

## Dr. Duevel's Amazing Amazon Adventure



June 12, 2008. If you think a vacation in Guyana is nothing but lush, exotic rainforests with quaint boat rides on the Amazon, *think again*. While there are an abundance of interesting creatures to see that we don't have in the Midwest, there are also medical supplies to unpack and repack, patients to examine, and specimens to gather.

For Dr. Kathryn Duevel, a



physician at Affiliated Community Medical Center (ACMC) in Willmar, her recent trip to the jungles and savannahs of Guyana, contained all of these elements and much more.

A friend suggested she take the opportunity to donate her medical knowledge and services to women living in remote villages of Guyana. The first thing she did was explore the Remote Area Medical® website ([www.ramusa.org](http://www.ramusa.org)). "I found that they had an urgent need for help in their cervical cancer screening project and I was able to make the arrangements for the time they had need, so I volunteered," said Dr. Duevel.

She purchased an airline ticket; learned how to set up a tent; packed a borrowed backpack; and flew to South America in less time than it takes to plan

a traditional vacation. Along with free camping lessons, Dr. Duevel received all kinds of donations to make her trip possible. "People came out of the woodwork to help me do this," she said. "I get a wonderfully, warm feeling knowing that everyone chips in, in their own special way."

Known as RAM, Remote Area Medical is an all-volunteer charitable organization that brings health care to remote areas overseas, as well as Rural America. Volunteers – pilots, nurses, physicians – such as Dr. Duevel, travel at their own expense, including food and transportation.

As an OB-GYN, it was a natural fit for Dr. Duevel to volunteer for the Guyana Cervical Cancer Project. Guyana has the third highest

rate of death from cervical cancer in the Western Hemisphere. Although cervical cancer can be prevented through routine screening, the lack of medical care and equipment, plus the remoteness of many villages, make it difficult for women to receive adequate health care. Part of Dr. Duevel's mission was to collect Pap smears and cervical biopsies.

She discovered that pathology assignments go wherever costs can be kept to a minimum, so she approached the Minnesota Pathologists Chartered physicians at Rice Hospital. All four pathologists agreed to read the lab results free of charge. Dr. Sharon Bannister said, "It was a treat to be able to participate because these women don't get access to health care like we do here."

Dr. Duevel asked Rice Hospital if they could help, and Jason Mayer, Director of Laboratory Services, offered to donate staff hours to process the specimens. "Rice donated 25 hours of lab staff time to process the 91 pap smears and 44 cervical biopsies collected by Dr. Duevel," he said. "We were honored to participate."

ACMC donated the laboratory supplies for the project, which was important for obtaining specimens of good quality.

The specimens tested at Rice didn't appear to have higher incidences of abnormalities. Dr. Bannister said that the results were, "similar to what we see in the population here in Minnesota. If

anybody hadn't told us these were from Guyana, we'd have never known." This illustrates the importance of programs such as the Guyana Cervical Cancer Project. If more abnormalities are caught and treated early enough, perhaps Guyana will lose its status as having the third highest rate of death from cervical cancer in the Western Hemisphere.

"Our results are an important link in the process," said Dr. Bannister. "The women who had abnormal results will get their colposcopies and biopsies from the next project team. Our report goes back to Guyana and if biopsy results indicate that immediate attention is needed, care will be arranged for that person at a hospital in Georgetown. If we can provide something that will eventually save lives, that's important."

Today, at a staff meeting at Rice Hospital, Dr. Duevel addressed the Laboratory Services and Pathologist groups. "All of the work you did was put to good use. Thank you all so much. I appreciate your support," she said. "You make us look good – this is the quickest RAM has ever gotten back lab reports."

At the meeting, Dr. Duevel shared photos and thoughts from her trip which began April 24, 2008, and ended May 11, 2008. Slides of remote village houses, children playing, strange bugs, flat round disks of bread drying on corrugated rooftops, and small tractors pulling villagers in wooden carts flashed by on the screen.

"These are the people you're helping," she told the group. "I saw people who can't afford medical care, especially women's health care. When I saw women who were suffering from cervical cancer, it made me feel good to be there. Some of these women have never had any medical care." Many women walked long distances to be seen at the clinic, some up to ten miles from distant farms and villages.

Guyana, the only English-speaking country in South America, is a fairly poor country. Dr. Duevel traveled in an area that makes up part of the Amazon rainforest. Many homes and structures are built on stilts and sport metal or thatched roofs. Most people sleep in hammocks and everyone drinks rainwater.

The main food staple is cassava bread, made from the cassava root after the cyanide is squeezed out. There are a few small, local operations mining gold and copper dust. Sometimes, the only transportation in a village is one four-wheeler, which serves as a bus as well as a delivery truck.

When she first arrived in Guyana, she didn't expect



anyone to attend her cervical cancer lecture, but it "packed the house," she reported. "People there are hungry for knowledge. Education is really valued." She also gave talks to secondary schools when the opportunity presented itself using content similar to talks she gives to sr. high school students in the Willmar area.

Most days, however, were about holding clinics or traveling to them. In one photo of a health outpost building, a large panel posted out front announced the names of everyone who would be seen that day. "No HIPPA," she said. While always speaking respectfully of the people in Guyana, it was hard not to note the differences in housing and health care basics that most North Americans take for granted. In a photo of a delivery room that resembled an old enclosed porch used for

storage, she commented, "This one was nice, it had a sink in it." A plastic lawn chair sat in front of a multi-purpose exam table. A vinyl cloth was provided to keep the surface clean.

Members of the medical team usually camped inside the health outposts in one-person pup tents. They cooked on stoves made from pop cans. Dr. Duevel described their typical day as, "5:30 a.m. - breakfast. Take tent down. Get clinic ready. Go until done. Sometimes you're done early. Sometimes you continue the next day. When you need a break, you stop. Eat a Clif Bar. Pack and move on.

In the beginning, I was excited to see a shower room in some posts, but learned quickly that they don't have water – none of them ever worked. So you'd take bucket showers or bathe in the river. Wash clothes in the river. Wash the best you

can and hang stuff up to dry where you could."



The small team of three consisted of Dr. Duevel, Raeleen Wilson, PA-C, a physician's assistant, and Raeleen's husband, Chris Tullar, an engineer who often accompanies his wife on trips where he registers patients, keeps records, and does whatever is needed.

The group carried their own generator fuel, medical supplies and food. They drank rain water after first sterilizing it with a tool that emits UV light. All communication was done by radio – there weren't any cell phones or internet.

Altogether, the team visited eleven villages, and Dr. Deuvel saw approximately 250 patients. The majority of patients had a colposcopy, which is the test to evaluate abnormal Pap smears. Many others had new screenings or were seen for other gynecologic problems.

At the clinics, Dr. Duevel was asked to see patients with a wide range of medical problems, like spina bifida, as well as a variety of patients, like little boys. She said her first thoughts were, "I don't see boys for one thing! Then, I had a talk



with myself.” What she told herself was, “You are going to be the most qualified person these people are going to see for several years, so see them and do what you can for them.” The team cataloged patients with disabilities to assist in planning future trips for other specialists.

The first week of her trip, she traveled in a bush plane piloted by Terrence Trapnell, who works on RAM projects through Wings of Hope. Of Terrence, Dr. Duevel said, “He has the desire to fly and help people, and he doesn’t get more than a stipend for it and space in the RAM shack.” Trapnell was in charge of the project to catalog patients for follow-up. During the second week the team traveled by boat, sometimes in a dugout.



Along the way, Dr. Duevel encountered small markets where she picked up a few trinkets, most between \$5 and \$10 US. She took out a large piece of cassava bread and someone immediately joked that they test it for cyanide. “I ate some of it and I’m still here!” she was quick to reply.

She held up two small, handmade baskets, noting that

baskets are used in houses to hold everything. She next held up a cylindrical-shaped item made of dried, woven plant material. “Here’s my prize possession – a real Amazon blow gun. Here’s where you put poison on it if you don’t like someone,” she teased, pulling it apart to reveal a long, needle-like center. “I have a nephew who’s really difficult to buy for,” she explained. “He’s going to get it for Christmas.”

Someone asked if she’s going back. “I’m struggling with that decision,” she said. “Originally, on the trip, I told myself, ‘I only have to last one more week, and I never have to come back’ but it got easier and I could see the benefit to the women there. The answer is, I don’t know. They’d like me to come back in October.”

She reflected a moment before continuing. “I learned some things. It’s amazing what you learn about the rest of the world and about yourself. I’d rather spend the money on this than any other trip. It was very unique and very worthwhile.”

This was her second trip as a medical volunteer. Last year, she traveled to Mthatha, South Africa, a very poor, urban area. “For six weeks, I worked at Nelson Mandela Hospital with African Medical Mission, which gets its volunteers from Health Volunteer Overseas ([www.hvousa.org](http://www.hvousa.org)),” said Dr. Duevel. “This was a very different experience because I was in only one location and in an urban area in contrast to the very remote villages to which I

traveled in the rainforests of Guyana. The patients had very different problems and although the needs were strikingly different, the needs were as great in both places.”



Remote Area Medical, known as RAM for short, brings health care services to remote areas overseas, as well as rural and other needed areas in the U.S.A. It exists due to the generosity of the American people, through their small gifts of money and their donations of time and waivers of service fees. Sixty percent of its medical expeditions serve U.S. residents. RAM volunteer medical staff saw 5,000 patients during the month after Katrina hit in 2005. They saw another 5,000 patients in February 2006 during a follow-up visit.

Nearly everything needed to operate their many expeditions is donated. Volunteers pay their own way.

The concept was developed in 1985 by Stan Brock, whom you may remember from the popular television show, *Wild Kingdom*. While traveling in Guyana fifty years ago, he dreamed of providing health care to the remote areas of that country.

Brock was interviewed about RAM by *60 Minutes*. You can view the *60 Minutes* segment at [www.ramusa.org](http://www.ramusa.org), as well as read more about RAM’s mission statement and expeditions, including the Guyana Cervical Cancer Project.

At the website, you can also make a donation of time or money. *Perhaps you’re looking for a new vacation adventure!* ■