

ACTIVITY REPORT

Activity: Workshops clinic personnel Kajana and Apetina clinic
Financed by: Organization of American States (OAS)
Focal group: Indigenous communities of Suriname interior, principally villages of Apetina and Kajana, with relevance to communities in Tepu and Kwamalasamutu.
Execution: The Amazon Conservation Team (ACT), President: Mark Plotkin; ACT Suriname (ACT Sur), Program Manager: Gwendolyn Emanuels. Medische Zending Suriname (MZ), Director Edward van Eer. Counterparts: the Apetina and Kajana indigenous communities
Date: February 22-24, 2005

OBJECTIVE:

The objective of this activity was to assess the operations of the newly developed projects in Apetina and Kajana, specifically with regard to conceptual or logistic challenges encountered in the initiation of operations, material requests, and to develop a foundation for integrated practice. An additional objective was to train ACT and MZ health workers in Apetina and Kajana in completing record forms for documentation of clinic utilization.

COORDINATION:

Logistics and general arrangements for field trips, meetings and accommodations were coordinated by the ACT Suriname Program Director Gwendolyn Emanuels and ACT Suriname office staff under her direction. ACT health consultant Chris Herndon was principally responsible for the in-field execution of objectives, facilitated with the support and assistance of Gilbert Luitjes, Medische Zending health worker with longstanding history of service to the indigenous peoples of the southern Suriname, as well as Kenneth Wongsonadi.

PARTICIPANTS:

In-field: Christopher Herndon; Gilbert Luitjes; Kenneth Wongsonadi; Samue Schelts, clinic personnel Kajana (5) and clinic personnel Apetina (8).
Paramaribo: Gwendolyn Emanuels; ACT Office Staff; Shayne Gardner

ACTIVITY REPORT:

Tuesday, February 22, 2005

At 1:30 PM, a meeting was held with Dr. Edward van Eer, Director of the Medische Zending at his office. Discussed the current state of the ethnomedical projects and research activities as well as obtained consensus on need for a coordinated and collaborative effort for optimal data analysis on a set timeframe.

Wednesday, February 23, 2005

Gum Air charter flight to Apetina left Zorg en Hoop airfield at 11 AM accompanied by MZ health worker Gilbert Luitjes. On arrival to village at approximately 1 PM, we met field personnel Skapi and consultant Samoe Schelts. Once settled, participated in a group meeting with gathered village leadership, clinic personnel, MZ health worker, and a few other Wayanas at the Kuluwajak house. Initiated meeting by soliciting perspectives on the opening of the clinic, their expectations, questions, concerns. Reinforced to the community that the clinic was theirs, utilized and transmitted Wayana medicine for the benefit of Wayanas, as well as the autonomy of the elder shamans in operating the clinic. Reiterated that the clinic

was not intended as a substitute or a challenge to the MZ policlinic, but rather a joint collaborative initiative enabling the Wayanas to benefit from both systems. They were encouraged to review the project as an opportunity for learning – among traditional healers, MZ health workers, the community, and the young and older generations. Shared and cited examples from experiences of the clinics in Kwamalasamutu and Tepu. Discussed the purpose and role of the record forms in the project. The record form was subsequently translated into Wayana on this visit and the clinic workers (traditional + MZ) were trained to complete the form. After the gathering, we visited the clinic facility, which had not initiated operations since its inauguration a few days prior to my visit; they were satisfied with its present state. In the evening, there was a meeting with the shaman Same. At this meeting, we discussed his training as a shaman, perceptions of current state of Wayana traditional medicine, the impact of the missionary activities, and his vision for the clinic's operation.

Thursday, February 24, 2005

Gum Air charter flight to Kajana with field personnel Skapi, Gilbert Luitjes, and Angela Monorath. Met a length with shaman Bello Kadoso and Gerrit, one of the clinic workers. Since its opening, the Saangafuu clinic in Stonhokoe II has largely treated patients with therapeutic washes of medicinal plant extracts, although most patient visits were not documented due to technical confusion toward completing the record forms. Bello stated that he is a principally a bone setter, and would need to have a small hut built [described as no larger than one of the rooms of the clinic] where his patients can live and sleep in seclusion, fed and lodged separate from menstruating women or other potential negative influences to the healing process. Visited and surveyed the large project site including the uncompleted school facility and lodge. Walked through the surrounding villages, met with the head captain and visited the MZ policlinic in Kajana. Trained with Gilbert Luitjes the MZ health workers to complete the record form.

CHALLENGES:

The need for continuity of management in the ethnomedicine—taking the lessons and experiences from Kwamala and Tepu—and applying them toward the continued operations in those villages as well as the two new project sites is essential. The simple replicable structure and successes of the Trio clinics—which are the first and foremost the result of the Indians taking control of their health care and cultural destiny—may lend a misleading perception that the clinics are plug and play model.

FOLLOW UP:

1. Set-up the refrigerators and radios in the clinic facilities of Tepu, Apetina and Kajana.
2. Complete construction of cabinets and basic furniture [tables, bench] for the Apetina clinic.
3. Follow up trip in two-three weeks to assess the initial operations of the Apetina clinic. At this time, the translated record forms can be implemented and the clinic workers retrained.
4. Follow-up with Dr. van Eer concerning plan for data processing and analysis.