From the desk of Patty Webster

Greetings from Iquitos, Peru!

The Amazon Promise medical team is getting ready to fly out to the jungle, and we want to thank the Peruvian Air Force (FAP) for providing us with special flights to reach our base area of Andoas. We’ll be providing care in extremely remote Achuar and Kichwa native communities of the Upper Pastaza River, but before the team takes off, I want to give you a quick update!

2018 marks Amazon Promise’s 25th anniversary providing life-saving healthcare and education that has enabled hundreds of thousands of people in great need a chance to lead healthy and successful lives. It’s staggering to me to even begin to look back on the last 25 years. We’ve delivered babies, and seen them grow up to have their own families! We’ve had medical volunteers bring their teenage children on a trip and had their children return years later as medical professionals! And we’ve had many medical/PA students also return as practicing MDs and PAs! That’s how you know you’ve been around a long time and made a lasting positive impact! We’re all very proud to reach this milestone together, and are so thankful to all of you for your friendship and support. There are so many stories to tell, especially from our volunteers and dedicated staff in Peru who have contributed articles to this update.

We’d also love to hear from you! If you have a memory or story from your AP medical trip you’d like to share, or if you just want to say hello, please get in touch! patty@amazonpromise.org.

Our 2019 trip dates are now available, and be on the lookout for the new Amazon Promise website coming soon!

Each time we help a patient through a severe health crisis, or see a community improvement project that affects an entire village successfully completed, I think about our friends and supporters who make it all possible. This 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 US and abroad. We have been extremely fortunate to work with so many selfless and caring people. We could not do the work we do without you.

Thank you again for all your support! Patty
It was dry season now, and the small branch of the Marañon River we had planned to take to Bella Horizonte was too shallow for our boats. It was a small community of less than ten families that we had planned to visit, but the obstacle we faced highlighted the issue of access in a very tangible way. We would serve nine communities while in the Pacaya-Samiria National Reserve of the Peruvian Amazon, who would all experience the tyranny of isolation to varying degrees. Many of these areas were hours from the nearest medical outpost, with the closest hospital even further away in Iquitos, the largest city in the world with no road access.

Most communities, such as Bella Horizonte, would be ignored as being too remote to reach, but with diligence and dedication, Amazon Promise staff ventured out to the village and offered gas to get community members to an accessible part of the river where a makeshift clinic would be set up. On clinic day, we found exactly what one would expect from a population, at best isolated, at worst inaccessible. Our patients presented with upper respiratory tract infections, anemia, diarrhea, fungal dermatitis, back pain and dental caries. It would be easy to imagine unique presentations and medical emergencies being the most prevalent problems of these Amazonian communities, but the fundamental need here is primary care, lack of which kills more people worldwide than anything.

Untreated primary care problems can be insidious for populations lacking access to longitudinal and acute care. Back pain, when left untreated without instructions on exercise and stretching can debilitate. Intestinal parasites can lead to malnutrition and reduced growth. Hypertension and diabetes can kill when poorly managed. The impact of Amazon Promise ripples beyond the smiling faces of a child receiving a toothbrush or the grateful handshake of a patient receiving antibiotics for a UTI, as access to primary care impacts whole life spans, whole communities and whole regions. Amazon Promise gave me, as a student, a unique opportunity to work with a variety of providers. I learned from a family medicine PA, APRN, transplant surgeon, emergency medicine physician, and Peruvian family medicine physician. As teachers, all would give me a unique perspective and specialized insight into the patient presentations before us. My own knowledge on how to treat bacterial vaginosis, UTIs, diabetes, or tinea corporis would be tested, and I would see how seasoned providers would improvise in order to provide high quality care to patients, even without the conveniences of a local pharmacy or consultations. As a team, we really were the sum of our parts, as each practitioner brought their own strengths. It was not just medicine that my mentors taught me about but teamwork. In the PA profession, an emphasis on Optimal Team Practice has become an overarching theme. In the Amazon, the far reaching benefit of cooperation was evident.

There would be many acute pathologies requiring further work-up. One of the many strengths of AP, is its persistent follow up of patients. A patient’s relationship with our team would not be a transient event. At our Belen clinic, we saw a patient with severely progressed HIV, who was unable to get care because he was in a region where his insurance did not work. Our team followed up with his care, making sure he was set up in a program that could provide, first, a higher level of care and then longitudinal access to antiretroviral medications.
This experience was illuminating on how the Peruvian Health System operates, and also showed an eerie parallel to our own system in the US, especially with state-run Medicaid.

As I reflect on my time spent on rotation with Amazon Promise, I can say without a doubt I strengthened my knowledge of primary care. I saw, learned about, and helped manage diseases such as malaria, TB, parasitosis, and many dermatological manifestations, which I may have never seen in a US career. From our Peruvian staff to translators to medical providers, I saw how teamwork makes even as sizable an undertaking as clinical care in the Amazon manageable. I witnessed principles of longitudinal care and patient autonomy be upheld even in austere environments. I will be a more competent, compassionate and innovative provider because of my time in the Amazon. This experience was transformative and made me even more dedicated to being an impactful provider both domestically and globally. I hope to return to Amazon Promise as a volunteer again, with even more passion, knowledge and skill.

Patient Updates
Rosa Aranzabal, AP Administrative Coordinator/Patient Advocate

Throughout the year we at Amazon Promise provide medical attention to many people who need special follow-up care and other interventions. We are always working to meet our objectives, especially to improve the quality of life of the most vulnerable populations. The trust from patients, communities, and municipal government authorities, grows each year because we are able to be a continuous, stable and constant presence. I would like to share with you some of the activities we have carried out before / during / and after medical campaigns through June of this year. We will have more patient stories in our end-of-year newsletter.

Two Patients
Diana (10) and Alex (13), from the community of Vista Alegre, suffered severe trauma to their legs after colliding during a soccer game in their village last January that left both children unable to walk. Alex was brought to clinic in a wheelbarrow, and Diana in a borrowed wheelchair. They both suffered from intense pain, high fever and swollen limbs. When we arrived there in late February, two months had passed with no medical intervention. We were very concerned they both had bone infections which could ultimately lead to loss of limb or worse. I, along with volunteer Dr. Betsy Doherty, from Western Michigan Medical School, took both children and their mothers by boat to the medical center in the jungle town of Nauta for their initial exam with the plan to get an emergency reference that would allow them to be taken by ambulance to Iquitos for treatment.

While at the medical center, Diana became unconscious due to a high fever, yet was not considered an emergency patient and so we had to remove the children from the medical center and put them in a taxi for a two-hour ride to Iquitos to get them to the hospital as soon as possible. Diana was in and out of consciousness due to her high fever during the entire ride. After much difficulty at the hospital, both were eventually diagnosed with bone infections and severe anemia with hemoglobin levels of 5.5 and 6. Their mothers were given the order to go out and find blood donors in order to receive surgery to drain the infection from their legs.
For the poor, every step of the way is often blocked by almost impossible requests like this. Even small items such as needles, gloves and syringes are prescribed and must be acquired by the family.

Over a liter of fluid was drained from Diana’s leg during the first round of surgeries, and it was discovered that her hip joint and knee were also infected. Alex was in a slightly better situation, yet required two surgeries. Thankfully, both mothers worked with me to move their costly treatments forward within the medical system. Alex was able to return to his village after five weeks, able to walk, but Diana has had a much tougher time, undergoing several surgeries to drain her leg and painful ongoing physical therapy. As of September, although she continues to limp, she is now able to walk without crutches, and we have sent her home with a stationary bicycle she uses daily to strengthen her leg. She returns to Iquitos once a month for checkups. Alex is living with his elderly grandmother and we are sending a team out to check on him this month.

**Cervical Cancer Screen and Treatment**

With the support of Dr. Andrew Goldstein and his medical team, we once again have been able to reach many women in need, through our Cervical Cancer Prevention Program. During our latest intervention, 250 women between the ages of 18 and 60 were examined in four days. Thirty women were diagnosed with cervical pre-cancerous lesions, all of whom received Cryotherapy treatment, and follow-up care.

Three of these patients with more advanced cells received attention at the Regional Hospital of Loreto.
Of the three, two women received hysterectomies. Acquiring surgeries for these women was not easy as we are constantly battling cultural and religious beliefs that prohibit women from seeking care, including frustrating government bureaucracies. An example of this ongoing battle: After many days of administrative undertakings and expenses for one of our patients, as we were about to move forward with her treatment, a local healthcare worker managed to convince the patient to leave the hospital to see another local physician who was paying the worker to bring him patients! We were able to catch this in time and the patient has since received her surgery. As an organization, we are responsible to ensure the follow through of each woman’s care.

The results of one biopsy found a patient (Luz) with advanced cancer who required radiotherapy and chemotherapy treatment in order to save her life. Cervical cancer treatment does not exist in Iquitos. Amazon Promise with support from Dr. Goldstein decided to take the patient to Lima, where she has been since January receiving several rounds of painful and debilitating cancer treatments. She must travel two hours each way in order to reach the hospital. The expenses are very high for us, and the physical and emotional toll on Luz has been profound. Her husband left her when she was diagnosed with cancer, and her eldest daughter has been left to care for the younger children back in Iquitos. Fortunately, we have been able to provide a wonderful support system (housing, meals and a family-like atmosphere) for Luz in Lima as she continues treatment.

Most women in need of cancer treatment who are able to get to Lima from the outer regions do not have this type of support and the outcome is not positive. We have seen the difference having a support system makes on their survival. Most women never have a chance to get to Lima to receive treatment, and so cervical cancer deaths are high in Peru. While visiting the city of Nauta during our January medical interventions, there was a patient waiting for us whom we provide medicines and vitamins for her juvenile rheumatism who mentioned to us that she had an aunt nearby who could not walk. We visited her and found the woman bedridden, barely able to speak, and with no medical care. As it turns out, she was in the final stages of cervical cancer. At this stage, we were only able to provide her with pain medications, and spiritual support. She passed away three weeks later.

Program Updates

Jose Luis Valles, AP Special Project Manager

By working together with our partners Amazon Promise has been able to accomplish far more than what might be possible working alone, and reach so many more people in need. Through our partnership with Engineers Without Borders (EWB) Sonoma County (since 2012) and Central Houston, we have been able to provide potable drinking water to seven communities located in some of the most hard to reach areas of the Amazon, improving and saving lives every day. 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.
Word of these highly effective and economical water systems is catching on! Last year, we were contacted by Monty Fulton, Director of Outreach at Christ Presbyterian Church of Huntington, WV, to inquire about how they could help the community they were working in, Gallito, get clean drinking water. Since 2009, Monty’s group has provided several different types of filtration systems to the community, but none have proved sustainable.

The people of Gallito needed a system that would provide dependable safe drinking water with an absolute minimum of maintenance. In their search for a system, Monty came across the Facebook page for Amazon Promise. Patty and Monty shared messages back and forth, and set up a meeting during their visit to Iquitos late 2017. As AP Special Projects Manager, I traveled to Gallito with Monty to meet the community and help them form a water committee. I also acquired the dimensions needed to design and construct the water system, which was completed in June of this year! Congratulations to all!

We are now working with two new EWB professional chapters from San Diego and Detroit. EWB Sonoma County will return in November to install a system in the community of Vista Alegre, and EWB Central Houston will be here at the end of October to provide clean water to the village of Mariscal Castilla, both located on the lower Ucayali River.

¡Soy Capaz!: Education and Other Forms of Help for Sustainable Health
by Elena Deem, PhD
Director of Education

The first quarter of 2018 was very busy for our educators and administrators. Soy Capaz educators participated in two jungle medical outreach expeditions, and held education workshops in the city of Iquitos. We were able to identify and transfer a very sick patient with HIV from a remote jungle community to an Iquitos hospital to receive care. ¡Soy Capaz! also provided financial aid to the victims of a massive fire in Belen, one of the poorest neighborhoods in Iquitos, where many of our friends and collaborators live. We continue working together with Lazos de Vida, a local association of HIV-positive educators, who run an orphanage for children living with HIV.

According to UNAIDS 2016 statistics, HIV infection in Peru has increased by 24% since 2010. It is the remote jungle communities that rank among the most vulnerable in the country because of limited access to information, prevention, and treatment. Our two recent expeditions to villages ¡Soy Capaz! visits sporadically (because of difficult logistics), and to our “regular” communities, have shown the difference that education and collaboration with the local stakeholders makes.

The year was kicked off in January by an expedition to villages on the rivers Ucayali and Marañon that we had either visited rarely before, or visited for the very first time on this expedition. What was most
distressing in the post-visit report from our educator, Alana, is that these communities (Arequipa, Bello Horizonte, San Pedro de Tipisha) had little or zero awareness of the topics we collaboratively address with our stakeholders elsewhere, such as HIV and other communicable infections prevention, women’s rights, reproductive rights, alcoholism, domestic violence. Alana worked closely with community members on ways to confront this situation. She held educational and informational workshops and distributed our education and prevention materials.

Next we saw the communities in the Yarapa river region that Amazon Promise has been attending for the last 25 years, and where ¡Soy Capaz! has operated since 2005. Two ¡Soy Capaz! team members, Alana and Angela, joined the AP February/March expedition and split up to accompany two AP medical teams to a different community each day. In this way, we were able to reach twice as many people.

Our educators report that because of the long-term interconnectedness between the communities we regularly visit, and ¡Soy Capaz!, people come to the workshops already well informed, sharing their stories of how the program has helped them change their health, lifestyle, and behavior patterns. For example, a mother in the village of San Francisco shared that her unmarried son is exhibiting increasingly responsible behavior and that they now talk openly about the prevention of sexually transmitted infections. During our village visits, young men and women now approach us regularly, requesting condoms. Both of these instances would have been unthinkable several years ago.

The village of Hipolito, which is particularly difficult to access, was an exception. Ten cases of HIV were reported there in the last year. When we received this information, ¡Soy Capaz! immediately sent a trained Peruvian nurse into the village but every education effort requires time, community participation, and constant presence in the area for change to happen. Angela and Alana’s visit, during which they attempted to establish a working relationship with the community, was the next step in our concerted effort to offer help.

A case of HIV was detected in the village of Hipolito, and in the village of Payorote respectively during the February/March expedition. Both patients were cared for by our Soy Capaz staff; one of them had to be transported to an Iquitos hospital for inpatient care. Together with Lazos de Vida, we subsidized the patient’s economic needs, and provided emotional support while he was hospitalized.

Our ¡Soy Capaz! staff is professionally trained in pre- and post-HIV testing and counseling, while we also provide assistance with patient care, transport, hospitalization economic support—and patient/family counseling. Importantly, we also assist patients in the process of registering in the national free antiretroviral treatment program.

The presence of HIV in the jungle villages shows that there is still much work to be done as we continue our long-term commitment and collaboration with the jungle communities.
How did it happen that this team of 13 primary care physicians and students from Western Michigan University arrived in February equipped with an ultrasound and the knowledge to use it? The residency programs at Western Michigan University School of Medicine in Kalamazoo have been involved in Global Health for 20 years. We host global health grand rounds, journal clubs, online courses and international electives in Madagascar. Because of a large Spanish speaking population in Southwestern Michigan and the need to recruit more Spanish speaking residents, the expense associated with traveling to Madagascar as well as lack of space for all the students and residents on this rotation in a new and growing medical school, we began looking for a second clinical rotation in tropical Latin America. Criteria we used to find a program included a rotation that:

1. Is well organized
2. Provided experience with an abundance of tropical diseases
3. Is based in a resource limited environment
4. Has a patient population that is truly in need
5. Provides an opportunity for education in tropical diseases through service
6. Allows team members to work closely with local people
7. Allows opportunities to learn about local and traditional medicine
8. Is ongoing and sustainable to provide continuity in relationship and medication supply.

I first heard about Amazon Promise through a nonmedical friend who had planned on participating several years earlier with a different medical team but was ultimately unable. I was fortunate to be able to contact and meet with Patty Webster in January 2016 in Ann Arbor, Michigan. After investigating several other programs from the US we opted to visit three programs in Peru in May 2016 including Amazon Promise. I met with Rosa in Iquitos, toured the city, Iquitos General Hospital, the AP Belen clinic, and had a chance to travel to the jungle to check out the Yacumama Lodge where the team stays when working in the lower Ucayali River region.

We decided to work with Amazon Promise for many reasons. In addition to meeting all of our criteria, I cannot say enough about the dedication of Patty, Rosa and the rest of their team. I was confident that their dedication to serving the people in the communities along the Ucayali and Maranon rivers would ensure that our work there would not only be an excellent educational experience but would also be meaningful and make a difference in the lives of those we serve.
About 30 years ago I had the opportunity to work in the national hospital in Tanzania where we took care of patients of all ages with a wide range of diseases including TB, malaria and other tropical and non-tropical diseases. Although this was a large national hospital, in those days we had very limited access to imaging. We had 2-4 cassettes of x-ray film we could use each day in the entire hospital and 4-5 bottles available for blood tests. In a hospital of nearly 1,000 patients with 40-50 new patients admitted per night to my service alone in many cases we were forced to insert catheters to drain fluid from the chest (thoracentesis), space around the heart (pericardiocentesis) and abdomen (paracentesis) and make our best guesses about the diagnoses based on history and physical exam findings alone. Over the last 30 years much has changed. For one, the national hospital in Tanzania now has a lot more resources. Ultrasound machines have become small, portable, durable and a lot cheaper. About 10 years ago with access to a machine in our multispecialty office I realized the value of using point of care ultrasound at the bedside, in the office, as well as the hospital, to address clinical questions and quickly move on to the next step in the diagnostic pathway, and to perform procedures more safely.

More importantly I realized ultrasound would be invaluable in international and domestic settings where access to imaging is limited or nonexistent. I began training through various courses in ultrasonography and echocardiography through Sonosite, National Procedures Institute, Gulf Coast Institute, online courses and hundreds of online tutorials. With those skills I maintained a low threshold for using the ultrasound to look at patients in whom I already know the diagnosis from previous CT, MRI or US to see if I can see the findings, gain experience in normal and abnormal anatomy and take the time to show the patients what I see. I have also been lucky enough to have a great ultrasonography team in our hospitals that have allowed me to spend time scanning with them. This has been especially helpful in obstetrical ultrasonography. Prior to this trip I have logged just under 1,000 ultrasounds.

In the USA ultrasound training is not a required part of residency for internal medicine or pediatrics. In our institution several years ago a handful of residents with a strong interest began an ultrasound club where they practiced acquiring images on each other twice a month in the evening. Eventually this grew into several short courses for internal medicine and pediatrics residents. Starting in 2017, I began a more extensive 18 week elective course in the evenings involving 60 hours of reading, videos, lectures, lab time and certification exam available to all primary care residents but required for residents in our global health track.

In the Amazon we frequently use a machine loaned to us by Sonosite which is dedicated to global health service. One hundred and thirty seven scans have been done between our two trips in 2017 and 2018. Most were normal and reassuring such as obstetrical ultrasounds or inconsequential such as situs inversus (internal organs switched from left to right) or dextrocardia (right sided heart only). In many cases we made diagnoses we would have missed without it or would have guessed at as such as pneumonia, heart failure, coronary artery disease,
obstructive uropathy, pyomyositis, breast and other soft tissue abscesses, bony fractures and more. More often we confidently ruled out diseases like acute cholecystitis (gall bladder attack) and valvular heart diseases. In some cases we used ultrasound in ways we never would in the US. With no lab tests for thyroid function in the remote communities we used ultrasound in patients suspected to have thyroid disease. Ultrasound is not a routine screening tool for this but with normal thyroid structure and blood flow on ultrasound we could be more confident that it was functionally normal as well.

In February, 2018, our team spent the first week working in the Iquitos Regional Hospital. We never expected to need our ultrasound there but the hospital CT scanner was out of service for more than a month awaiting repairs. The ultrasonographer at the hospital was away on leave, so we spent a day on rounds scanning all the patients that had important clinical questions who were awaiting imaging for answers. There is a learning curve with ultrasonography and we are not experts. We probably missed some things and probably over-read some things but overall I believe it helped immensely and saved some lives especially in the remote areas which would otherwise not have access to imaging.

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

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If you would like to make a tax deductible donation, please mail your check or money order to:
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