patients for possible gastroenterology surgery. I did not hesitate to take Cesar for an evaluation. They diagnosed him with a pancreatic tumor; his hemoglobin was 5.5, and so, in this condition we were able to have him admitted to the regional hospital where he received an immediate transfusion of three liters of blood.
We also had many other tests performed at a private laboratory in town and a surgery was planned. While in the hospital, Cesar’s strength shifted from better (being able to walk) to worse with intense and unbearable pain. In their desperation to help their son, his parents decided to remove him from the hospital to seek help from a local shaman (traditional healer), who had visited him in the hospital earlier. Without notifying us, Cesar left the hospital before his surgery. He unfortunately passed away two months later at his home in Vista Alegre.

This experience was devastating to us all, to say the least, and reaffirms the difficult realities of life in these remote areas. The people in these communities have a strong bond and faith of their local healers. Like any medicine, sometimes it works and sometimes it does not. We know people will sometimes choose a local healer over western medicine, then look to outside resources if that doesn’t work. However, it is difficult to impossible for most people to reach a medical post, and once they do, they are often turned away or cannot afford the costs. This is where AP steps in ready to help those in need, even though ultimately, it is up to each person and family to decide on their healthcare plan. What matters is that because of our presence in the area, they do have a choice.

**Jarry**

In June, while working with the EWB/AP rainwater system team in the community of San Jose, a nine year-old boy fell from the roof of his home, causing a double open-fracture. Fortunately, we had a physician with us who provided immediate care until we could get him to Iquitos. We had to accompany Jarry’s parents because we know how difficult it is for people from the communities to make their way through the system and receive care once they arrive at the hospital. With financial support from EWB, I was able accompany the family all the way to Iquitos (a two and a half hour journey by boat to Nauta, then two hours by ambulance to Iquitos). There were other patients waiting to be transferred to Iquitos as well, so eleven of us packed into the ambulance for the two-hour ride. Unfortunately, there was a strike at the hospital, so Jarry had to wait a week for surgery. Amazon Promise provided financial assistance to enable the family to travel back and forth to Iquitos from San Jose. During our July/August medical trip, Dr. Rick Rohrer was able to remove Jarry’s stitches!
These are just a few of the stories of the countless people we strive to help every day. It would be nice to have a hundred hours a day to provide care to each family in need.

Other patients we are currently working with include: an entire family exposed to tuberculosis; a woman with complications from a miscarriage; a young girl with severe juvenile arthritis; patients with severe skin infections and cervical cancer; and several adult and pediatric patients with vision problems and suffering from domestic abuse.

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**¡Soy Capaz! Continues its Education for Sustainable Health**

*Elena Deem, PhD, Director of Education Programs*

¡SOY CAPAZ! was developed as an HIV/AIDS prevention education campaign in 2005. Its name originates from the motto of the campaign, Soy capaz de protegerme de VIH/SIDA (I am able to protect myself from HIV/AIDS). Since then, the program has expanded into many other areas according to the needs voiced to us by the communities; our focus is to deliver an empowering message about sustainable health protection via preventative methods and behavioral change.

Over the years, we have established solid knowledge and a volunteer base in the geographic areas where Amazon Promise regularly works. Our consistent presence and continuous feedback received from the villages play a key role in the development of the many facets of our program. During our workshops and individual counseling sessions on HIV and Sexually Transmitted Infections (STIs), we learn about issues of domestic violence, adultery, alcoholism, and women’s abuse. Moreover, new diseases are entering the region, such the Zika virus, while environmental protection becomes increasingly pressing. We respond by developing strategies, intervention paradigms, and support material in collaboration with the communities. We then incorporate those in our educational plans for workshops, information sessions, and individual counseling. This year thus far, we have held education sessions and performed education activities both in the city of Iquitos and on Amazon Promise’s expedition to the Yarapa River region.

Our year began in February in the communities of the Yarapa, Ucayali, and Maranon rivers. The villages we visit are accustomed to our regular presence in the area, and so the people are forthcoming and trusting, unafraid to share their problems with us, and participate at our workshops. Prevention of HIV and STIs is well-known by now, and more often than not, our interactive sessions consist of revision of information between participants and our educators. We are also frequently asked for condoms, which were again distributed on this expedition to those who have shown interest and personal responsibility.

HIV/STI prevention sessions were held in the communities of Libertad, Jaldar, Nuevo Loreto, Puerto Sol, Hipolito, Grau, San Francisco, and Amazonas. Talks are given to the general public and to groups such as Madres Artesanas (Artesan Mothers), with private counseling available for individuals and couples.
The more recently introduced topics of concern, such as domestic violence prevention and women's rights, were discussed in small workshop sessions and included all genders, where solutions were sought at the individual and community level. We have materials and referrals to institutions such as CEM (Center of Emergency for Women, a governmental institution that has an office in the nearby town of Nauta), and we also provide financial aid to women needing a safe place for themselves and their children. On this expedition, our promoter worked with two women in different villages suffering from domestic violence. They were each provided information about their constitutional rights and the procedures of redress that begin with a report to the local authorities.

Our Soy Capaz promoter also made informal home visits in every village to assess the impact of our education, and distributed further informational materials about HIV/STI prevention, the Zika virus, and held informal talks about community needs. The Zika virus remained a strong topic at the inception of 2017, and we made the effort to inform and consult every community we reached during the expedition.

Clinics in the city of Iquitos form part of the expeditions: our team of educators led several sessions both in February and during the July-August clinics. Apart from regular attention at our Belen Clinic and other sectors of Belen, Masusa, and other Iquitos neighborhoods, our team visited the INABIF/Shelter for Abused Children and Mothers.
During the July-August medical trip, assessments were performed in the villages along the Yarapa River to investigate the possibility of re-implementing Amazon Promise’s plant medicine/traditional medicine project. Since the illness and death of Don Humberto, a trusted shaman and friend who worked with the organization for many years, Amazon Promise has been without support for traditional medicine. Along with AP interpreter, Jose Luis Valles, I performed interviews and assessments to investigate whether communities in the Yarapa area still use plant and traditional medicines for their healthcare needs. The aim was to discover what plant medicines were used in communities, what plant medicines were lacking, and if there were curanderos in the area that could address healthcare concerns.

The results of the interviews are as follows:
1. The majority of community members use traditional plants first for their primary healthcare needs before seeking access to allopathic medicine.
2. Curanderos in the villages that were sought previously had died or moved away, which now limits access to traditional healing.

Overall, there is knowledge of which plants are available in the villages, but often there is a lack of confidence in how to use the plants, especially in the younger generations. Unfortunately, as the older generations pass away and the younger generations urbanize, the knowledge of medicinal plants slips away. Amazon Promise seeks to support and validate the use of traditional plants for healing. Assessments will continue over the next few months to discover how to re-implement a support system for plant medicine.

**Don Humberto Huîñapi** was a well-known traditional healer and shaman with whom Amazon Promise worked with for over 20 years. Humberto ran his own 10-bed clinic in the city of Punchana, just outside of Iquitos, where he not only tended to his own patients but also trained others in traditional medicine healing. Humberto was a cherished member of the Amazon Promise family and was in charge of providing sacred traditional and spiritual care in our remote clinics. The synergy of both Western and Amazonian medicine being provided in the same room was something to experience! We miss his presence on our teams, as do the many people in the communities who depended on him for their spiritual and physical well-being. Our condolences go out to his family.
A New Family Planning Program for Amazon Promise
Olivia Boston Wellborn

This past July, I volunteered on my second trip with Amazon Promise with the express purpose of performing the research necessary to help AP implement a family planning program. I developed a series of basic questions for the women in our remote jungle clinics regarding their history of childbearing and family planning, and also inquired about their interest in birth control, specifically whether they would be interested in a contraceptive implant in the arm. While researching this subject, I discovered the arm implant was by far the best option for women living in remote areas. The most crucial advantage is that it is a one-time procedure that prevents pregnancy for three years, and avoids the cultural roadblocks our medical teams might encounter with placing IUDs.

The results of this basic questionnaire were unsurprising: women want to be able to control how many children they have. With few exceptions, when asked if they wanted more children, women replied “no”. We did not encounter the typical cultural taboos Amazon Promise teams have met with in the past when speaking with women about birth control. We discovered that in fact many women had already used hormonal birth control. The biggest concern they expressed was continued access. What would they do when they ran out and were unable to travel to the nearest town to receive injections or pills? Women expressed great interest in a more reliable method like the arm implant to prevent unwanted pregnancy.

Once our medical team returned to Iquitos, AP administrative coordinator Rosa Aranzabal and I met with Jessica Portocarrerro, the Director of Sexual and Reproductive Health at the Ministry of Health. We discussed how Amazon Promise and the MoH could work more collaboratively to provide the free family planning services offered thru the MoH, especially the arm implant, to women living in the remote areas where we work. She expressed a strong desire to help us in this mission.

We also informed Director Portacarrerro of an urgent situation in the village of Libertad. A woman named Anita has suffered epileptic seizures since childhood that may have caused progressive brain injury. She has given birth to six children in the past eight years. Three children have died in infancy (the most recent death occurred in July of 2017), and three are living, including a boy with severe physical and mental disabilities who is confined to a hammock. Several attempts by AP to provide Anita with birth control have been unsuccessful, including two visits to Iquitos for a tubal ligation. During our clinic in Libertad, we visited Anita and her partner at their home to discuss her situation, and she decided she wanted to receive the arm implant. After hearing Anita’s story, Director Portacarrerro agreed the situation was urgent and helped to coordinate an Obstetra (nurse-midwife) visit out to the area with our team.

Two days later, Rosa, Adriana Calizaya and I were on a boat with the Obstetra headed back to the jungle to the village of Libertad. The implant procedure went perfectly—it took 10 minutes to implant, with very little discomfort. It was incredibly satisfying to leave Anita’s jungle home knowing that no more babies would be born into a short life of suffering.

That same day, we returned to the village of San Jose (where our medical team had recently set up base camp for two weeks), to provide follow-up care and deliver medication to a man with Parkinson’s disease. We were informed that a woman seen in our clinic was in the hospital in Nauta following a miscarriage. This woman had expressed a lot of interest in the implant when we saw her in clinic.
She was 22 and pregnant with her fourth child. We went to check on her in the hospital, and after making sure she would receive the care needed, we were able to secure an implant for her as well.

Amazon Promise’s family planning program has officially commenced, and much more quickly than any of us could have hoped! I am in Peru for the AP November medical trip to move forward with the implementation of our family planning program. By working together with the Ministry of Health, we will be able to provide family planning education and services throughout the year, even in the absence of visiting AP teams. To support this effort, I hosted a fundraiser in Austin Texas on October 19th and raised over $13,000 specifically for this program! My hope is to continue working with Amazon Promise to ensure all women have access to safe family planning. Nothing could do more to ease the burdens of these women and to make the future brighter for all of the families we serve.

Planning a trip to Peru?

If you have space in your luggage, how about filling it up with items to donate to Amazon Promise! We are always in need of reading glasses/sunglasses, saline eye drops, anti-fungal ointment, Vitamins...and several other items. Ask us for the full list.
**Patients seen 2016**
Note: these are patient numbers seen in our clinics (medical, dental, and cervical cancer screening), and do not reflect patients seen at our office throughout the year

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<tr>
<td>10.17-20.16</td>
<td>Follow-up/urgent care</td>
<td>Jungle communities</td>
<td>263</td>
</tr>
<tr>
<td></td>
<td><strong>TOTAL 2016</strong></td>
<td></td>
<td><strong>5682</strong></td>
</tr>
</tbody>
</table>
Looking for a meaningful, action-packed volunteer experience this year?

Whether you are a medical professional, student, or simply looking for a giving and rewarding experience of a lifetime, we have a job for you! The December 30 – Jan. 8 medical trip will take place in remote villages of the Pacaya Samiria National Reserve. Camping in villages will be required. Volunteer for one week or all ten days! Contact Jackie at jackie@amazonpromise.org. See below for more trip dates!
### End of 2017/2018 Trip dates

<table>
<thead>
<tr>
<th>Date</th>
<th>Destination</th>
</tr>
</thead>
<tbody>
<tr>
<td>Oct. 21-29</td>
<td>Nine Day, Cervical Cancer Screen and Treat campaign – City of Iquitos – FULL</td>
</tr>
<tr>
<td>Dec. 30 – Jan. 8</td>
<td>Ten Days OPEN</td>
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<tr>
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<td>Ten days in jungle villages of the Pacaya Samiria National Reserve OPEN to all medical professionals and medical/dental/nursing/physician associate/MPH students – Camping in villages</td>
</tr>
<tr>
<td>Feb. 24 – March 10</td>
<td>Two Weeks (almost full!)</td>
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<tr>
<td></td>
<td>Two weeks in Villages of the Yarapa, lower Ucayali, and lower Maranon Rivers. Sponsored in part by Western Michigan Medical School, mentored by UWM faculty. OPEN to all medical professionals and medical/dental/nursing/physician associate/MPH students – Lodge based</td>
</tr>
<tr>
<td>July 14 - Aug. 4</td>
<td>Three Weeks (OPEN)</td>
</tr>
<tr>
<td></td>
<td>Two weeks in jungle villages of the Yarapa, lower Ucayali, and lower Maranon Rivers, one week in the city of Iquitos. OPEN to all medical professionals and medical/dental/nursing/physician associate/MPH students – Lodge based (Great opportunity for students to gain global health experience working alongside our excellent preceptors - spaces fill quickly, so get your App in now!)</td>
</tr>
<tr>
<td>Sept. 22 – Oct. 6</td>
<td>Two Weeks – REMOTE - OPEN</td>
</tr>
<tr>
<td></td>
<td>Remote medical team travels to native Achuar, Quechua or Awajun communities. Because these areas are in more remote regions of the Amazon, teams are limited to 7 volunteers. All volunteers must be in good physical condition and have camped in rough terrain.</td>
</tr>
</tbody>
</table>

Volunteers may participate in one, two or all three weeks of any medical expedition except for the remote trips into indigenous communities of the Pastaza or Sarameriza (two week commitment). Non-medical volunteers are also welcome!

**Volunteer with AP**

Browse through our Facebook page for the latest AP happenings!

**AP Facebook**
Something’s Stirring in the Amazon Jungle II
Our New York Art Auction Fundraiser - $38,000 Raised!
Elena Deem

On May 5, 2017, Amazon Promise held an art auction to raise funds for our many ongoing projects. The event took place at the Hogan Lovells Global Law Firm in New York City.

We have always been mesmerized by the incredible richness of both traditional and contemporary visual culture of Peru, and have made many friends among the jungle artisans and contemporary artists. Over the years, Patty has amassed a collection of rare artesanías, having rescued some from negligence, and received others as gifts from grateful patients. Pieces from her collection substantiated the core of the Ethnic part of the auction. A number of Peruvian artists, who already knew (or recently found out) about Amazon Promise’s humanitarian work in their country, graciously responded to our call for donations of Contemporary art. Some noteworthy names included Juan Carlos Zeballos (residing in France with his many international awards), Christian Bendayán (the founder of today’s Amazonista movement), Kylla Piqueras (an Amazonista artist and performer), and Brus Rubio (member of the Bora-Huitoto tribe and rising star of contemporary native art).

The generosity that underpinned the event crossed borders and nationalities. We received fantastic donations of art from international and U.S. artists. Some, such as Janet Rutkowski and Walter Kenul (Brooklyn artists extraordinaire) went far beyond donating, having provided their home, time, and muscle to help make the event happen. In one of the many bizarre instances that preceded the auction, they heroically drove to JFK International Airport at midnight and fiercely negotiated with a customs agent to retrieve a 75-pound wooden crate containing a giant Shipibo ceramic vase that had been shipped from our Iquitos office by our Peru office team.

We were extremely honored to have our good friend and AP alumni, Celine Cousteau, Humanitarian and Environmental Activist, as our keynote speaker (Celine was part of our remote medical team to the Pastaza River in 2009). Norman Walters, the owner of the Yacumama Lodge on the Yarapa River (the jungle home of Amazon Promise since the beginning) donated a beautiful drawing, and was present at the auction, as were many other artists, alumni and long-time supporters of Amazon Promise. This helped make the event a cherished and memorable evening; a gathering of old friends and new acquaintances. We would like to thank you all for this wonderful show of support!

We want to express special appreciation to Vanessa Hernandez, and long-time AP supporter Alicia Huarca, owner of Mava Travel in Peru. Without their incredible assistance, prior to and during the event, we would not have met Hector Rojas and Conrado Falco of the Peruvian Trade Commission, who so generously put us in touch with our sponsors, Cusqueña Beer, Tabernero Pisco, and Runa Peruvian Cuisine. Thanks so much to our volunteers Susie Webster, Abigail Simon, and Brooklyn Demme. Most important, our thanks go to Marjorie Stein and Jeffrey Schneider of Hogan Lovells for providing their exquisite atrium space on the 18th floor of their prominent 53th and 3rd Avenue location.
A beautiful, limited edition, sixty-six page, full-color, bi-lingual auction catalogue with critical reviews and information about each artist is available upon request for a donation of $50 including S&H. (S&H is not included for orders outside the US) Contact Patty: APfundraiser2017@amazonpromise.org

Go to: See Available Artwork for a preview of select auction artwork still available for purchase, and Event and Artwork to see all donated pieces including more photos from the evening.
The Importance of Reaching Out to Others for Amazon Promise

The work Amazon Promise does is important not solely because we have succeeded with so little. We are not a large organization with big overhead and a budget left over at the end of the year that we race to spend. This is very much a hands-on group of caring volunteers and donors like YOU who make their own sacrifices in money and time to serve the needs of others. On average it costs us less than $15 to treat each patient with full medical and dental care, laboratory exams, counseling and education. This is admirable under any conditions, but it is especially remarkable when one considers the quality of care we provide and the logistical difficulty and expense inherent in reaching the populations we serve.

You can help by making a tax-deductible monetary donation. You can also reach out to others to expand our donor pool. Talk to your friends, your companies, or your places of worship. Although we are not a faith-based organization, we embrace values of serving the poor, the sick, the hungry, the elderly and the hopeless.

You can also help by donating your time. We need help with marketing and social media, fundraising, database management, fundraising, seeking out appropriate strategic partners, and recruiting volunteers. While we sometimes receive offers to donate equipment, clothing, and other large volume items, we simply don’t have the funds to pay for the shipping costs and customs duties should they apply; these types of material donations must therefore be considered on a case-by-case basis. Lastly, we constantly need volunteers on our medical expeditions in order to provide the helping hands that serve thousands of poor people each year.

Make a Donation

Amazon Promise relies on private support to fund operations, expand services and provide a wide range of care to impoverished communities in Peru.

Monetary Gifts

If you would like to make a tax-deductible donation, please mail a check to:
Amazon Promise
P.O. Box 1304
Newburyport, MA, 01950
USA

Or, if you prefer you may also donate via PayPal from our website.

Other Options

Need a gift? Visit our Zazzle site to purchase AP t-shirts, mugs, bags, etc. and 25% of the price goes to helping AP.

Volunteer - Join Us on a Medical Expedition

Please check out our website for the new 2018 schedule. We have several different volunteer medical expeditions planned for this coming year. If you have only a week or so available, join us for part of a longer expedition (excluding remote trips). You can also arrange your schedule to focus on our work in the city or jungle clinics. So pack your bags and join the growing team of Amazon Promise volunteers!
In 2002, a woman knocked on the Amazon Promise door. It was one of those extremely hot and humid jungle afternoons where you could barely breathe. When I opened the door, I saw Maria standing there, holding three newborn baby girls in her arms. She’d just been released from the hospital after going through an extremely difficult birth of triplets, and had come to the Amazon Promise office seeking help. Maria had given birth to the first baby in an open boat that was taking her from her jungle village into Iquitos. Even though the babies were tiny, malnourished, and not doing well, yet were released from the hospital. Maria was exhausted, dehydrated, and unable to nurse. She came to the AP office to seek food for her babies. We immediately bought formula, and then took her to several local “aid” agencies to seek further assistance; but without success.

Knowing the critical situation Maria and her children were in, we decided to send out an urgent and desperate call to all AP members. True to form, our wonderful and caring friends contributed enough funds to purchase infant formula for the first several months.

The first two years of the Maria triplets’ lives were a constant battle just to keep them alive. We were in and out of the hospital with them as they teetered in and out of consciousness from various ailments, and had to constantly battle with bureaucratic hospital officials to ensure they were receiving proper care. It was difficult to keep an eye on the triplets because Maria lived in the jungle. As soon as they were healthy enough, she would leave Iquitos and return to the safety of her village, then come back when they’d become gravely ill again. But they survived, and as each year passed and they grew stronger, we saw less and less of them. They seemed to have disappeared once they reached school age, which was fine, and certainly, no news was always good news when it came to the Maria Triplets! Still, we’d often wonder if they were all right and if they were attending school. Their last visit was in 2007.

In January, after ten years, all of the Maria’s appeared at the Amazon Promise door for a visit! Adriana called me with the exciting news! Maria Milagros, Maria de Los Angeles, and Maria Maggy are beautiful, healthy, and in school! They’ve been raised by their elderly grandmother up until now, and have lived in the little jungle village their mother is from. Maria (Mom) now lives and works in Lima and was about to take them to live with her in the big city. We know how hard it is to get good education if you live in a remote community, or even have the opportunity to go to school. Some of their female classmates have already had children. Thankfully, the triplets have escaped this common scenario. They are now living in Lima and staying in contact with us through Facebook.
In Darkest Peru
Practicing Medicine in the Amazonian Jungle
(Originally published in EPI Monthly, April 6, 2017)
Judith E Tintinalli MD MS

It was the beginning of the rainy, high-water season. The village, in the Amazonian flood plain, was enveloped in an ankle-deep slurry of water, silt, mud, and garbage. We were told this was just the beginning, and by its peak, the water would rise at least another three meters.

Our first visit was to the 200-person stilt village of Libertad. We trudged from boat to the clinic wearing knee-high rubber boots. Although surrounded by rivers, most villages have no water source, and all drinking water must be brought in. A family bathroom is typically a corner draped with a piece of tarp or muslin to give privacy when using open holes in the house flooring for relief—which of course empties into the aforementioned ankle-deep slurry in the village.

Just as clinic was about to open, one of our local team tapped me gently on the shoulder. ‘The family would like you to see their grandmother—she is too sick to come to clinic – can you see her?’ ‘Sure’, I gamely said. ‘Which house?’ They pointed me to a 10-foot board set up across a void to connect the ‘clinic’ to another family home. I quick-stepped along the board, entering the family home—bare of furniture except for a small table with 1 pot and a few small chairs. A 70-pound, very old woman (96, according to the family) was lying on her side on a cotton blanket. The family told me it had been a month since she was able to sit up or stand. ‘She doesn’t like being touched’ they said. I knelt on the floor at her side, and spoke to her in Spanish in soothing tones. ‘She’s pretty deaf’ they said. But she heard something. I held hands with her and she turned towards me. Strong grip. Moved both arms and legs. Starting my exam head to toe, she was blind in her left eye but no jaundice. Chest and heart, clear as a bell. Abdomen, soft but with hepatomegaly and pain in her RUQ. Checking her skin, wow, I thought. No decubiti, her body clean as a whistle. The family said they bathe her twice a day. We had a SonoSite, and our patient allowed a cursory FAST-type check—nothing amiss we could find. I stood up. ‘Thank you for letting us examine your grandmother’. What do you think is wrong with her?’ I said. ‘Old Age’ they said. I nodded respectfully. ‘You are right,’ I said, ‘And you have taken good care of her. She is lucky to have such a wonderful family’.

Another World
I’d been attracted to the idea of the Amazon ever since I saw the movie ‘El Abrazo de la Serpiente’ – and on my personal yardstick of life, things coalesced so I was able to join Amazon Promise in February 2017 on a medical trip into the Peruvian jungle.

At the Clinic
Our clinic days began with a magical ride through the morning mist of the Yarapa River, to the confluence of the Ucayali, to the village banks. The ‘clinic’ could be a schoolroom, a bare village community house, or a family’s living room. The ‘offices’ are low tables with several small chairs, and each table has a small set of boxes holding the most commonly used meds (like Tylenol and albendazole), and lots of Purell. Potable water is provided in 8-gallon tanks brought with us in our Amazonian dugouts.

Man, it was HOT! No fan, no cross-ventilation breezes. Sweat started on the chest and back, and then around your neck, ears, and scalp. Eventually sweat dripped down your forehead and fogged your glasses as it stung your eyes. Note to self: next time, bring a sweatband!
We had a dentist, a humanitarian Peruvian GP from Iquitos, and a laboratory. But here’s what labs we could get: malaria smear, acid-fast for TB; POC glucose and Hgb; u/a; pregnancy test; HIV screen. That’s it. No internet. No phone. We were all flustered by the lack of contact with EPIC to do our drug dosages, no apps, and no web-based resources to answer our questions. Another note to self: next time, bring favorite medical handbooks. Our meds were purchased at the local ministry of health pharmacy, or repurposed/donated from relief organizations.

The caseload was mostly ambulatory type. Many children. Several cholesteatoma. Lots of vision problems, mostly cataracts, and pterygia. Despite the blazing sun, no one could afford sunglasses. One woman with glaucoma couldn’t afford her eye drops, nor could she get to Iquitos even if she had the funds to buy her meds. All I could do is palpate the ocular globes. I remember being taught that a normal globe should feel like a firm but ripe tomato. Any harder, think acute glaucoma. Pressure seemed fine. A baby with scarlet fever. I hadn’t seen that since med school, and none of the other faculty, students, or residents had ever seen it. (Age has its advantages.) Children with rashes after swimming in the river. What could the rashes be? One rash I thought was bullous impetigo. A pregnant woman with new onset migraine. A 7-year-old boy with fever but no exam findings— UTI! Lots of complaints of dizziness. Even in the older population, this always turned out to be dehydration, identified through symptoms or BP check. Only one child complained of dizziness. This 11-year-old boy worked in the farm all day, starting in early morning until about 1 pm, but had no water to drink. We supplied his mother with WHO rehydrating solution packets and gave the family a few bottles of water. A mother brought in her newborn 30-day-old boy with vague chief complaints: sleepiness, occasional cough. We breathed a sigh of relief at the 30-day age, but the infant looked rather scrawny, and he looked listless even while sleeping. Fever? No. Eating well? Yes said the mother. No other disturbing symptoms. We had the mom wake up the infant and breast-feed. No retractions, no grunting. Improved responsiveness. What to do? Our only tools for diagnosis were our clinical skills. I decided to give the neonate Ceftriaxone. We gave it IM, and that resulted in healthy cries and better energy. More antibiotics? No, that was a stretch as he looked better. We checked him at the end of the day, same scrawny baby. The location of the village enabled another follow-up check in 36 hours -- the neonate appeared OK. We all breathed a sigh of relief. Making a decision to move an infant, and the entire family, with costs for medical care and lodging and meals, on a long boat ride to Iquitos is a big decision. We made the right decision. No further antibiotics.

One clinic day, we were called to see a 22-year-old woman with knee pain. She couldn’t walk--could we go to her home? She had knee and ankle pain and thought she must have sprained her ankle, though she couldn’t recall doing it. On exam, she had a knee effusion. We tapped the knee. Maybe 1 cc of fluid. Now what? Impossible to process for culture. Can the lab do a gram stain? Yes. Result: a few G+ cocci. The first response from residents and interns, was ‘contaminant’. No said I, we were looking for abnormality, and this is it. What are our treatment options? Not much. We opted for Ceftriaxone which could be given IM with lidocaine x 7 days; an antibiotic the patient could do without; the chance of recurrence was small. On exam, she had a knee effusion. We tapped the knee. Maybe 1 cc of fluid. Now what? Impossible to process for culture. Can the lab do a gram stain? Yes. Result: a few G+ cocci. The first response from residents and interns, was ‘contaminant’. No said I, we were looking for abnormality, and this is it. What are our treatment options? Not much. We opted for Ceftriaxone which could be given IM with lidocaine x 7 days; an antibiotic the patient could do without; the chance of recurrence was small.

A Peaceful Night-Or Not?

Nights at Yacumama Lodge are dark. The heavy tree canopy blocks out stars and moon. Delicious dinners of rice, chicken, cabbage, with water, beer or soda, and sautéed plantains for desert, were followed by quiet conversation and reading by headlamp.

Then suddenly--what’s that calamitous noise? One of our indigenous workers had come in the black night in a dugout canoe with family and grandmother. The grandmother was moaning in pain. The family carried her into the entryway and placed her on a padded weight bench (that must have been placed for just this purpose). I checked her and identified general discomfort but definite LLQ pain. No rebound. She had been evaluated at a clinic earlier in the day and someone remembered a systolic BP of 180 at that time. Repeat BP was 100/60. We started a L of normal saline. We obtained history from family as best we could. Just sudden onset of abdominal pain. I was careful to work respectfully and as a team with Dr. Luis, our Peruvian GP. He confidently ordered IV Nexium and IV Hyoscymamine for the patient. Hyoscymamine? Nexium? Hyoscymamine seemed to ring a bell, some type of anticholinergic. Dr. Luis said it was great for GI spasms. I thought she had acute diverticulitis, and
conferring with Dr. Luis, I added IV Ceftriaxone to the therapeutic cocktail. We had only oral Flagyl. Wait to give any po meds he said, until her abdomen has calmed down. In less than 30 minutes, her pain had abated, LLQ pain had diminished. Sonosite was helpful to r/o leaking or ruptured AAA, but mostly it helped by calming us modern techno-dependent doctors. We were pleased to identify a GB stone, but she had no RUQ tenderness. We did not identify any free air. It would have been a major effort if we anticipated an abdominal catastrophe to try to get the patient to Iquitos by riverboat in the middle of the night, with tough currents and lots of floating trees, snakes, and caimans ready to swamp our boat in the Amazon. So—as she was improving, we gave her 1 gm po Flagyl, continued IV saline, and kept her on the weight bench for the night. Dr. Luis was very happy to check on her intermittently. Our wake-up conch sounded at 7 am. I rushed to the weight bench. There was our patient, eating an orange, hungry, no abdominal pain, ready to be canoed back home! We did have her continue three more days of po Cipro and Flagyl, just in case. But I re-learned that Hyoscyamine is a great drug!!

**In the Embrace**

I’m hooked. But why? The Amazonian rainforest is a storied area. It grasps you in its embrace. The struggle for existence continues in its villages, its rivers, its forests, its people. It is a struggle because the desire for minerals, gold, lumber, drugs and deforestation for agriculture continues despite efforts to hold it back. Those living in the river communities have great skills – they are terrific watermen, fishermen, hunters, subsistence farmers, lovers of nature, and solitude. What is their future? They have no skills for cities. The young men and women make a living as eco-tour guides. Many are fluent in several languages. City life would strangle them. So our medical ventures may be just one small step to help maintain and maybe even improve their precious way of life. But the way of life isn’t easy. It is hard and precarious no matter what we do.

Thirty-six hours after arriving back in the U.S., I changed roles and became my usual self: tertiary-care ER doc. I felt disequilibrium and a bit of agitation. Something is wrong with our system. Did I function reasonably in a remote setting using my brain, hands, eyes, and ears? My medical belief system had to change in the jungle—I had to trust only myself. But once back in the U.S., I became irritated with the ponderous way we have decided to practice emergency medicine: CBC, BMP, CMP, ESR, CRP, CT, CXR, MRI, EPIC, etc. There are great benefits from technology, but are we losing the ability to think, analyze and remember without common technology tools? I want to take a breath, step back, and try to move my technology curve backwards a bit.

- #For some great reading:
  
  Joe Kane.  Running the Amazon. Vintage Books, 1989

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**Check out our photos from recent Amazon Promise medical trips!**

- **May 2016** Remote indigenous Achuar community clinics – How we get there!
- **July/August 2016** An awesome global team!
- **October 2016** Emergency and follow-up patients in jungle communities
- **February 2017** U of Mich. and Western Mich. Medical Schools team up with Dr. Judy Tintinalli!
- **July/August 2017** What a small medical team can accomplish!
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