

*Growing Plants, Tourism, and Medicines: A
perspective from Ecuador's Amazonia*

Division III

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May 2008

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Thank you:

The Andy family

My Mom, Dad, Chelsea and Raquel

My supportive friends

All of the volunteers whom I interviewed and met

Alan Goodman

Elizabeth Conlisk

The Denise O'Neill Award

The Yanapuma Foundation

Grandmom Jean and Grandpop Armand

Grandmom Therese and Granddaddy George

Prologue:

Name me someone that's not a parasite and I'll go out and say a prayer for him

-Bob Dylan

While exploring the map section of my Spanish/English dictionary, my friend Jaime--a native Quechua speaker, who also speaks Spanish, was curious what U.S.A stood for. After telling him it was short for the United States, he shared with me that in Quechua "usa" means flea. I found this amusing, and at the time felt it appropriately described myself and the country I was representing. My country of origin has a history of behaving parasitically, extracting life-giving resources from countries around the world, thirsty for black blood--oil. The country in which we sat, Ecuador, had been one of the U.S.A's most recent exploits. Oil exploitation, spearhead by an American company--Texaco, hacked into Ecuador's Amazon rainforest, and left pools of open waste in its wake. My country sucked out Ecuador's vitality, then left.

Though United States involvement with the oil industry in Ecuador has subsided since its peak in the 90's, the responsibility for damages wrought by their presence has been diverted and unaccounted for. Indigenous communities, like the one Jaime calls home, were among the places most severely affected by the corporate oil presence and most definitely forgotten now that damage has been done to their health, lives, rivers, and forests.

Thanks in part to the oil explosion and subsequent development, there is now a booming tourism industry in Ecuador--particularly to its famed rainforest. The second wave of fleas--tourists--now arrive in steady droves, maintaining a large presence of foreigners. Though I was doing research and volunteer work, at heart I was still a tourist and hence a flea, feeding my own intellectual curiosity. I had been drawn to Ecuador for

the same reasons many individuals are drawn there, or for the same reasons many people are compelled to travel at all. I sought a perspective outside my usual cultural bubble, a view I convinced myself was only possible if I changed my geographical location. My primary interests before taking off to Ecuador were plants and medicine and I was drawn by the allure of the exotic flora and fauna the rainforest had to offer. Like many other tourists, monkeys, giant bugs, and eating guinea pig were all a part of my agenda. In part, my choice to travel was an indulgent, privileged exercise.

Knowing this--my travel experience was burdened by a sense of guilt, and an overwhelming glimpse of the Goliath of western corporate infiltration. Although this was never reconciled, my journey south of the equator taught me something about people and versatility more than anything. Though I saw myself as a flea---I was never received as one. The majority of the people I met were warm, hospitable, and unbelievably patient with my errors in language. People were willing to teach me, guide me, and share their lives with me. I am immensely indebted to everyone who I met while there.

My plans before arriving in Ecuador were amorphous. Though this was anxiety provoking, I am so grateful that was the case. I ended up in Kamak Maki only by a stroke of luck. My original research location had fallen through and after hearing about the medicinal garden in Chichico rumi, the Yanapuma Foundation guided me there. Without a specific agenda, I was able to tune into the rhythm of the project with a more open mind, and give it time before figuring out where I could plug in my skills and attention. Though I eventually developed clearer research plans, and became an active participant in building the green pharmacy, compiling a catalogue, building a compost, and tending to the garden-- I could not erase the fact that I was only there for a fleeting second, leaving my plastic trash behind to sit in the ground.

The tensions I felt as a tourist between feelings of joy and despair, curiosity and guilt, deeply informed the direction of this paper. Though my primary interest is in plants and plant medicines, I approached my research from an ethnographic angle, with the intention of relating how medicinal plants have shaped the experience of a particular family, and the potential this family's medicinal plant project has to shape the world. I pay particular attention to the tourist as one of the mediators between the family's project and the global --in both a literal sense, and in the sense of discourse. With the agency inherent in the role of the tourist comes great personal responsibility to critically assess the self, and earnestly engage with the host country and peoples. The act of tourism is not just an opportunity for leisure or pleasure, but can be an opportunity to construct or reconstruct the self and the other.

Methodologies

I spent a total of three months in Chichico rumi, Ecuador staying with the Rios family at their eco-tourist site, Kamak Maki. While on-site I paid for room and board, and in exchange was able to volunteer with their medicinal plant project, and conduct research for my Division III project. In addition to participant observation, the data include three extended interviews with volunteers (two males, one female) from England and the United States, and interviews with two male community members, both of whom were instrumental in the development of the project and interacting with tourists since its beginnings in 2004. I also recorded bits of dialogue, comments, and illustrative interactions. All of the original names of persons quoted or mentioned have been omitted and replaced by a pseudonym.

Introduction

(picture here) Bank of the Rio Napo

Somehow, the conversation always reverted back to the power of the plants. I had been speaking with Jamie for over an hour. We occasionally discussed other things, though these digressions were tangential to the central interest-*las plantas*. At one point I asked him what he thought about the presence of tourists in the community, more specifically those living with his family. Jaime, a smiley young man in this mid-twenties answered after some thought:

Here the tourists always give good ideas. Ideas to move forward, good motivation.

Also, sometimes here a negative is when the tourists bring a little sickness and they leave us the sickness. But here we always have the plant in order to cure.

Jaime's response was simple but it struck every tone of complexity encapsulated in the eco-tourism project of which we were both active agents, and of course brought it all back to the promising healing nature of the garden that sat quietly right in the middle of it all.

I asked this question with the hope that Jaime would verbalize the fragments of foreign influence that had, what seemed like to me, permeated the preferences, behaviors, and ideological frameworks of the permanent residents of the budding eco-tourism project, Proyecto Kamak Maki (PKM), of which he and his family were the founding members. Whether he intentionally or unintentionally circumvented the specifics, what he *did* say turned out to be just as illustrative and perhaps even a bit poetic, in representing the interactions between tourists and local residents at PKM, particularly within medicinal

plant portion of the project.

Jaime's comment summarized more concisely than I ever could, what seemed to be at the heart of my research. The employment of tourism, for whatever the proposed gain, is an invitation for cross-cultural exchange--the extent to which is dependent on the amount and depth at which information is presented and shared, and of course how it is received. What I had noticed, from both observation and personal interviews with a handful of international volunteers and community members, was a constant interchange of cultural baggage and when it came to medicine, this was particularly the case.

There can be true value in this sharing of ideas and energies, yet of course there are complications and situations where visitors bring "sickness." Physical or ideological, the negative impact of tourism can be complex but somehow the Rios family, the residents and directors of PKM, handles the influence of visitors, I would argue, quite well. Although when Jamie remarks, "But here we always have the plants in order to cure," he is referring to illness of a bodily nature, it is my opinion, based on the greater goals of Kamak Maki, the medicinal garden and plants that compose it, have potential to provide relief from illness of the social type as well.

Four years before we shared this conversation, Jaime's family committed themselves to a ten year "project" to host a small tourism operation, with the aim, according to Jaime's father Alberto, to educate the community and visitors about Quechua culture. I quickly learned that medicinal plants local to the Upper Napo region of Ecuador's Amazon region or *Oriente*, were included in the category of Quechua culture, and as far as this project was concerned, were a prominent, and timeless feature. As a Quechua family, the Andy's were clearly concerned about the continuation of some long standing traditions--namely the use of medicinal plants---in the face of rapid changes to their community spawned by Ecuador's

recent brush with an economic boom and crash.

During my stay at PKM, I also came to learn the importance the garden has not only to the tourism project, but also according to Alberto, to his family and community---and as a model for increasingly multifaceted image of global healthcare. The garden serves as the family's primary source of medical treatment and has increasingly been tied to community health projects. During the time I was volunteering in Kamak Maki, "The Green Pharmacy" (*Farmacia Verde*) was built. This was a long time dream for Alberto, who has plans to use revenue generated from selling on-site prepared medicinal products, such as hand salve, alcohol/plant extractions, and teas to help support his own herbal consultation services, free of charge to community members. Alberto also emphasizes community education, as one of the primary objectives of the garden--necessary due to the fading awareness of locally medicinal plants.

These objectives, in some capacity, are supported by the nearly constant presence of volunteers and tourists. Though the number of visitors fluctuates like anything else, the presence of visitors has an apparent effect on the family and the project. Each volunteer that stays overnight with the family, contributes between \$8-12 dollars a day (long term volunteers are charged less because they can invest more time and focus in larger projects), which covers three generously sized meals, living/sleeping quarters, and the invaluable attention, guidance, and patience from family members. Generally what results from this simple economic exchange, is the family earns a modest bit of income, the majority of which goes directly back into financing more development projects, and help from a few extra bodies (in varying capacities) with the hard labor needed to see the projects to the finish.

What is of primary interest to me is the way in which PKM has capitalized, rather

opportunistically, on the use of tourism to fund their own community development projects and in turn, the way in which the presence of a global community inevitably affects the local, in both subtle and obvious ways. Furthermore, how and to what end does the project's influence extend outward? So far the project is small in size but the fundamental premise is radical and suggests solutions for issues much larger than itself. Free, accessible, ecologically friendly health-care does not exist in many places in the world--and Kamak Maki is offering a strategy to change that. However when visitors come to the project, how do volunteers translate the meanings of a culturally, socially, and politically fueled medicinal project, and its specific implications within the national and global spectrum of botanical medicine? How do their interpretations reflect on the Rios family and community of Chichico rumi as a whole?

The medicinal gardens at Kamak Maki and its inspired activities illustrate this platform of cross cultural convergence. Networks of influence and interaction that extend from the garden bound plants, outward to the Rios family, the community, volunteers, and beyond, interlock and unfold in webs of dependency extending in every direction. The local medicine system, for example, from the perspective of the family at Kamak Maki, has and will continue to be influenced by ideas and actions arriving from exterior to the community. Likewise, those who visit Kamak Maki leave with a set of impressions, which are incorporated or dismissed at varying depths within each individual. Subtle cultural, social, and political feedback networks are created, however temporarily, whenever visitors and residents coexist at Kamak Maki. These etched understandings have potential to build even after the visitor packs up and moves on. When a volunteer visits the family, what impressions do they leave with? What information informs their understandings? Why are the tourists' understandings of their experience at Kamak Maki important and relevant to

the project's mission?

The vision of Alberto, the director at Kamak Maki and medicinal plant project, seeks to simultaneously utilize and optimize the resources and energies that volunteers and tourists bring, while maintaining a strong sense of purpose and dedication to developing his community. Using the medicinal garden at Kamak Maki to exemplify a space where cultural meanings are created or re-signified by tourists and family members, I will examine the implications this unique cultural space has within the larger scheme of national ecological restoration, cultural identification, globalization, and botanical medicine.

Overview of Contents

I will begin the paper by introducing the organizational structure of the tourist project, Proyecto Kamak Maki, including a background description of its larger partner, the Yanapuma Foundation. This will help the reader locate where the project lies in the wide spectrum of the tourism industry within Ecuador. A brief economic, social, and environmental history: chapter one will historically contextualize the present day Chichico rumi---the community where the Rios family and their project Kamak Maki now live--- within a national and global political, social, and environmental scheme, to assist the reader in understanding the complex, underlying dynamics at play at Kamak Maki. Gardens: chapter two focuses on the garden at Kamak Maki, providing a physical description, brief history, while discussing the role the garden plays for the permanently residing family and community members. Here I will lay out and discuss the way in which the family utilizes the garden for personal purposes, and the various community health, education, and conservation efforts driven by the vision of Alberto. This chapter will also include certain

aspects of community health history within Chichico rumi as it relates to the objectives of the medicinal garden at Kamak Maki. Tourism: chapter three will discuss the way in which this local project enters a global context through its connection to tourism. It describes the way in which the act of hosting volunteers and receiving tourists supports and manipulates the fundamental aspects of the garden and project at Kamak Maki. It will examine the various ways tourism bolsters the goals of Kamak Maki--economically, with manual labor, and idea collaboration--as well as the effect the experience at Kamak Maki has on the volunteers, particularly in their experience as consumers of the medicine at Kamak Maki. How does being treated with medicine from the garden impact the volunteers? How does involving volunteers in the medicinal plant projects alter the character of the project? Next, in chapter four: Growing socially engaged medicine, I will discuss the important parallels between the medicinal plant project at Kamak Maki, and the hopeful aspects of herbal medicine on whole. What implications does the project have on a larger scale? Where does it fit into the spectrum international of medicine? Lastly Deconstructing the volunteer, re-imagining the tourist: chapter five will address the discursive patterns amongst the interviewed volunteers and what this indicates about their overall impressions of the local culture.

As the Rios family invites global witnesses to their home and project, what do the visitors learn about the project and its role? How are these meanings scripted by cultural discourse? I propose that the great responsibility of "cultural exchange" requires critical self-examination from both participants in the exchange, and that in this case Yanapuma should take responsibility for facilitating this process.

Background

(picture) Upper Napo Region, Ecuador

My relationship with Chichico rumi and PKM began with the Yanapuma Foundation, a Quito-based non-governmental organization. According to their web site, the foundation works cooperatively with indigenous communities throughout Ecuador on sustainable development by facilitating short and long-term relationships with volunteers and communities. These connections in turn "encourage intercultural exchange that fosters mutual benefit and learning in a globalizing world."(www.yanapuma.org: 2/5/08)

At the most simplistic level, Yanapuma is part of the booming and still expanding trend of eco-tourism businesses in Ecuador. Eco-tourism, a term which has become far too inclusive, in principle refers to organizations which strive to develop a sustainable business model of tourism and which support the livelihood of the local community visited with special attention to environmental conservation

Many have capitalized on the allure of the buzz term "eco-tourism," and seldom do organizations truly live up to the promise of sustainable development which is sensitive to the needs and desires of the local communities. According to Frank Hutchins in his article, "Footprints in the Forest: Ecotourism and Altered Meanings in Ecuador's Upper Amazon," eco-tourism inevitably commodifies and essentializes culture. He writes,

...eco-tourism contrary to the claims that it nurtures culture and preserves nature (referring respectively to "sustainable development" and "community environmentalism") is often grounded on reifications of "culture" that re-signify meaningful places in the rainforest. This happens as indigenous identities and bodies are dressed up for the tourists' gaze and as places, meanings and symbols are reinterpreted within a market framework (2007:76)

Though Yanapuma does not employ eco-tourism as a term to describe their mission, the implications and pitfalls that can arise from transversing the local and global in an effort towards sustainability still apply.

The factor of tourism and their said organizational goals automatically lumps Yanapuma into a category of "eco-tourism;" however as a foundation whose primary effort is to work with communities, Yanapuma is distinguished from other businesses because it uses tourism as a tool rather than the central motivation behind the project. Most exemplary of this effort is their encouragement for communities to work towards autonomy in their projects. The foundation *facilitates* relationships with tourists, by helping tourists and volunteers with the logistics of settling into a foreign setting. Once the visitor is within the community, they become a participant or volunteer for the community's specific project, carrying out tasks and engaging in activities coordinated by community members. Advice and guidelines are provided by Yanapuma to assist and support the community projects with hosting volunteers and tourists, and although the type of information advised and what ultimately gets digested and instituted in the community is an interesting, complex topic, that is not the central focus of this paper. It is simply important to recognize the type of relationship Yanapuma has with communities, and the way in which this informs the experience of both the tourists and the communities.

Proyecto Kamak Maki, nestled right on the boarder of the Ecuadorian Amazon in a small town called Chichico rumi, is one community that Yanapuma works with that is well on its way to functioning independently. Located in the Napo province, approximately 100 miles from the capital city Quito, the site is home to a small scale eco-tourism project. The homestead sits right beside the gushing *Rio Napo*, surrounded by a marvel of green--banana trees, wild ginger, cacao trees, and mainly secondary forest. On site there are a handful of

attractions for tourists including an ethnographic museum (currently being rebuilt), a cage-less zoo featuring a variety of local species, as well as a medicinal and ornamental plant garden. There is also a kitchen, bathroom, both of which have periodic running water, and living quarters for both permanent residents and visiting long and short term volunteers.

A paved road cuts through the forest, providing access to the largest town in the area, Tena, a hub for Amazonian tourism connecting travelers from Quito with the eastern part of the country. A number of houses line the edge, along with a school, a telephone/Internet center, a tiny store, and two bars. The town itself is fairly new, based on what I have gathered from observation, and is composed of several Quechua families, some of whom have settled recently in this section of the rainforest after being forced out for various reasons from other areas. The Rios family specifically built a more permanent settlement in Chichico rumi in 2004, after previously nomadic lifestyle. In the words of Jaime, "we lived like birds," the family frequently moving to different sites in around the Upper Napo region. The family chose to stick around in one place for a while in order to start PKM, although they still tend to their land and bring volunteers to another settlement deeper in the jungle, Sumak Sacha, reachable by a two hour bus ride.

The monkeys, leaf-cutter ants, beautiful brown rivers, and radiant orchids are all momentarily enchanting yet there is also ample evidence of globalization. Chichico rumi is far from "untouched" by the global market. The ubiquity of Coca Cola and Nestle products are symbols of a strong corporate infiltration and responsive consumer base. Particular structures within the community also indicate interaction with outsiders. The presence of corporate oil businesses during the nineties is marked by the road and the Internet center, both of which were given as "gifts" from the "petroleum company" as noted on several occasions by Alberto, Jaime and other community members. A controversial topic, the

presence of the oil companies was never discussed in any detail or great length by the community members I interacted with during my time at PKM, however the presence of the oil companies in the Upper Napo region during the past thirty years has undoubtedly affected indigenous communities in this region of Ecuador, and the socio-political climate of the country as a whole. The story of Ecuador's economy during the 70's, 80's, and 90's is overwhelmingly dominated by the oil exploration and exploitation of both national and international petroleum companies and the consequential, fumbling policy changes that brought devastation to an already oppressed population of indigenous groups, and rapid development to formerly pristine stretches of rainforest.

*A brief economic, environmental, and social
history
chapter one*

"Deforestation; soil erosion; desertification; water pollution; pollution from oil production wastes in ecologically sensitive areas of the Amazon Basin and Galapagos Islands," the CIA world Fact book lists the current environmental issues facing Ecuador today with sterile frankness ("Ecuador" World Factbook: 2/12/08). Though this list is devoid of the political and economic context that has contributed to (some would argue is responsible for) Ecuador's current environmental demise, the facts are shocking enough to make one wonder how it could have possibly gotten to this point. Societal health, intricately linked to the health of environment, is also in a grim state. According to Suarez-

Torres and Lopez-Parades, "Acute respiratory infections associated with such pre-disposing factors as environmental contamination and certain types of dwellings and cooking fuels increased from 50 to 90 per 100,000 inhabitants between 1970 and 1988," (1997: 96).

Evidence of environmental contamination due to the intensive and reckless oil exploitation which took over the past three decades still poses a threat to many indigenous groups in the Northern part of Ecuador's Amazon, "Amazon Watch estimates that some 350 open toxic pools still remain in the backyards of many indigenous and forest communities. These pools are festering with cancer-causing chemicals including benzene, toluene, arsenic lead, mercury, and cadmium, they say," (Bruno: 2003). Though Ecuador has recently started to rebound from its abysmal human and environmental health record during the 70's, 80's, and 90's, the causal relationships between economic and political policy and that record are important for understanding how such a rapid decline was possible, and for understanding the current trends in public health, human rights, and development as the country moves towards recovery.

Not surprisingly, the decline in the state of environmental and social health of Ecuador and its people is closely correlated with the most recent tumultuous period in the nation's political and economic history. The shift from a mainly agrarian fueled economy to an industrial model has had direct, deleterious consequences for the nation. As Suarez-Torres and Lopez-Paredes comment in their article, *Development, Environment, and Health in Crisis: The Case for Ecuador*, "Ecuador is a clear example of how development policy can bring a country to the point of social and environmental collapse while simultaneously generating significant economic accumulation for tiny sectors of the population (1997: 83)."

Oil boom, economic crash, social and environmental collapse

The history of Ecuador's economic relationship with oil, and on a grander scale their relationship with their neo-liberal neighbors to the North, can be pinpointed as the driving force behind the development, political corruption and subsequent environmental and health catastrophes which unfolded in the years following Texaco's discovery of commercial oil reserves in 1967. Though a tiny country, Ecuador is the 5th largest exporter of oil in Latin America, sending out 530,000 barrels every day (<http://news.bbc.co.uk:2/15/08>). This tremendous output is a recent addition to the nation's economy. Prior to the discovery and commercial production of oil in the mid-sixties and early seventies, Ecuador relied primarily on agriculture to sustain its economy. Statistics from Banco Central de Ecuador in 1990 show before 1965, agriculture made up 26% of the internal GDP, compared to the industrial sector of 15% and petroleum sector barely at 1%. These had significantly shifted by 1989, the contribution from agriculture shrinking to 17%, industry showing slight growth at 18%, and petroleum climbing to 15% (Suarez-Torres and Lopez-Parades: 1997). This change was stimulated by a boom in commercial oil production beginning in 1972. Ecuador entered the scene of the global oil market during a strategic time, while prices were at a high during the oil crisis of the early seventies. The country had already joined OPEC (Organization of Petroleum Exporting Countries) in 1973, and by that year the crude oil brought in 50% of the nation's budget, a financial high they rode through the rest of the decade using funds to finance many health-care, sanitation, education, and infrastructure developments (Sawyer: 2004).

The early successes of the oil industry were reversed with harsh setbacks in the 80's and neoliberalism gained popularity amongst politicians as effort to climb out of sudden

economic shock. Early on, the eighties brought trouble for the Ecuadorian economy. The rates on international loans increased, and global price of oil shrunk, two of several factors which caused the foreign debt to more than triple from 1974 to 1982, rising from 18% to 60% of the GDP (Sawyer: 2004). Political instability, beginning with the assassination of former President Jaime Roldos, followed by a shuffle of two more presidents exacerbated the already struggling social and economic climate (Perkins: 2004). It was during this time politicians began to toy with neoliberal strategies in response to a fumbling economy. The three presidents who held office during the eighties shared a vision to, "increase export production (especially oil), open the economy to foreign investment and trade, and reduce the state's productive and distributive functions" (Sawyer:2004, 11). Though each administration implemented reforms in this vein, the social and economic reverberations were quiet compared to what followed in the nineties.

During the presidency of Sixto Duran Ballen, the neo-liberal policies finally gained enough steam to dramatically metamorphize the social, political and economic climate within Ecuador. International lending institutions such as the International Monetary Fund (IMF) and the World Bank resorted to withholding loans to Ecuador lest they submit to the neo-liberal policy reforms these institutions promoted, a pattern which extended across Latin America (Sawyer:2004). It should not be overlooked that these organizations were deeply invested in United States government's agenda, as voting and vetoing rights are distributed among member countries based on the scale of financial contribution. The U.S. treasury monetarily contributes the most---they have 30% of the vote and stand as the only country with vetoing privileges (Martinez: 2007). Duran Ballen, fronting a relatively conservative administration, developed strong relations with the U.S. during this time, and began implementing the economic policies they promoted. As Sawyer (2004:12)

comments, "...the Duran Ballen administration began chanting the neoliberal mantra (privatization-liberalization-deregulation-and-decentralization) and started equating neoliberalism with its attendant globalization and inevitable 'modernization.'" It was thought that moving the economy in this direction would,

...stimulate transnational investment of privatization, liberalization, deregulation, and decentralization, boost the GNP, reduce state expenditures, and increase governmental efficiency. The hope was that modernization programs would further facilitate national and transnational capital accumulation and that they would generate enough state revenue to pay the international debt," (Sawyer:2004, 13).

The policies realized during the time of the Duran Ballen administration not only failed to relieve any debt, the debt began to grow, and the welfare of the people suffered. The pattern of financing development in impoverished countries while controlling the type of policy means more fiscal debt and political indebtedness to the more affluent countries who help finance the loans. Nadia Martinez, in her article, "Adios, World Bank," discusses the corrupt policies of the World Bank, specifically their relationship with countries in Latin America.,

In addition to providing financial policy prescriptions to poor governments, which it ensures are adopted by making them "conditions" for lending. Throughout the developing world, debt seriously hinders countries' abilities to provide for basic needs of their citizens, and imposed "conditionality" interferes with governments' rights to make sovereign decisions (2007).

Ecuador is no exception from this cyclical issue. During the decades of oil dependency and new economic strategies, despite efforts to reverse debt accumulation, the debt quadrupled. The debt was at a tolerable level in 1970, just under \$300 million; however, by the nineties despite the extraction and sale of 1.5 billion barrels of crude oil, the national debt had

soared to \$12 billion, (Kane: 1995). Joe Kane, a writer and researcher who spent a significant amount of time living with one of the indigenous groups, Huarani, severely affected by oil production, writes,

The story of how that debt was incurred is hopelessly complicated--administrations of the left, right, and center share the blame equally with the Company (the petroleum company)--but from it emerges at least one simple and undeniable fact: The more oil Ecuador produces, the further in debt it goes. Today its poverty ranks with the worst in Latin America and its programs for economic development are moribund, because more than a quarter of every dollar earned from exports must go toward paying and servicing the debt (1995:111).

The Ecuadorian government was forced to maintain austerity programs in order to pay back debt to their multitude of creditors. These cutbacks generally meant public and social welfare programs were subject to severely reduced budgets, and "overnight the price of staples-- cooking and heating fuel, flour, rice, sugar, milk--doubles or triples," (Kane 1995: 112). Public health programs particularly suffered from the burden of debt. According to WHOSIS (World Health Organization Statistical Information System), government expenditure dedicated to health climbed slightly from 6.4 percent of the total budget in 2000 to 9.7 percent in 2002. However the numbers fell to 8.7 percent then to 7.6 percent in 2003 and 2004, respectively. This was largely due to, as pointed out by UNFPA (United Nations Populations Fund), external debt repayment which had increased to 52% of the total national budget in 2004 at the cost of cuts in "social services, particularly health and education," (www.unfpa.org:2/15/08). Ecuador's \$158 per capita per year on social welfare programs pales in comparison to the more than double regional average of \$540, (www.unfpa.org: 2/15/08). Based on the total expenditures on health, around 60 percent is from a private source, and of all private expenditure on health, it is also evident that the majority, hovering at around 85% from 2000 to 2004, of health care expense are paid for

out of pocket, (<http://www.who.int/whosis/en>: 2/15/08). Ecuador's National Council for Development (CONADE) has acknowledged the state's failure to implement programs which properly address the most recent environmental and health problems with appropriate programs, citing "the lack of political will, technological capacity, and human resources to confront them," (Suarez-Torres and Lopez-Parades:1997).

The financial revenue earned from exporting their most lucrative natural resource, has not been particularly lucrative nor beneficial for the majority of the population. Those profiting from oil exportation are a small percentage of the wealthy class. During the 1970's and 1990's petroleum accounted for 40-60% of the country's total exports, however according to Suarez-Torres and Lopez-Parades, who cite the National Institute of Statistics and Census from 1988 (INEC), "less than 1 percent of the economically active population was directly linked to this activity (1997:93)" Although marketed economic growth occurred during the surge of oil sales from 1970 to 1990, individual incomes flat lined. The proportion of salaries from the Gross Domestic Product (GDP) sharply decreased from 32% in 1980 to 13% by 1990. Also over this period per capita family income had declined by 20%. The financial revenue from oil exports however, was only to be profitable for a few, and ultimately detrimental for the rest of the population as Suarez-Torres and Lopez-Parades comment,

Industrial modernization in Ecuador dates mainly to the 1970's, when it was stimulated by an infusion of revenue from petroleum and aimed at import substitution. It was a clear change of strategy from traditional patterns of accumulation...It (Industrial Modernization) did not succeed in replacing imports, did not absorb the labor force that was displaced by changes in agriculture, and did not compete successfully in international markets. Because it depended upon the use of foreign patents, technology, and inputs, it also increased dependency and the transfer of surplus abroad (1997:90).

Not only did the majority of the population not benefit from this "oil boom," but the state of

national poverty actually worsened. A study conducted by the United Nations in 2002, found "inequity, including the exclusion of segments of the population from the benefits of socio-economic development, particularly young people, women and the Quechua indigenous minorities, were among the root causes of poverty," (www.unfpa.org: 2/16/08). Estimates of poverty, when the state of the economy was arguably at its worst in the early nineties, were as high as UNICEF's (United Nations International Children's Emergency Fund) who found 79% of the population to be considered poor, (Kane: 1995).

This extensive poverty coupled with budget cuts in public health programs, has led to high rates of malnutrition and poor access to health care for large portions of Ecuador's population. Suarez-Torres and Lopez-Paredes (1997:95), point out the rates of calorie deficient diseases as a pathology "clearly associated with poverty," has been exacerbated by the "concentration of wealth and deterioration of the productive base." According to estimates from the Pan-American Health Organization in 1990, the "bottom 50 percent of the population receives barely 13 percent of the income while the top 10 percent captures from 23 to 51 percent," (Suarez-Torres and Lopez Paredes: 1997:95). Consequentially, during this time Ecuadorians on average had a caloric deficit of 29 percent, and 55 percent of children were malnourished. The Napo province is listed among the provinces where malnutrition rates are at their highest (Suarez-Torres and Lopez Paredes: 1997). The World Bank Group (www.worldbank.org/ec: 2/7/08) remarks on their web-site that although since the nineties "social outcomes and access to basic services," have made a slow improvement, poverty continues to rise. Their estimates of present day poverty are on the conservative side, reporting an increase in poverty from 40 to 45 percent between 1990 and 2001. Sean Angus MacKinnon marks rates of poverty at a staggering 60% of the population, which has risen by one-third since 1995. If indigenous populations are looked

at exclusively, the rates climb to 87%, (2007).

Counting the *Oriente's* wounded

Aside from contributing to the already shocking disparity in wealth between the affluent and impoverished social strata, those who felt the environmental shock and social consequences from industrial development most dramatically were the poor and historically oppressed groups, particularly the indigenous populations (Suarez-Torres and Lopez-Parades: 1997). All of the nation's oil reserves can be found in the *Oriente*, which means a web of roads, hundreds of oil wells, oil pipelines, and open pools of raw crude oil waste have dramatically transformed the landscape. This physical transformation of the landscape simultaneously reordered the lives and future for the native inhabitants--and indigenous populations throughout Ecuador. The human inhabitants of the *Oriente* were also invaded there livelihoods broken, left to ponder their cultural survival as they picked up the broken pieces. Sawyer comments on the wrath of destruction left behind, "A network of roads linked oil towns and facilitated the homesteading of the region by over 200,000 poor mestizo farmers or *colonos* (colonists). Both directly and indirectly, these oil operations tore indigenous communities apart in the northern *Oriente* through disease and displacement, contamination and corruption."

The damage isn't far from home in Chichico rumi, aside from the more than 19.5 billion gallons of waste and 16.8 million gallons of crude oil spilled by Texaco during their 20 year occupation of Ecuador's forests, as mentioned by Kane (1995:232) another oil company, Maxus Energy, is responsible for spilling "55,000 gallons of raw crude near the Napo River. Barges hired by Maxus dumped drilling waste into the Napo and the Yasuni.

When people got in their way, Maxus subcontractors broke bones and threatened lives." Contamination of ground water and rivers is especially devastating to indigenous communities as most spend a significant time bathing, washing, and fishing in nearby rivers (Sawyer:2004). Pits of waste called "drilling muds" are a nasty concoction of water, heavy metals, oil, and chemicals involved in the drilling process. As noted in by T. Miller, "government studies have shown in the U.S. such muds can contain toxic levels of benzene, a known carcinogen, and lead, which can impede mental development in children" (2003: 2/17/08). The health effects of pollution from petroleum extraction on the populations of indigenous people in Ecuador have been well researched and documented. It is clear that even if there were to be an intensive clean up---lives have already been cut short.

A history of physical and ideological exchange

Though petroleum extraction has left a wrath of environmental damages and has accelerated the pace of development within Ecuador's Amazonia, this region has been interacting with outsiders for centuries. The history of economic and cultural exchange in the Upper Napo region dates back long before oil exploration. This area, that bridges the Andes Mountains and the lower Amazon forest basin, is locally referred to as the *montana*. As described by Hutchins (2007), "While cultural mixing intensified at various points in the *montana* during colonial and post-colonial times, economic exchanges long predate the arrival of the Spaniards (78)" Trade routes that stretch from east to west transported commodities such as cotton and salt from the Andes into the jungle, whereas cinnamon and cocoa were shipped west, (Hutchins: 2007).

Aside from economic interests, others had desire to penetrate this area. Catholic

missionaries, the first to bring religious ideology deep within Ecuador's forests, paved the way for evangelical groups and others to later stake claims in the souls of the jungle.

Archidona, just North of Tena, is one of the main so-called "missionary outposts" established in 1560 by colonists. The presence of missionaries and the introduction of Christianity has been an impetus for social, political and cultural transformation. One particular evangelical missionary group, as noted by author Joe Kane, in the late sixties and early seventies was instrumental in facilitating a plan developed by the government and Texaco, to pave a road directly through the territory of the Huaorani, another indigenous group in the Napo province. The American missionary group--Summer Institute of Linguistics (SIL)--whose purported mission was to translate and study indigenous languages, in actuality was a front for a corrupt, manipulative plot to further colonizing.

According to Kane, SIL:

conducted a program of pacification that, with the aid of magic and trinkets--airplanes and mirrors and salt--lured most of the Huaorani into a small protectorate on the far western edge of their traditional lands. This move helped Teaxco blaze the route of the Via Auca [the road], which opened Huaorani territory not only to further oil development but also, for the first time, to large-scale colonization...It is the deepest penetration, by road, that has been made anywhere in the upper Amazonian watershed, (1995: 27)."

Other accounts of the symbiotic relationship between SIL, oil companies, and the U.S. government grow more insidious. John Perkins, a former minion of the contracting company, MAIN, describes the systematic exploitation of the Huaorani as instigated by SIL.

Rumors abounded that SIL missionaries used an assortment of underhanded techniques to persuade the tribes to abandon their homes and move to the missions. A frequently repeated story was that they had donated food heavily laced with laxatives--then offered medicines to cure the diarrhea epidemic. Throughout the Huaorani territory, SIL air-dropped false-bottomed food baskets containing tiny radio transmitters; receivers at highly sophisticated communications stations,

manned by U.S. military personnel at the army base in Shell, tuned in to these transmitters. Whenever a member of the tribe was bitten by a poisonous snake or became seriously ill, an SIL representative arrived with anti-venom or the proper medicines--often in oil company helicopters" (142).

Though in the eighties Jaime Roldos, a former president of Ecuador, publicly denounced SIL and eventually demanded the group leave the country, the damage had been done.

Tourism--modern day colonialism

The story of missionary involvement in Ecuador's Amazonia, exemplifies the more subtle and nuanced manner the homes and lives of the indigenous were systematically invaded and colonized over the last half century. Tourism--a promised economic lifeboat for those willing and able to engage with curious, sometimes obnoxious travelers, tourists, and volunteers ---may present similar threats to small developing communities. What type of relationship does tourism allow between the consumers and producers? How are power dynamics supported and subverted when "cross-cultural" experience is commodified? Is tourism just another disguised form of colonization, or can it bring deep and lasting economic and developmental solutions to communities?

Recently tourism has gained significant momentum in the Upper Napo river region of Ecuador. Once a colonial trading post, the small city of Tena has become a starting point for tourists seeking to tour the rainforest. As advertised on an adventure travel web-site, Ecuador Explorer, "Tena is the perfect launching point for a jungle trek, a spelunking expedition, or a rafting or kayaking trip down one of the countless rivers that pass through or by the city," (<http://www.ecuadorexplorer.com>: 2/7/08). The local government in Tena has worked hard to promote this image. As noted by Frank Hutchins, in the latest

development plan released by the government of Tena, the city proposes that "eco-tourism will anchor development for both the municipality and the province (Hutchins:2007, 79)". Until recently, most of Ecuador's tourism to the Upper Amazon was controlled by organizations in Quito or Banos, according to Hutchins; however ownership over the industry is changing. Currently, the number of community based projects operated by indigenous communities or groups of families has reached the 40's. The lure to invite tourists, though it provides economic revitalization to impoverished areas, is not a singularly economic incentive. Tourism has also been framed as a means of saving local indigenous culture. The government's strategy and recommendations to agencies, as Hutchins goes on to discuss, is problematic as it neglects to honor the diversity of ideas and people whom make up modern day indigenous communities. As Hutchins comments,

Mestizo colonizers from the highlands may have greatly affected history and the ecosystem but, as one municipal official said, they don't factor into this process of identity building. As with much essentialized representation of this region, the images used here highlight a mysterious rainforest populated by timeless, eco-friendly natives. This makes for a seamless fit with the material circulated via the travel industry. (2007:79)

Utilizing one of the excesses of colonial society--tourism--to empower communities with cultural education seems like a resourceful idea, but how can indigenous communities remain in power in a situation historically never in their favor? Can their story be told truthfully in a way that still captivates the minds of tourists?

The story of the Rios family and their small tourism operation in Ecuador's Upper Amazon captures the way tension between cultural representation, tourism, and adaptation unfolds and is interpreted between people; it is the way the family has both engaged and subverted, embodied and redefined the dominant discourses of tourism, medicine, and plants. A family whose utilization of the local medicinal plants as a primary medicine

source singles them out as a minority in their community may lead one to assume they are resistant to change yet a closer look proves just the opposite. The Rios family is in an intensive dialogue with change-- they actively invite new ideas, opinions, and beliefs and at times integrate these novelties into their composite paradigms. This is a family that acknowledges they are in a crux of change, and have taken steps to understand and respond to it. Although the family has found a successful strategy to use tourism to support their development projects, how do the meanings that the volunteers generate about the project, the Rios family, and local culture impress upon the Kamak Maki and transform its message?

Gardens

chapter two

(picture)

Kamak Maki has a jungle homestead feel to it. The earth has been visibly worked, moved, and shaped according to the needs of the human inhabitants, but the flora still demands attention. The woody structures and stone walls amongst the greenery exude a sort of false permanence inherent in human construction. The plants and trees seem at the grips of staging a coup on these rickety structures that impose on their domain.

The garden itself--the part that is clearly planted-- alludes to the intentionality of a human-made garden, including stones that encircle many of the plants, viewing paths made of sand from the river bank, and small black painted signs which advertise a number of names and properties for each of the plants. Though a boundless wild energy oozes through the un-kept areas, much of the garden has an ordered appearance to it. Mature, well groomed bushes function as walls, separating the small stone pond of crocodiles from the groupings of medicinal plants. Seedlings wait eagerly in little beds next to the outhouse to be planted throughout the site. Older fruit bearing trees stand humbly amongst lived human space, many of them-- Lemon (Limon), Breadfruit (Fruta de pan), Guava (Guyaba), Papaya, and Cacao provide frequent nectarous treats for grazing monkeys, insects, children, and adults.

The garden and handful of structures that mark the land have a bare bones, practical beauty. The physical aesthetic of the project speaks to the numerous people and purposes the space serves. The plot of land that is considered "Kamak Maki" feels vast with the initial visit. Along the road, where a large sign beckons visitors, "*Bienvenidos a Kamak Maki*," (welcome to Kamak Maki), a dirt path can be followed down a perilous set of dirt

terraced steps, over a rocky stream, eventually leading to the first set of visible buildings-- the volunteer house, and kitchen within the main space. Each structure is constructed using the traditional method of a woven roof, tree trunk frame, and bamboo/wooden plank siding, with floors of dirt or concrete.

The other structures include an outhouse style bathroom; a small store that sells handicrafts, soda, beer, and a selection of cookies, biscuits, and candy; a one room ethnographic museum that displays a number of animal traps, traditional dress, and tools; and finally the small living quarters for the handful of family residents that live on the lower section of Kamak Maki. A more recent addition has been the green pharmacy (*farmacia verde*), a multi-functional building to be used as both a natural pharmacy, and treatment center. Constructed to serve a population of community members and tourists, this center was born to help formalize and create a space for the provision of prepared herbal medicines, something that Alberto says people often ask for.

The backyard medicine cabinet

View from the store (picture)

The medicinal garden itself, maintains a bold presence throughout the grounds that seems to allude its ubiquity and importance within the lives of the Rios family. Primarily reliant on plant medicines cultivated in garden, the large extended family, the Rios, harvest various types of medicines daily. Whether to make tea from the bark of the cinnamon tree to help aid digestion during breakfast, heal an external wound with the red sap from Sangre de Drago (dragon's blood), or to relieve a tumultuous stomach with Alberto's infamous concoction--an extraction made from whiskey and the leaves of bitter plants--the garden

provides the family with a year round source of free, abundant, and accessible medicine. The number of plants the family has transplanted from deeper within the jungle and other places now reaches the hundreds, offering a wide selection to admire and experiment with. According to Alberto, all of the plants the family uses are from the garden, and ninety-nine percent are local to the nearby forest.

“Nearby” however can mean up to a two hour bus ride away. The family is fortunate to care for another section of land in Sumak Sacha, a small village deep within primary rainforest where most of the medicinal plants found in the garden at Kamak Maki originate from. Traveling longer distances to forage for plants is becoming a reality for people around the world who rely on these medicines for primary healthcare. According to the study "Medicinal plants for forest conservation and health care" by the Food and Agriculture Organization of the United Nations,

A number of papers report that herbalists now report having to walk increasingly greater distances for herbs that once grew almost outside their door. As habitats for plants disappear and over harvesting for commercial uses reduces stocks of wild medicinal plant material, there is a corresponding drop in availability of the plants used as the first and last resort for health care by many rural populations. (1997:1)

Gardening, for the residents of Kamak Maki and others who feel the impact of diminishing plant habitats, is a way of increasing populations of plants locally that otherwise would demand a costly trip to find them.

The remaining one percent of plants found in the garden at Kamak Maki are a selection of "integrated" plants from other regions in Ecuador and a few from other countries. Among these include *San Pedro*, a plant from the Ecuadorean Andes, *Dulcamara*, a plant with European origins, and a few others from Columbia and Peru. The inclusion of "foreign" plants is a testament to one of the many ways Alberto seeks to

cultivate diversity in the garden and at Kamak Maki.

In the instance of illness or minor injury plants are always the first form of treatment, and maybe the second, third, or fourth. At one point I asked Jaime how he handles sickness, what his first steps are when addressing physical discomfort or pain. His reply is one I could relate to,

I always talk with my mother first. 'Mom, I'm sick, I don't know what's going on'... I always say to my mother, 'Prepare something quick! My body hurts and I have a sore throat!' A spoonful of *ajo de monte* (jungle garlic) or *jengibre* (ginger) and I'm cured. It's easy to cure.

If the first round of treatment does not provide relief, Jaime says it is followed by the same treatment, and then with stronger plants or in a different, more potent form. Alberto also emphasized a heavy reliance on medicinal plants to treat health problems. In his own words, "Mostly here, we, the Kamak Maki family are using natural medicine, medicine from plants and a little from the [community] pharmacy."

In fact, Alberto is careful when discussing medicine--he is always sure to distinguish the difference between the character of medicine used within his family and that used by the majority of community members in Chichico rumi. Each time the topic of pharmaceutical medicine was mentioned during a discussion between us, he was sure to remind me that "Here at Kamak Maki, it's different." For the Rios family, there is a sense of pride that comes from the ability to cure a fatal snake bite with *Matiri*, a plant that has saved the lives of family members several times. Though this knowledge was once much more common, according to Alberto, an awareness of plants---identifying them, knowledge of medicinal preparations, and other uses---are nearly lost within Chichico rumni. The Rios family is an anomaly when it comes to local medicine.

(Modern) Traditional Medicine

Traditionally, as explained by Alberto and Jaime, illness and health issues in the community were primarily addressed by shamans. When an individual fell ill, he or she would explain the location and quality of pain to the shaman, who would treat the individual by drinking Ahyahusca, or Yage, a psychoactive plant decoction. From there, Alberto explained, the patient would decide if they were better--if not, treatment would continue until something worked. "Now," Alberto adds, "people describe illnesses such as diabetes, diarrhea, gastritis--all types of illness. Within our culture, we only say--my head hurts, my shoulder hurts, I have a pain in my heart, I have a pain in my stomach--nothing else. If you get better, you get better; if you get worse you get worse." The shaman was the principal holder of medicinal plant knowledge, responsible for volumes of information on identification and uses. This model of medicine is not unique to Chichico rumi or Ecuador. A.P. van Seters in *Forest base medicines in traditional and cosmopolitan health care* remarks, "Health care and botany have evolved as inseparable domains of human activity: the medicine man (shaman) is often regarded as the first botanical professional in human history," (1997:6). The lifetime of knowledge collected by the shaman was typically passed along orally to the youth, as Alberto recalls, "if your father was a shaman, then their child would be a shaman. Our ancestors left us training." Recently this passage of information has gotten disrupted by competing ideas. Now the status of herbal medicine in Chichico rumi has shifted from the standard, "go to" method, to a forgotten or an otherwise commodified form of treatment.

The commercialization of shamanism seems to be a particular point of grief for Alberto. As he says,

The shaman wants to take all the glory, but they don't think of the plant. The shaman cures, but the shaman is lying. He or she makes a curing ceremony, they always use a plant treatment--its the properties of plants that are curing, but there are times when the shaman wants to take all the glory. 'I am the one who cures.'

Exploitation of culture and abusing the power of "shaman" status are reasons Alberto steers away from associations with shamanism, as he comments, "There are others [other shamans] who only make wickedness to the people. Evil to make work, to exploit. Money."

Plant medicines and traditional healing modalities are facing a similar fate around the world. As described by Tuley De Silva in *Industrial utilization of medicinal plants in developing countries*, the integrity of medicine gets compromised when it is commercialized.

Traditional herbal medicines were produced using age old methods by the practitioner him/herself who was able to identify the correct plant species. This practice of the traditional practitioner dispensing his own medicines is being gradually shifted to herbal drug stores which are profit-oriented. As a result, there is no guarantee of the authenticity and quantity of plant material used in the preparations. The quality of traditional medicines so produced vary widely and may not even be effective, (1997: 36).

The methods of treatment, describing illness, and overall ways of viewing the body have dramatically changed from primary reliance on shamans to move towards allopathy-- though a small number of shamans still remain in the community.

Significance of plant medicines local to global

Freshly gathered “Cat’s claw” a popular medicine worldwide (picture)

Though the Rios family may be unique within Chichico rumi due to their continued reliance on plants as a source of food and medicine, they are certainly not alone in the world. Silva's report also found that,

About 80% of the population of many developing countries still use traditional medicines for their health care. Modern pharmacopoeia still contain at least of 25% drugs derived from plants and many others which are synthetic analogues built on prototype compounds isolated from plants. China, India, Sri Lanka and a few other countries have officially recognized the use of traditional medicines in their health care delivery system (1997:34)

The world-wide reliance on plant medicines becomes a concern as the reality of bio-diversity loss enters the picture.

The shrinking rainforest is a bioregion unmatched in density and diversity of plant and animal species--yet the losses are beginning to threaten this fame. According to Edward O. Wilson's estimates, "we are losing 137 plant, animal, and insect species every single day. That's 50,000 species a year!" (Taylor: 1998: 6). It is no secret this loss will dramatically impact the future of medicine--not to mention entire ecosystems and communities.

According to Leslie Taylor, one fourth of all medicine is derived from plants or animals that live in the rainforest. The future of this ecosystem is critical for medicine on all fronts---allopathic and traditional medical systems alike depend on this area of the world as a source of medicine. Taylor describes the importance of plants within primary health care systems:

No one can challenge the fact that we are still largely dependent on plants for treating our ailments. Almost 90 percent of people in developing countries still rely on traditional--based largely on species of plants and animals--for their primary health care. In the United States some 25 percent of prescriptions are filled with drugs whose active ingredients are extracted or derived from plants.

Many of the chemical compounds that pose promise for treating diseases such as cancer and A.I.D.S. are found in the rainforest. According to Taylor,

The U.S. National Cancer Institute has identified over 3,000 plants that are active against cancer cells, and 70 percent of these plants are only found in the rainforest. More than 25 percent of active ingredients in today's cancer fighting drugs come from organisms found only in the rainforest...plant chemicals may well help us in our own ongoing struggle with constantly evolving pathogens such as bacteria-resistant pathogens in tuberculosis, measles, and HIV. Experts now believe that if there is a cure for cancer and even AIDS, it will probably be found in the rainforest.

The work of protecting medicinal plants is an effort that affects any person on the globe who is a consumer of medicine.

Alternatives to institutionalized health-care

Although the family at Kamak Maki uses primarily plant medicine, definitions of health, sickness, and choice of treatment vary significantly within Chichico-rumi. As explained by Alberto, there are three classifications of individual health care "beliefs" amongst community members,

There is one group that only believes in shamans, this group fears the shaman, their spirit is lead by the shaman. But there is another group, a group that believes in medicinal plants, that the plants can cure and another group that only believes in pharmaceutical medicine.

These groups, he goes on to say later in our conversation, differ in size, as the majority of the community relies on the small *Centro de Salud* for healthcare, a simple community

pharmacy built by the petroleum company Perneco. Alberto's estimates around ninety-five percent of the community of Chichico rumi rely on medicine from the pharmacy. The remaining five percent presumably includes one or two families who "believe" or ascribe to shamanism as their preferential treatment, and another couple of families whom hold beliefs similar to the Rios family -- utilizing plants to treat illness primarily, resorting to allopathic medicine only when necessary. The factors underlying this numerical imbalance are complex, and raise important questions in regards to health care access, economic constraints, and competing socio-cultural paradigms. The Rios family is thus one perspective along a wide spectrum of beliefs in regard to medicine.

According to Alberto, there are several reasons why he and his family have chosen to limit their interaction with the biomedical care offered in his own community of Chichico rumi and the surrounding clinics. The first most fundamental reason is a personal, philosophical stance, a relationship to plants he seriously began cultivating at the ripe age of twenty. The pivotal moment when Alberto began to truly trust the curative power of plants was nearly fifty years ago. As the story goes, he was working alongside a friend who swung a machete and missed the intended object, slicing Alberto's hand instead. He washed his hands with Chugri Yuyu, a succulent leaf, also called *Hoja de Espiritu Santo* (Leaf of the Holy Spirit), known for its antibiotic, and anti-inflammatory properties, particularly for skin. According to Alberto, using this plant helped side-step infection and a nasty scar, and from this point on he started believing in plants with steady devotion.

Aside from the personal, Alberto named several practical reasons why allopathic care has not been his preference; accessibility among them. The closest clinic, *El Centro de Salud*, is right up the road from Kamak Maki, only a five to ten minute walk, though the hours are limited, only in the afternoons. The center has a nurse on staff who gives health

advice and dispenses medicine for a fee. A neighboring town, Misuahlli, slightly larger in size, also has a clinic if *El Centro* is closed, though the town is only reachable by a fifteen minute taxi or car ride from Chichico rumi. The next available centers are in Tena, 45 minutes away by bus and Quito, 6 hours away by bus. Beyond these options, traveling outside the country for treatment is not uncommon, in fact Alberto commented, "There are many people who have to travel outside of the country." In particular, several countries, including Cuba and Venezuela have offered free specialized health-care procedures to Ecuadorians. While I was staying at Kamak Maki, one of Alberto's daughters, Luz, was planning to receive free cataract surgery in Latachunga, a city in the Andes region of Ecuador, offered by visiting Cuban surgeons. According to Luz and Alberto, all expenses were paid for including transportation, the procedure, and room and board during the treatment. Unfortunately, Luz and her mother Rosa who had been planning to go with her, missed the "program bus," and thus missed their chance.

Economics also are a limiting factor in access to health care for the family at Kamak Maki, and within the community. As Jaime mentions, if you go to Tena to see a doctor or have an operation you have to pay. "If you do not pay quickly," he says, "there is no operation." Even the costs of simpler health care, such as over the counter medicines from a pharmacy, are a financial burden for most of the communities members in Chichico rumi. Poverty means more than lack of resources to buy medicines but also food insecurity. The relationship between clear cutting forests, poverty, and poor dietary intake and thus poor health, are outlined by Jaime,

Sometimes the people here don't have anything; here the majority of Quechuas don't have money, not for food either. They only drink Chicha--chicha, chicha, chicha. When there is food, they eat a little. We have visited many communities that are like this but here they have a little food, more than those who live deeper in the

jungle. The people who live deeper in the jungle don't have anything, they only have small farms. They drink quite a bit of Chicha. Chicha for breakfast, lunch, and dinner.

Plants offer a clear, partial solution to the financial burden of medical care. As Jaime discusses,

They [the community members] don't spend any money when they have a plant, when they go to the pharmacy [the community pharmacy] it costs a lot of money, a pill is fifty cents. If you buy ointment for a fungal infection it costs two dollars and fifty cents. When you have a plant, like Zimbiyu or Verbena it's nothing. You can go to the jungle, pick it and it doesn't cost any money.

The evolution of a conservation project

I gaze at the garden in defeated disbelief. Though we had just weeded the garden a week ago, the plantain tree sprouts that had shot up through the sand in the path, among other "weeds" had multiplied to excessive crowding, suffocating the small seedlings of cinnamon trees that struggled for a ray of sunshine. The sticky humidity is ideal for these green creatures to procreate and colonize every inch of available soil--and they do so with relentless tenacity. The efforts Jamie, the other volunteers, and I spent hacking at the earth, uprooting the imposter plants seemed futile as I gazed at the rebound of green that now occupied the formerly open space of earth. One of the frustrating ironies of gardening is its seemingly contrived, arbitrary selectiveness, and the constant battle to remove the plants not on the pre-approved guest list. Plants are plants, all green things, in my opinion, are pleasant to look at. Why spend so much effort fighting the inevitable invasion of "weeds?" Manipulating the natural course of plant competition always seemed suspicious to me, but I can understand its merits--food, medicine, and the increased accessibility to both of these

the closer the garden is to home, just to name a few. The wonders and benefits of maintaining a garden, however, specifically as biodiversity is increasingly threatened worldwide, extend beyond the immediate needs of the grower. Gardening can be a space to cultivate and re-propagate fragile plant species endangered by the damages wrought to the ecosystem; to nourish and display diversity at its finest. This example of plant diversity can bring awareness to the fact of the dwindling heterogeneity within the plant kingdom. Distinguishing the "keepers" from the "weeds"---a task all the volunteers had difficulty with--seen in this way becomes less of a value judgment, but an agenda to strengthen the community of plant life, for the sake of every species--green and furry, winged and slimey.

Thus, the garden at Kamak Maki represents much more than a provider of sweetness and green medicine for the Rios family. This medicinal plant project, not uniquely, is seeped in the fermentation of political, social and cultural influences affecting the community of Chichico rumi. Much of the garden's underlying philosophy and objectives, according to the words of Alberto, are positioned explicitly within these realms. Certain explicit goals of the garden intentionally address cultural and political issues within the community, such as providing inexpensive accessible health care, raising awareness about conservation and biodiversity loss, and acknowledging a need for plant identification education within the community.

The history of the garden at Kamak Maki speaks to its evolving purpose within the immediate family at Kamak Maki, and for community members and visitors. As Alberto explains, the original purpose of the garden was for the family to use, primarily as a free, accessible source of medicine. It was not until community members and visiting volunteers took notice of their small family project that the purpose of the garden grew to become more inclusive, expanding their operation to include community education and

international volunteer involvement. Alberto tells the story of Proyecto Kamak Maki's evolution:

The idea here, at Kamak Maki was not really organized for too much commercial promotion until now. It was for the family, to use the medicine within the family. But, I had seen that people appreciated it, the work, the garden. Thus we changed our idea. So to make it better, it (*the garden*) would also be to provide education, right? Ultimately this idea came when Benji, the first volunteer started with the work in Sumak Sacha. There came the necessity, the interest to plant plants because of its necessity and also because the people noticed that when children with the flu came to visit, they were cured immediately. I prepared cough syrup. I would fill a small glass and sell it to the children for a dollar; I think it was a dollar. So in this way it (the project) grew, more and more. For the grandparents I gave them away for free. Then from there the people noticed that there is a cure with plants, we began to appreciate that. It was necessary to make a garden there, so we started one.

The original garden Alberto refers to began at Sumak Sacha, the site where the first volunteer Benji lived and worked with through the organization Kamak Maki formerly worked with, "Ecotrackers." The first garden was abandoned shortly after the initial project developments due to noise from the oil operation set up there. The family decided to relocate the project to the current location in Chichico rumi, setting up an operation that thus far has been successful in hosting tourists, volunteers, and continues to develop community conservation and education initiatives.

Alberto sees the garden as benefiting "everyone from the jungle who wants to conserve medicinal plants, or uses--believes in medicinal plants. If they don't believe then they can be with pharmaceutical medicine." His beliefs about who the garden can potentially help underlie the basis for many of the programs recently implemented at PKM to ensure the "greater" objectives are fulfilled. When discussing the garden, he highlights education as a pedestal of his mission.

Education: local, national, global

Garden at pre-school at Fodi (picture)

The education effort he refers to, attempts to cover many bases in both content and demographics. Responsible for the creation of what totals now three gardens, Alberto is adamant about extending the resources and message from his Kamak Maki project outward. The garden at Kamak Maki is specifically set up for visitors--community members, tourists, and other guests---to leave with a certain impression about medicinal plants and their ability to heal. Signs posted around the garden help facilitate self directed learning, and many of the older Rios family members are knowledgeable and open to questions about the plants. Alberto has attempted to replicate the effort at Kamak Maki in two other places in Puka Chicta, a small town across the Napo River from Chichico rumi. One of the new medicinal gardens is in back of the elementary school in Puka Chicta, the second behind a nursery school, called Fodi. A recent effort in late September 2007 from the organizers at Kamak Maki and international volunteers, helped accelerate progress in both gardens, transplanting new plants, cleaning up the garden beds, and creating viewing paths. Signs indicating the name and medicinal uses of the plants were added later. Alberto sees this project as a way of reaching out to the youth, helping them to discover the possible role plants can play in their lives. Though more work is necessary to fully coordinate the presence of the garden with school activities, the foundational work is complete.

Alberto has also encouraged the development of a Medicinal Plant catalogue to complement the garden. This book, which will function as an important information resource for both students and teachers at the elementary school, includes photos and information of the plants in the garden at the school in Pucka Chicta, and plants in the

garden at Kamak Maki. Each entry lists the names of the plant in Quechua and Spanish, and details the properties and traditional/medical uses of the plant. The creation of the book (fall of 2007) was a collaborative effort between a few international volunteers, Alberto, and Jaime--which allowed for learning on a whole other front. Engaging individuals from outside the community raises awareness of real, current issues that affect indigenous communities--but in this particular case involves volunteers in a project also relevant to their own lives. The issue of bio-diversity loss is one that effects the entire globe, thus medicinal plant education is an issue relevant to both children at the local elementary school and visiting tourists. The catalogue is one example of the way the project at Kamak Maki seeks to bridge their local cultural restoration projects with the international community.

A new health center

The green pharmacy (picture)

Another objective of the garden is to provide health care to those within the community who need it. The recently built Green Pharmacy is a new space that Alberto hopes to utilize to prepare medicine and treat patients. The green pharmacy is a fairly large structure, with two rooms--one of which is proposed to function as a small scale dispensary of prepared herbal medicines, the other a treatment center or "vapor house." The "vapor house" is still a work in progress, but at it's completion will include two private rooms, where visitors, family, and community member will be able to receive vapor treatments. This process, according to Alberto, is one of the many ways herbal medicine can be delivered. It involves heating a large pot of water and a combination of medicinal leaves,

then positioning the patient around the pot and covered in blankets so that medicinal steam is concentrated and trapped within a small space, enabling entry through skin and orifices of the body. A small portable gas stove in the pharmacy section is used for both sections, so teas, salves, and vapor preparations can be prepared in the same space.

Alberto foresees this project as costly--between buying gas for the stove to prepare the medicines, leaves to prepare large amounts of medicine, and the costs of containers for medicines--therefore he has developed a way of serving his community while earning income from the pharmacy. Currently it is in his capacity to treat close friends and local community members for free, and as he explains many have taken him up on the offer. He recounts one boy who recently came who was stricken with a "permanent cold." "I gave him medicine, three times, and he left drinking it--this holy remedy--and already there is not coughing, no fever." Word of mouth and testimonies from those who have been treated by Alberto seem to draw in enough visitors to keep Alberto and his family busy. As Alberto says, "Patients that arrived, were cured, and return--this is promotional."

This seems to be Alberto's general philosophy at Kamak Maki, the experience and testimony speaks much louder than any convincing---for patients and tourists. That is how most people arrive at Kamak Maki, because they've heard its a welcoming, and warm family. What else the volunteers take away from the experience is also instrumental in how the project is understood outside of the community.

Tourism

chapter three

"The witch doctor succeeds for the same reason all the rest of us succeed. Each patient carries his own doctor inside him. They come to us not knowing that cure. We are at our best when we give the doctor who resides within each patient a chance to go at work."
-- Albert Schweizer

kind of "Every little thing they wanted to treat with medicine, with their medicine, to show you, this is what we do, and this is how we treat ourselves."
--Alex, longterm volunteer (U.S.) at Kamak Maki,

At the bank of the Napo River, motorized canoes arrive shuttling tourists from Puerto Misauhilli to visit Kamak Maki. Most of the time they are groups of Ecuadorians and less frequently they are from somewhere beyond Ecuador's borders. Climbing up the stairs of sand and stone, these tourists follow a dirt path encapsulated by greenery. One of the first signs they see when entering the site states the following in Spanish:

*The curative power of
OUR PLANTS.
'That cure and kill. '
PLEASE DON'T PICK
the leaves, smell them
or chew them.
Wait for the guide to describe their nature.*

The message is matter of fact---Be wary of what you are not familiar with, and wait till someone who is familiar gives you some guidance. This is the tone the tour at Kamak Maki begins with. It assumes a closed information system, private ownership and understanding of what lies beyond the sign---the trade secrets of the rainforest soon to be whispered in confidence by the guide. What happens at Kamak Maki however is much more fluid and open than this sign implies. A small project that seeks to preserve and impart local

knowledge using tourism is bound to be shaped and transformed through this act of hosting and sharing their world with visitors.

The tensions between the dynamic cultural reality, accelerated by tourists and cultural outsiders, and the static constructions of culture, which champion "traditional identity", are not absent, but tourists seem more interested in the later than the residents at Kamak Maki. Faced with the ominous threat of lost "cultural identity," Alberto and the twenty or so family members who help run the project appear open and ready to intentionally engage with change. As I have seen it, their project does not represent a romantic longing for the past but a courageous display of adaptation. As the family employs tourism to accomplish their goals, how does this medium transmit this message? In what ways do the Rios family and tourists mutually support each other? How do they change each other? And on whose terms do these changes occur? This chapter will give an overview of the practical benefits of tourism for the family at Kamak Maki, while also evaluating the discursive themes within the interviewed volunteers' experience

Lending a hand, leaving some money

Tourism is the primary source of financial support for the community development projects PKM is involved in. Three years ago when Andy, the soon to be co-founder and director of the Yanapuma Foundation visited Kamak Maki, he was a tourist. By a stroke of luck he landed on the canoe that brought him to Chichico rumi and Alberto's budding project, Proyecto Kamak Maki. At that time, the site had less buildings and more uncultivated space than what exists today. As Andy recalls,

Alberto originally started the medicinal gardens and museum as a way of preserving local knowledge more than thinking about it as a tourism venture...I went back there later to start working with Alberto because he seemed to be working very hard and be a very genuine person. I don't think he was even charging people to look around in those days.

The relationship that grew between Andy and Alberto resulted in the current collaboration PKM

has with the Yanapuma Foundation which largely operates to help network and organize longer term visits from volunteers and tourists. Since Andy's first visit in 2004, PKM has been affiliated with two organizations-- first Eco-trackers, for roughly a year, and now the Yanapuma Foundation. The income generated by their newly added tourism enterprise has allowed for growth within the project, both in structure and function. At the most basic level, volunteers contribute to the project by financing it. Those who stay for two months or longer pay a daily \$8, while it costs short term visitors seeking a "cultural exchange" experience \$12 per day. Special pre-arranged three week group projects coordinated by Yanapuma and a gap-year program LEAP based in the U.K. also include a \$500 donation to the project in the total price. Other sources of income from the family come from day tourists whom pay for guided tours at the rate of \$1 for Ecuadorians and \$2 for foreigners. The family also earns income from selling snacks and handicrafts at their small store. Additionally, the pharmacy will bolster the family economically, as Alberto plans to sell prepared medicines to tourists. The family at Kamak Maki has created a diverse set of programs using tourism to both generate income, and, in turn, fund site and community development projects.

Physically, the site has changed drastically during the past three years, to both accommodate more visitors and improve facilities--developments made possible only by a fairly constant flow of monetary resources. "Construction," Andy explains, "has largely

been funded by the volunteers that I have sent, both through Eco-trackers and Yanapuma." Currently a new ethnographic museum is being constructed with the help of several groups of volunteers planned to arrive in March, May, June, continuing through the end of the year until the museum is finished. The kitchen, volunteer house, pharmacy, and a handful of other newly built structures were all made possible by donations or income from volunteers. Extra bodies, hands, and money provide the jolt of resources necessary to see large projects to the end from start to finish.

Cultural exchange--expectation and representation

The project not only looks different since their still young collaboration with Yanapuma-- the intentions of the project have also developed over time to include "cultural interchange" as one of the project foci. Accepting both individuals interested in active involvement in the projects for two months or more, and those with limited time who stay for one or two weeks makes for a large spectrum of experience to be had at Kamak Maki. Those who stay for months at a time, the long term volunteers, typically work in depth on an already begun work in progress or new project from the long list Alberto has brewing in his head. The cultural exchange option is geared towards individuals with less time, who would like to experience living in a rural rainforest community. The Yanapuma web site (www.yanapuma.org: 4/5/08) describes the cultural exchange option as the following,

You will live with a community for at least one week or more, sharing in the daily life of the community in various ways, receiving some guidance to explore the local attractions, and learning about their culture, history, beliefs, and relationship to the environment...your presence in the community acts as encouragement to their developing tourism project, and offers them the opportunity to learn about other cultures and the needs and preferences of foreigners. Thus, this program is about cultural

exchange and mutual learning and sharing.

Cultural interchange--implicit in the first long term volunteer option and the explicit focus of the second mentioned option--is inherently imperfect. Amongst the givers and receivers of information lies a liminal space where all ideas must flow, allowing for loss and transformation while in transit.

At Kamak Maki, plant medicine is inevitably part of the "local culture" the volunteers experience, mostly because it is used so often within the Rios family from the minor-- mosquito bites to the major-- snake bites. The varied responses of international tourists when offered plant medicine from Alberto, Rosa, or one of their children offers insight into the ways this cultural exchange occurs and gets processed by both the residents and visitors. Within exchange, integrated understandings emerge--both for the tourists and the providers of the tourist experience. The system of medicine at Kamak Maki itself is a conglomerate of both traditional and colonial paradigms. The way some of the international tourists ultimately envision medicine at Kamak is largely framed by their prior expectations--and regardless of their experience, they continue to see the system of medicine as bound by their prior assumptions. For others, even if they do not escape this tendency, they find the message in Alberto and his family's eagerness to treat their visitors.

The volunteers

An outbreak of diarrhea was the impetus for my interest in investigating the tourist's experience of botanical medicine at Kamak Maki. Over the course of three months I witnessed eight different volunteers suffer from severe diarrhea---every single one of the visitors who came through during the time I lived at Kamak Maki. I watched as they dealt

with illness, and saw how the family responded, offering their guests medicine from the garden. After watching many of the volunteers grapple with being ill and experience Amazonian plant medicine for the first time, I decided to interview a small group of those who had both experienced illness and been cared for by Kamak Maki family members. I was specifically interested in the varied ways the volunteers understood their experience of illness and treatment within the context of tourism and its promised component--cultural exchange. What cultural information did the Rios family's medicine send to the volunteers? How do the volunteers include this information within their general assessment of "local culture" and in what way do these assessments reflect or contest discourses of medicine and tourism?

Three individuals-Alex from the United States, and Ella and Tim from England-each shared with me their experience of how they got to Kamak Maki, what they expected, and what happened once they arrived. Alex, a twenty three year old, tall, kind Texan, stayed with the Rios family on three separate occasions as an intern through the Yanapuma foundation. The first two visits, both between 2-3 weeks in length, Alex spent volunteering alongside a two different groups of LEAP participants, who were helping the Rios family construct the ethnographic museum and carry out garden related projects. A proficient Spanish speaker, Alex was specifically sent by the Yanapuma Foundation to help translate for the LEAP group. During his third visit to the community, Alex continued to participate in volunteer projects--including helping to construct the Green Pharmacy, working on the medicinal plant catalogue, assisting the family in legalizing/formalizing their tourism site--- but he also conducted a community needs assessment for Yanapuma. As he recounted in his interview, Alex's primary motivation for coming to Ecuador was to improve his Spanish, as well as explore concepts and ideas he had dealt with during his

four years as an undergraduate Latin American Studies student. Though Alex's understanding of Ecuador was not extensive before he arrived in the country, he had a solid grasp of the political climate within Latin America and was aware of a few current issues facing Ecuador,

I studied Latin America at school, and the politics of Latin America in general really interests me--so I'd been following the news...so I knew Ecuador was following the same pattern as Venezuela and Bolivia and sort of Brazil and Argentina. Sort of a shift away from what they call imperialism, sort of away from the U.S. economic policies. Then I had read a little on the indigenous issues, about the oil, specifically in the Amazon. I didn't read alot, I just knew there were problems.

Alex's experience at Kamak Maki was understood through the lens of a student, one whom had studied political and social issues affecting this particular area of the world.

Additionally, the length of time he stayed in the community and his ability to verbally communicate with the Rios family members dramatically affected the way his experience unfolded at Kamak Maki.

The other two interviewees, Tim and Ella, were both short term volunteers affiliated with the LEAP group, an adventure tourism business based in the U.K. They spent a total of three weeks volunteering at Kamak Maki, working on the medicinal gardens, and helping to construct a living quarters for a long term volunteer before they moved on to two other communities in Ecuador. Tim and Ella had joined the LEAP program for similar reasons. Both had recently graduated from high school and had made the decision to spend a year traveling and working before beginning their post-secondary studies. Tim, a wiry, earnest eighteen year old reflected that he chose to come to Ecuador because "part of the appeal was that I didn't know that much about it. It was kind of an interesting, exciting place to go to; I just kind of wanted to see what it was like." What he did know about Ecuador before his adventure began came mostly from television, the Internet, a few guide

books he consulted--all of which had emphasized the differences between western and indigenous lifestyles and the biodiversity found in the rainforest.

Ella similarly sought an exciting adventure in the rainforest. As she explained, at the ripe age of eighteen she had already done a fair amount of traveling in Africa, but never had been to South America and "really did want to go to the rainforest." She admitted her prior knowledge of Ecuador was slight, if anything and her understanding of the rainforest had mainly included images of deforestation, mosquitoes, and in her own words, "crafty things." As explained by both Ella and Tim, their reasons for being in Ecuador were mainly to explore a different section of the world, and volunteer whilst this exploration. Their experience at Kamak Maki, was sown in this bed of prior knowledge (or lack there of) and directly affected the way their understanding of the family at Kamak Maki grew over time. Neither Tim nor Ella spoke Spanish, so much of their communication with the Rios family members happened through body language or through translations by Alex.

Also critical to the way the volunteers met and interacted with the system of plant medicine introduced to them at Kamak Maki, were their own cultural constructions of medicine. As aforementioned, botanical medicine was a novel form of treatment for each of the volunteers. They all had grown up with pharmaceutical drugs and white coat doctors as the protocol for treatment. Names and uses of medicinal plants were not in their operable medical vocabulary before their stay at Kamak Maki. The only difference in their routine of treatment was one of semantics--"GP" general practitioners for the British, physician or doctor for the token individual from the U.S. Additionally, close to none of the volunteers had had significant, prolonged exposure to any other type of medicine system other than allopathy. Both Tim and Ella had experimented with "alternative" treatments, but in both cases the individuals resorted to these treatments---homeopathy,

acupuncture, herbal medicine---only after the allopathic model failed to help them, thus it would be appropriate to say that all the international individuals interviewed understand the body and how it should be treated, through the lens of allopathy.

During the interviews I asked each of the volunteers what their notions of herbal medicine were before coming to Ecuador, and additionally whether they had specific associations between Ecuador and a particular healing modality. All three interview participants claimed that they did not have any specific knowledge of herbal medicines and how they were used in the rainforest, though they all were aware that this form of medicine was available to some extent. Thus the point of reference for all three of the volunteers was based on a limited understanding of herbal medicines.

Common discursive themes emerged within conversations among volunteers and in the interviews in regards to medicine. Opinions concerning efficacy of treatment as well as attempts to categorically differentiate plant medicine at Kamak Maki from the allopathic medicine they were familiar with shaped many of the conversations. For the tourists, the medicines offered were not simply a pathway to symptom relief, but were part of the greater commodified experience of tourism. Receiving a leaf infusion, or cleansing ceremony gave the volunteers an opportunity to witness an aspect of "local indigenous culture," situations they perhaps expected to encounter while visiting the community in Chichico rumi. The inter-play between the imagined experience of "Amazonia," the actual experiences while staying at Kamak Maki, and the responses to these experiences illustrate the imperfect transmission of "cultural" knowledge.

Jungle Medicine: translating medicine and spirituality at Kamak Maki

Spirituality was a theme consistently mentioned throughout Tim's and other

volunteer's reference to the botanical medicine used at Kamak Maki. Belief and "spirits" were terms that frequently came up during conversations about medicine. When Tim was asked to describe what he learned from being treated with medicine by the Rios family, he brought up the spiritual dimension to medicine,

"It's shown me that aspect of their culture. I guess that is sort of partly religious isn't it? Kind of belief in spirits? It's interesting to me because on one hand you've got the spiritual end, and on the other hand you've also got the herbal medicinal remedies, so it is very interesting I think how different it is from my own society where you know anything would be laughed at and seen as very, very alternative."

What Tim in fact learned from the experience is exactly what he says---the spirit world and herbal remedy world coexist for the family at Kamak Maki, a family who is exemplary of the Quechua culture. This is the idea Tim takes home to his family and friends---yes! There really are witch doctors in Ecuador! One of them treated me! ---evidence that western imaginings of the Amazon are right. Secondly, he makes a comparison between medicine at Kamak Maki, and medicine found in "his own society," pointing out that medicine based on plants and spirituality would be ridiculed and dismissed in England.

Theories of an existing spirituality underlying the medicine system at Kamak Maki were popular among other volunteers as well. During breakfast early one morning, two short term volunteers from England shared this exchange:

"I woke up feeling like crap."

"It's the jungle spirits. You have to appease them."

"What do I have to do?"

"I don't know, they are just evil...They mess with your stomach."

"Jungle spirits," for example, was the decided explanation for what felt like the epidemic of diarrhea that plagued nearly every volunteer during a week span in September. A bonfire at the river consummated in many sick volunteers a day later, and for some individuals went

on for several long days to follow. After the volunteers heard one of Alberto's daughters attribute the suffering to bad spirits from the river, perhaps in only half seriousness, this became the premise through which the volunteers perceived the medicinal system at Kamak Maki for the rest of their time--and this understanding transmitted to others who visited later.

Focus on the spiritual aspects of illness--fueled by this comment as well as treatments that some of the volunteers mistook for acts of shamanism--reflect the volunteers' personally and collectively decided notions of "jungle medicine." The basis for this conjecture had much to do with the assumption that shamanism, a healing technique informed by an animistic understanding of the world and its systems, still dominated the medicinal system within the community and at Kamak Maki. Tourism, as explained by Urry in *The Tourist Gaze* (1990), is primarily fueled by a quest for extraordinary experience, a search for events, people, and settings that stir up the normalcy of their own lives. Shamanism or an Amazonian cosmology that stands in contrast to their own---seems to have been sought for by Tim and the other two volunteers who referred to "jungle spirits." As they seek adventure, or search for difference between themselves and the indigenous community they stay with, they actually create imagined difference, rather than seeking to understand the similarities between their system of medicine and the one they are experiencing at KM. It is where the interest and focus of the volunteers lie that is particularly telling of what they desire to understand and know about the family. As Frank Hutchins argues in his paper, *Footprints in the Forest: Ecotourism and Altered Meanings in Ecuador's Upper Amazon*, shared spaces of tourism allow for cultural reconfiguration. "The result," he writes, "is mutability rather than sustainability, where local nature is reordered as global commodity, and local meanings are reinterpreted to better align with

consumers' desires" (2007: 76). The result in this case, is an image of medicine that fits cohesively with the description of shamanism Tim provided for me at one point in our interview: "voo doo magic...cleansing people of evil spirits."

The ideologically hybrid form of medicine that does exist at Kamak Maki includes western influences that seem to have been overlooked by many of the international tourists I saw pass through the site. Though the practice of shamanism definitely is still alive in a small way within the community of Chichico rumi, Alberto's own philosophy of medicine--the only one the volunteers came in contact with---is largely explained by scientific empiricism, Christianity, and a rejection of the formerly dominant paradigm of shamanism.

Religion and science at Kamak Maki

Faith and belief do have a place in medicine at Kamak Maki---but perhaps in a form unexpected by most tourists. Alberto's medicine practice, based on his own explanations, is reliant on a history of evidence and personal experience that lead him to *believe* that plant medicines work. Only through continued *faith* in the medicinal action of plants can he do the work he does. A cosmological understanding of a "plant spirit world" and human moderator that convenes with that world, descriptive of Amazonian shamanism, is absent from Alberto's operable frame of reference when it comes to medicine. If any religion or spirituality informs his medicine practice it is Christianity. A few signs adorn the garden, mentioning scriptures that support the use of plants as food and medicine provided by God. At times, Alberto even prays for his patients, but he makes no claim that there is any spiritual force responsible for the curative power of the plants he uses. In fact, he explicitly states that his work is commonly misunderstood as shamanism. As he shared during an interview,

"Many times people tell me I am a shaman because I do this type of work, but I'm not a shaman, the shaman is part of evil work with the devil, but I have a good spirit, it's of God. Love for my neighbors, my fellow man, this is my work."

His personal understanding and appreciation for herbal medicine is largely driven by a scientific perspective and the plants are the primary mechanism for healing, "For me, medicinal plants are what cure." As Alberto mentioned on a number of occasions, his belief in medicinal plants was predominately informed by personal, direct experience or through treating patients and seeing results.

"There are times when there is no laboratory, but the mouth is a laboratory. Where you can taste, right? The flavors. So when we go out into the forest, all of the leaves we chew--this one is sour, like the other plants over there, or this plant is good for this type of sickness, from there we make a composite of prepared medicine. This is the method, it is not very traditional, but we don't have laboratories either, there aren't many things. Recently we bought a stove to boil water in order to make remedies much faster. With a fire, you have to find wood, if you are missing the wood, or it is taking a long time--meanwhile the sick person is suffering. So we have gotten better with phosphorus."

If Alberto had his way, the project would continue in a direction that embraces scientific exploration of the plants in the garden. As he explains in the above quote, right now the methods for understanding the plants are difficult to be classified as either traditional or scientific---they lie somewhere in the middle of the spectrum. It is his hope that the project development includes the construction of new spaces for formal experimentation. He envisions a new laboratory space being used by international volunteers and students from Chichico rumi and the surrounding communities to experiment and study plant medicines.

Despite his emphasis on empirical evidence, Alberto's investigation in medicinal plants is far from a reductionist science. Elements of intention and receptivity factor into the equation as well. Investigating the curative attributes of plants in books, and even understanding the chemical constituents that perhaps underlie the medicinal actions is not

enough. As explained by Jaime, efficacy of plant medicine is related to the intention and level of openness from the patient being treated. According to Jaime, a leap of faith in the medicine facilitates the healing process. Medicinal plants will help you "If you have faith in the plant," he says, "but if you don't have faith, the plant isn't going to help you. You'll be cured quickly with pharmaceutical medicine but the plant is very intelligent--you have to think 'the plant is going to cure me, because it can cure me' and there you have the plant, it transforms into medicine." Whether explained using Jaime's language---the plant is very intelligent--or that the patient's body is intelligent--does not make a difference. What he expresses is a phenomenon that makes most medicine effective. Although aspirin does not take effect until after it has been absorbed by the stomach, some people experience immediate relief from pain---because they expect that relief, and trust the aspirin will provide it. Similar to aspirin, plant medicines work more effectively if the patient believes it will work.

On some level, tourists could recognize this idea--that a piece of the cure relies on the patient's mind-set. The body's internal ability to heal itself, often mystified as the "placebo effect," is acknowledged and utilized in allopathic medicine. The act of receiving care, whether in the form of a pill or plant can be medicinal in its own right. Ella brought up this notion of belief as a component of medicine during a conversation amongst volunteers. Elliot, a twenty four year old volunteer from England had been suffering from diarrhea for several days, and lamented over breakfast one morning that the various treatments provided by the family had not provided much symptom relief. "Jungle medicine doesn't work, I don't feel better." Tim, still debilitated himself, nodded in agreement, "yea, me neither." In response to their pessimism Ella mused, "it's whether you believe in it or not." Although among the volunteers it was both suggested, and agreed on

that belief in plant medicine is necessary for it to have effect---this fed the belief that plant medicines belonged on the fringes of science and rationality. The logic being: if belief is involved, it is not on the same playing ground as allopathy. Tim's thoughts on the topic are particularly demonstrative,

I guess the jungle, I mean herbal remedies, would still be seen as very alternative. In my society, remedies are used but most people would use pharmaceuticals and herbal extracts, which aren't prescribed, are seen as quite alternative some people frown on them.

Me: why do you think that is?

You've kind of got out here a lot of the medicine is kind of viewed from, partly a spiritual point of view where people see it as "cleansing of the spirits," *whereas in England people kind of need to see proof that it has worked*. People are quite analytical and critical. *I guess people see it from more of a scientific point of view rather than a religious point of view*. People don't like to take medicine unless it has gone through a process of testing, unless it has been validated by a reputable pharmaceutical company and then prescribed by a doctor.

As Tim's comments report, medicine fits into two neat categories---that which includes belief and subjectivity and that which is based on science and objectivity. This dichotomized view of medicine on one level neglects to appreciate the inherent subjectivity in all medicine, and the diverse epistemologies that inform all medicinal systems.

Allopathy does not work within a vacuum where all patients and health practitioners are rational and predictably similar. Nor is it excluded from the pull of politics and culture that can add innumerable nuances to the study of sickness and health, nuances that make them nearly resistant to reductionism.

On another level his comments reflect a value judgment of "indigenous Amazonian medicine" when juxtaposed with the dominant system of "western medicine." The latter is the gold standard--globally used and based on universally applicable natural laws, while traditional local medicine systems are based on folk knowledge only relevant and effective

in their specific contexts. The language he employs specifically demonstrates this binary: Kamak Maki's medicine is religious, untested, and used under informal circumstances --- English allopathic medicine is scientific, tested, and validated by professionals.

What is lost in this case---where supposed special attention is paid to cross-cultural exchange--is the cultural adaptation fueling the project and the ways this hybridity expresses itself through aspects of the Rios family 's life, such as their medicinal system. Instead, Tim and perhaps other tourists who quickly pass through Kamak Maki, get the impression that there is--as they expected--an inherent difference to the way medicine is practiced within indigenous cultures and these differences are by nature second-rate to the way allopathic medicine operates. Whereby the experience of the medical system is part of the volunteers' overall experience of Kamak Maki, then these notions are generalized and transferred onto the entire perception of the "local culture." The family at Kamak Maki gets carded as superstitious, instead of getting the credit they deserve.

Cultural adaptation versus cultural dilution

During the moments when the volunteers did notice aspects of culture hybridity, they typically judged these incorporated forms of "outside" ideas or objects as an adulteration of what the "indigenous life" should be like. "Cultural dilution" due to globalization seemed to be a concern for many of the tourists who passed through Kamak Maki. Surprise or disappointment arose in some volunteers who expected to see indigenous communities in the rainforest wearing leaf skirts and feather hats, carrying spears. At one point Tim reflected, "I noticed that Hector wore his indigenous costume, but he only wore his indigenous costume when tourists were around. I don't know why. This is

slightly disappointing that they wouldn't feel the need to wear their indigenous costumes most of the time." This attitude was expressed in matters of medicine as well.

During their run of sickness, Tim and Ella both had the opportunity to experience a cleansing ceremony, initiated by Rosa and Hector to help treat "bad energy" that had accumulated in both volunteers while ill. Tim explained later in an interview what this cleansing ceremony involved,

The day after the fever, on the eighth day, I received some, almost shamanic ritual from Hector which involved leaves being shaken over my head, a bowl of incense, kind of a stone which was burned, and Hector would blow smoke, cigarette smoke which was quite interesting, I had never had any sort of treatment like that before. It was certainly interesting.

How did that make you feel?

I guess I was really just interested by it really, just having something done like that I have never experienced before. I guess just kind of like the unusualness of it slightly woke me up. As I mentioned some of the symptoms that I had were feelings of tiredness and drowsiness and when I was having this ritual done to me, I did kind of wake up slightly. Just from the unusualness of it.

What was particularly unusual about this treatment for the volunteers was the use of a cigarette,

as Tim goes on to comment,

It felt quite surprising that he chose to use a cigarette rather than you know smoke or something like that...I guess I felt that that was something that may not have been traditional to their culture, like with the introduction of cigarettes somehow it became involved in that ritual. It seemed a bit strange to me I guess. I guess also since cigarettes are bad for you. That it shouldn't be involved in a medicinal ritual. It was quite strange. I guess that is kind of an example of how our culture has in some respects influenced theirs because cigarettes were kind of brought over from America and the West and the way they've become subtly involved in their rituals.

As Tim explains, it was the "unusualness" of the treatment that may have coaxed him out of the exhausted haze he was in--not necessarily the treatment itself. As Tim notes, the cigarette was a shocking addition to the "traditional ritual" he received. He perceives the

cigarette as an object foreign to the culture at Kamak Maki, and that it must be an example of how western influences have seeped into the ritual practice at Kamak Maki. Though Tim's analysis recognizes this moment as evidence of cultural change, his overall judgment has a value attached to it. The cigarette for Tim still represents its western meanings--- "cigarettes are bad for you...it shouldn't be involved in a medicinal ritual." That the cigarette--despite the fact that it could have been introduced in that familiar form by western companies--could mean something completely different did not shine through his analysis. By assuming the meanings had sustained across cultures implies lack of agency on the part of the family at Kamak Maki or community at Chichico rumi to redefine those meanings--that the locals have actual power to define the significance over the cultural objects that enter their community was completely dismissed. I would argue that passivity and victimization is not the story developing at Kamak Maki, nor in Chichico rumi. Cultural objects enter, and are given their own meanings and value judgments. Piers Vitebsky in, *From Cosmology to Environmentalism: shamanism as local knowledge in a global setting* sums up this idea nicely: "Yet what follows will at least give the lie to any smooth model of 'globalization' as a one-way current, an acculturation leading implicitly to a cultural homogenization. Rather, it compels us to regard the global process as a continual realignment of a system of epistemological and political relationships (2003: 277).

Another peculiarity of living at Kamak Maki, especially as I observed the way plant medicine was used within the site, was the frequency with which permanent residents of Kamak Maki asked the tourists for medicine. On a number of occasions Alberto suffered from debilitating joint and muscle pains for days at a time. In addition to the teas, vaporization treatments, and plant extracts he took to address his pain, he petitioned the

volunteers for any medicine they could offer--the assumption being that medicine offered from the tourists could offer something missing from the plant based regime of medicine most of the family was on. Much of the medicine I had to offer, ironically, were medicinal plant preparations from the United States--salves, homeopathic muscle pain cream, herbal tinctures, and bark from the white willow tree for headaches. Eventually all of the medicines I had brought had been shared with various family members at Kamak Maki. My initial reaction to these calls for help was that perhaps there was a lack of "prepared medicines" available. As I wrote in my field journal, "I wonder why they don't have more stuff on hand. Maybe that can be the role of the green pharmacy." My underlying assumption being--if they had the choice, they would always use plant medicines, there just was not enough readily available.

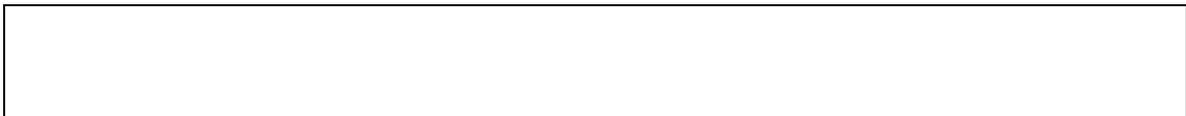
What I realized later that their attitudes towards medicine are much more dynamic. The family at Kamak Maki was always open to medicine that could be offered from tourists and perhaps they expected that sharing of medicines was an important part of sharing of culture. Pharmaceutical drugs, though not the mainstay of medicine for family members at Kamak Maki, were not written off as incompatible with their beliefs, but acknowledged as a mode of treatment that definitely had a place for some occasions in their lives. Realizing that the medicine system at Kamak Maki was much more versatile than I had expected led me to understand that the system there was less dogmatic and more of a growing body of knowledge, pulling from useful ideas from every encountered paradigm of medicine. This model of medicine, that does not categorically prejudice the diversity of healing available can be a lesson for medical practices in the United States and worldwide. Alex also noticed this about the medicine system,

It was interesting to see how often they would ask us for medicine. It was kinda

weird balancing those two things, seeing how excited they were to treat you with the medicinal plants, but then for some things they would ask you for medicine, like for any headache or pain sometimes they would ask you for medicine...So it was interesting to see where they draw the line, and up to what point do they use the medicine and after that when they go to the doctor, it was interesting to find that out.

What lessons can be learned from the system of medicine at Kamak Maki and the volunteers' imaginings of it? As the family copes with a invasion of their lives and space with foreign bodies and objects, it appears they are doing the best they can to take advantage of the opportunities novelty can bring. Though ideas and cultural objects are assimilated into the local culture, the same meanings may or may not be adopted. Instead, as Vitebsky suggests,

"... globalization (or modernization) may lead either to the downgrading and abandonment of indigenous knowledge, or on the contrary to its reassertion and transformation." (2007: 278). While this idea gets overlooked by volunteers, and they continue to reference their own culture to describe others this ultimately prevents a genuine cross-cultural experience.



Growing socially engaged medicine

chapter four

Freshly harvested leaves from Sumak Sacha (picture)

"You can never change things by fighting the existing reality. To change things build a new model that makes the existing model obsolete."

-Buckminster Fuller

"Essentially the food, the fuel, and the medicine are all tied up in the same machine. And therefore we must use all these together to unwind the strongest system, the agri-bussiness, petrochemical, pharmaceutical business---this is all the same thing. This is what we are trying to change."

-Tim Scott, Traditional Chinese Medicine practitioner.

At a recent conference in Brattleboro, Vermont entitled, "Plants, people, and possibilities: A conference on social and ecological renewal" Tim Scott, a practitioner of Chinese herbal medicine led a lecture on the importance of herbalism for community health and ecological restoration. According to Scott, medicine is just a piece of the larger industrial complex that governs people's bodies and health worldwide. This system, he argues, fails to take into account the environmental and social consequences of its expansion. It needs to be replaced or bolstered with something better---something that addresses the interrelatedness of humans, plants, and all life on the planet, something that acknowledges dependency and the permanence of our actions has on the ecosystem. During his lecture, he demonstrated the multitude of ways botanical medicine can serve to reintroduce ecological balance and personal empowerment back into medicine.

First and foremost, according to Scott, community based botanical medicine gives individuals the option to avoid heavy dependency on the current medical industrial

complex---an expensive and inefficient system of healing--by providing equally accessible alternatives. Many medicinal plants can be found in our backyards. As Scott says, "Another benefit to herbal medicine, is its a low cost medicine...and they are growing right around you, or they could be. And what this means is that it is a long term investment for ones health that continues to reap over time." By engaging with the plants that grow wildly around us, or plants that we intentionally cultivate in our homes or gardens, we can be actively involved our health.

Using plants to heal our bodies also serves to restore ecological health. According to Scott, plant medicines help "enhance biodiversity," which is valuable for our communities, gardens and farms---"the more diverse our ecosystems, the healthier we are." Plants have been around long enough, he says, to have established a longstanding 'dynamic equilibrium' with the other species in their ecological niche, they appear in places when needed.

Plant medicine and plant education work cyclically to promote health for people and their ecological niches. Stephen Buhner elaborates on these ideas in his book, *The Lost Language of Plants*, which describes the wreckage wrought by the current model of allopathic medicine to our bodies and natural environments. Plant medicines, as he writes, offer a promising alternative, or at the very least a partner to other healing modalities. They provide a practical solution to many of the problems inherent in the allopathic model, as he writes,

Plants are, in essence, ecological medicines. They do not require expensive factories to make them, they do not discharge pollutants into the environment, they have far fewer side effects (internally and externally), they are renewable, and the knowledge of their use is not held in the hands of a few experts but, like plants in ecosystems, is diffused throughout the cultures that use them. They are also inexpensive...And of course, in communities that work with wild plant medicines, who pick and prepare them themselves, they cost nothing at all. (2002: 209)

What Scott proposes in this lecture and Buhner discusses in his book are in fact the same reasons why PKM holds so much potential as a community health, environmental education project. Bringing diversity to the health care system and simultaneously promoting biodiversity--are the essence and promise for the Rios family 's project. The garden at Kamak Maki, and the new gardens at the local schools, reinvigorate a presence and understanding of plants no longer prevalent in Chichico rumi. As described by Alberto and Jaime, the current model of healthcare in their community is delocalized and difficult for individuals to afford. The budding health model at Kamak Maki caters to community needs by offering locally available, financially accessible health treatment. Additionally, the gardens serve to reconnect community members with an ecological based awareness of plants and their potential importance to community life and bio-diversity. This two-fold aim to replenish the local ecology while fulfilling community health needs is a strategy to reclaim balance in the human relationship to the earth and our bodies.

An integrated approach

The medicine system at Kamak Maki embraces both the holism found in "traditional medicine" while still appreciating the scientific approach. This is another feature of the project's approach that I would argue, strengthens it. The more scientifically literate the herbalists at Kamak Maki are, the easier it will be for them to collaborate with other local health-workers who follow a more allopathic model. Integrative medicine--a recent trend of cooperation between allopathic medicine and various other termed "complementary and alternative" therapies may be the future of medicine. As Tim Scott emphasized in his lecture,

I know I've been down on the modern medical system--but there is a place for this system in our lives. And actually a really essential place. If we think about the way this technological system has helped us deal with emergencies in life saving situations....So much as I feel discontent with that system, there is still a place for it. (2008)

Understanding this, already Alberto has made several accommodations for the "scientifically minded" visitors who wish to discuss plants. Each of the plants in the garden include scientific names, allowing for easier recognition for non-Quechua, and even non-Spanish speaking visitors. Alberto's wishes to build a "community laboratory" also reflect a desire to incorporate a more scientific edge to his project.

Projects that integrate allopathic care and traditional medicine are beginning to materialize in Ecuador. A successful clinic in the Andes Mountains of Otavallo, Ecuador specifically caters to a population of highland Quechua whom are able to benefit from the variety of health services that cross medical paradigms. *Jambi Huasi* or health house, established in 1994, was created in response to the disproportionately high rates of infant and maternal mortality as well as poverty amongst Quechua speaking indigenous communities in the rural Andes (<http://www.unfpa.org/countryfocus/ecuador/clinic:4/17/08>). The clinic has on staff both medical doctors and traditional healers, and dispenses all varieties of medicine in their on-site pharmacy. This project represents a greater trend toward community-based health care that is sensitized to the various cultural needs in medical treatment. Though Kamak Maki is primarily a medicinal garden---more so than a health clinic at this point---the example of Jambi Huasi is useful in illustrating both the practicality and feasibility of cooperation amongst allopathic and traditional care.

As I see it, the success of Kamak Maki lies in the Rios family 's ability to open options for themselves and their fellow community members. "Change is inevitable," Kane

quotes Jose Miguel in *Savages* (1996), "...The real question is, on what terms change will occur?" (75) Alberto and his family have inserted themselves in the crux of a movement with the intention of changing things on their terms. Thus far this has been an opportunity to re-create the local system of medicine and inspire environmental justice, but also their project is part of the larger movement of indigenous self-determination. While the family continues to engage and adapt with visitors who help bring an added element of novelty and watchful eyes, it is important for the director of Kamak Maki and the organizers at Yanapuma to reflect on the way the message is transmitted to volunteers--and how this ultimately shapes outside perceptions and understandings at the level of discourse. Tourism is not a benign economic tool, but is inherently political in nature. Attempts must be made on the part of Yanapuma to address the potential caveats tourism brings to an indigenous, community based project---namely misguided assumptions that have the potential to create problems for a project that actively works to subvert the categorical representations imposed on them by a colonial discourse.

*De-constructing the volunteer, re-imagining the
tourist
chapter five*

"...a basic moral right all people have is to be allowed to evolve their own cultural tools for dealing with change, rather than having that change imposed upon them."

p. 75 Kane, *Savages*

It is also important to realize that tourism is valued as a development strategy not only because of its hoped-for economic benefits, but also because it can serve important ideological and political purposes. Whoever controls the imagery of tourism also controls in many respects the ways in which a country is represented, how its symbols are valued, and how its various constituencies and ethnic components are recognized or not recognized.

p. 38 Chambers, *Can the anthropology of tourism make us better travelers?*

Proyecto Kamak Maki's influence extends far beyond the needs it satisfies in Chichico rumi and the small surrounding communities. As described in chapter four, the community development projects at Kamak Maki are the strength and driving force behind its existence. Tourism was a later added feature that has opened opportunities for the Rios family, allowing for financial stability and expansion of the project. Though tourism adds an element of support for PKM, it also gives rise to a few concerns. Firstly, a constant presence of tourists results in a constant opportunity for outsiders to bear witness. Each time a tourist or volunteer visits Kamak Maki they gather cultural information and later process their observations in accordance with their own ideological and cultural frameworks. What poses a threat to the family at Kamak Maki is if their message or the meaning of their project is overshadowed by tourists' preconceived projections. Here I am most specifically referring to the way in which volunteers imagine the family at Kamak

Maki and the way their views create a larger picture of "Upper Amazonian native culture." The discursive patterns from the interviews reveal a strong tendency---I assume not unique to this small group---to position the project as categorically "indigenous" and thereby true to certain characteristics. It is these manipulated representations that could later on maim the project from truly challenging the lines of power and agency at work in their lives.

Chapter three dealt with the ways in which tourists make sense of medicine at Kamak Maki, and showed that in many ways the volunteers consume the medicine as tourists, not as patients. Medicine for the volunteers was seen as an opportunity to familiarize themselves with another aspect of the Quechua culture, a peculiarity, or fascination. For the volunteers, the medicine served as a representation of indigenous life, and therefore the way in which the tourists understood the medicine, is directly related to the way they view the culture of their hosts. What resulted, as evidenced in many of the comments made by this particular group of volunteers, was that the dominant discourses prevailed and the subtle subversions that exist within the project were disguised or overlooked.

Equally important to assessing the contribution of tourism to the project is the way it inscribes meaning about the place, people, and culture. If the primary aim of the tourism project at Kamak Maki is to cultivate cross-cultural understanding then this needs to be pursued as honestly and carefully as possible. What makes tourism an economic necessity for this family? What types of past coercion from the governments, businesses and developers have created the displacement and marginalization of these individuals? How does a history of living at the bottom of an unequal system become embodied in their lives? What evidence is there of cultural transition or adaptation? In what ways does this family reassert control over formerly co-opted institutions and ideological grips within their

community? In addition to asking critical questions regarding the history and status of the present day community, volunteers should also be challenged to examine their own role as tourists in an institutionalized system of power---why do I have agency to travel and opportunity to learn about other cultures? What personal characteristics allow me that agency?

It was clear that the cultural stereotypes carried into the experience at Kamak Maki-- for at least two of the three volunteers I interviewed---not only prevailed, these stereotypes in some ways dominated their understanding of the culture at Kamak Maki. Though most of the volunteers noticed that the community and family were under intensive transition and many of their original expectations were overturned---they lacked a historical or political framework to process these oddities. When the cigarette appeared in a 'traditional ritual' it was viewed as a mistake, as a piece of western culture that had somehow snuck itself in without resistance. That the family had simply yielded to these objects of western culture, rather than intentionally incorporating them or reassessing their meanings, paints the members of the Kamak Maki family as easily pacified subjects. Despite these areas where cultural adaptation was evident--the static constructions of indigenous medicines prevailed. The idea that the medicine at Kamak Maki is based in spirituality, that the medicines are always found in nature, and that belief is the only active ingredient responsible for a cure--not the plant, overwhelmingly shaped the volunteers' discourse.

Despite the fact that upon closer investigation, the system of medicine at Kamak Maki dares to challenge these myths, the myths were still impressed upon the system. The impressions of the volunteers varied, but in some cases, somehow, the preconceived, uncontested assumptions survived a "cross cultural" experience. I feel this deserves a closer

look at why this happened and what it means in the context of the project at Kamak Maki and tourism in general.

De-constructing in particular the colonial ideas that silently shape the images of the self and other may provide some insight. It is no mistake that science dominates the discourse on medicine amongst the volunteers. As it is commonly understood within western culture, the research, preparation, and utilization of medicines is a scientific discipline---it can be tested in petri dishes, standardized into pills, and administered in exact doses for precise effects. However, despite what the western world would like to believe, science does not describe a universal reality, and its position as the dominant voice within the world of medicine is largely due to its association with the colonial countries where it thrives. Ted Lewellen's *The Anthropology of Globalization: Cultural Anthropology enters the 21st century*, discusses the undertone of objectivity within scientific discourse, and its use to silence other epistemologies around the globe.

Science has been conceived as objective in its methodology and neutral in its judgments; in reality it is neither objective nor neutral. Science carries with it the hegemonic philosophy and power of its source. The ideology of Western "progress" toward industrialization and expanded consumer consumption is implicit even in such enlightened concepts as sustainability and participatory development. In contrast to the perspectives of many traditional cultural ecologies, science is designed to conquer and manipulate nature, rather than adapt to it. (2002:75)

Locally based medicinal philosophies are easily smoldered by development policies that promote scientifically founded medicine as superior. In fact, as Carol McGrath argues, undermining the local knowledge and holders of that knowledge has been a tool to pacify and colonize. She cites an example in Buhner's book, *The Lost Language of Plants*,

In the early days of European-North American contact the colonial authorities quickly recognized that in order to gain influence in the "new" territories they would have to break the power of the medicine people on whom native people depended for healing and spiritual counseling. This, despite the fact that the colonists

themselves needed and were often freely given medical information by these same medicine people. (2002: 250)

The dominating discourse threatens to drown out the response of resistance and courageous adaptation unfolding at Kamak Maki. As Lewellen discusses,

"If the dominant discourse embraces rationalism, scientism, and development, then it obviously has evolved historically within the West and is controlled by the West. Global hegemony, then, is not primarily a matter of economic differentials, the structure of world capitalism, class interest, military power, or modes of production; rather, the globalization of the Western discourse ensures that development will follow a Western model and will be internalized by Third World states, by development agencies, and by many of the individuals who are victimized and maintained in subjection by it. This discourse is everywhere contested by local discourses that do not embrace Western ideology, but which have little defense against development institutions such as the World Bank, the IMF, the inter American Development Agency, and various NGOs (2002:74).

Fundamental to the success of the project and in the best interest of the community at Chichico rumi and Kamak Maki, is that their work and lives are being understood in a truthful sense, that their work, methods, and motivations are not being misrepresented by imposed discourse from the fleeting tourists. As visitors move in and out of the community at Kamak Maki, it is important they are taking with them an accurate representation of what the mission and intricacies truly involved---and what this says about the contemporary issues for indigenous communities in Ecuador.

I propose that tourism introduces a new responsibility---not for the Rios family but for Yanapuma---to engage volunteers in a critical understanding of themselves and the community they are visiting. Challenging the hegemonic discourse, the discourse that divides the tourists and indigenous communities into contrived binaries---the savage and civilized, exotic and ordinary---should be a mandatory part of every volunteer's experience. It is imperative that tourists critically assess how their presence impacts the communities in

various positive and negative ways, and the way in which colonialism has historically defined interactions with indigenous communities and outsiders.

Volunteers need to be held more accountable for the way they make sense of their experience at Kamak Maki. As they leave the community, they are directly responsible for transmitting the images, ideas, and message of their experience back to into their own communities. A mandatory training on the social, political, and cultural history of Chichico rumi should be initiated by Yanapuma before the volunteers visit the community-- no matter how long they stay. Encouragement to assess personhood, agency, and power dynamics should be a central part of this training.

As Chambers discusses in, *Can the anthropology of tourism make us better travelers?* the distinction between "travelers" or those who go 'off the beaten path" (perhaps to an eco-tourism project?) and "tourists," individuals who seek out a more standard, brochure experience, is an arbitrary differentiation as we are all always responsible for our impact as tourists. As Chambers writes,

But despite their intentions, travelers are still tourists. Regardless of the positive values that underlie such justifications of travel, they seem equally compromised by a tendency to deny or at least not to recognize that the environmental and sociocultural consequences of our moving around the world to enrich ourselves in one way or another are not that different from those of other, seemingly less inspired kinds of tourism (2005: 4).

The mere act of going off the beaten path, as he discusses, does not hold one exempt from self-critique or an attempt to engage with the local culture and politics. As he adds later, "truly culturally sensitive and potentially enriching travel experience has its foundation in recognizing rather than trying to disassociate ourselves from the tourism consequences associated with our adventures (2005:4)". The project at Kamak Maki could benefit significantly from hosting more conscientious volunteers. Especially in cases where

language creates a barrier, volunteers should at the very least familiarize themselves with the greater philosophy and intentions of the project to get a clearer picture of the family at Kamak Maki.

Conclusion

As Proyecto Kamak Maki continues forward, the small project has potential to generate significant change for the family and the community of Chichico rumi. The community health and ecology restoration projects are promising; the system of medicine integrative and radical. As mentioned in chapter four, the model of community herbalism proposed by Tim Scott—a model Kamak Maki closely resembles, can offer necessary relief from economic constraints within the currently available healthcare options at Chichico rumi. As the family moves into the future, integrating science and traditional plant medicine, it becomes more critical to see that their goals are bolstered by volunteers who visit their family. The hopeful visions of Alberto, Rosa, Jaime, and the rest of the family at Kamak Maki, are unique and dare to contest the status quo. It is this message, more so than that the monkeys and exotic plants—that the volunteers should remember and bring home with them to share.

References Cited:

BBC News

2006 "Ecuador agreement in oil protests." <<http://news.bbc.co.uk>> accessed February 15, 2008.

Bellamy, David and Andrea Pfister.

1992 *World Medicine: Plants, Patients, and People*. Oxford, UK: Blackwell Publishers.

Bodeker, Gerard

1997 Introduction *In Medicinal plants for forest conservation and health care*.
Bodeker, Gerard, Bhat, K.K.S.; Burley, Jeffrey; Vantomme, Paul eds. Pp. 1-4.
Food and Agriculture Organization of the United Nations: Rome.

Buhner, Stephen Harrod

2002 *The Lost Language of Plants: The Ecological Importance of Plant Medicines to Life on Earth*. White River Junction, Vermont: Green Chelsea Publishing.

Bruno, Kenny

2003 *Indigenous Struggle in Ecuador Becomes a 'Cause Beyond Control'*
Transnational Oil Companies Free to Leave Amazon Electronic Document,
<www.globalpolicy.org> accessed February 13th, 2008.

Chambers, Erve

2005 Can the anthropology of tourism make us better travelers? *National Association for the Practice of Anthropology Bulletin* 23 (1): 27-44.

Ecuador Explorer

"Tena" <<http://www.ecuadorexplorer.com/>> accessed February 7th, 2008.

"Ecuador." World Factbook

2008 Central Intelligence Agency, Office of Public Affairs.
<<http://www.cia.gov/cia/publications/factbook/index.html>> accessed February 12th, 2008.

Hutchins, Frank

2007 Footprints in the forest: ecotourism and altered meanings in Ecuador's Upper Amazon *Journal of Latin American and Caribbean Anthropology* 12 (1):75-103.

Kane, Joe

1996 *Savages*. New York: Vintage Books.

Lewellen, Ted C.

2002 *The Anthropology of Globalization: Cultural Anthropology enters the 21st Century*. Westport, Connecticut: Greenwood Publishing Group

MacKinnon, Sean Angus

2007 "El Presidente: Will Ecuador's New Leader Break the Chain of Corruption?"
Electronic Document < http://adbusters.org/the_magazine> accessed

September

28th, 2008.

Martinez, Nadia

2007 *Adios, World Bank!* Electronic Document, <www.globalpolicy.org> accessed
February 10th, 2008.

Miller, T. Christian

2003 *Ecuador: Texaco Leaves Trail of Destruction* Electronic Document,
<www.globalpolicy.org> accessed February 10th, 2008.

Perkins, John

2004 *Confessions of an Economic Hit Man*. San Francisco, CA:Berrett-Koehler
Publishers.

Van Seters, A.P

1997 Forest based Medicines in traditional and cosmopolitan health care *In*
Medicinal Plants for Forest Conservation and Health care. K.K.S. Bhat;
Jeffrey Burley; Paul Vantomme eds. Pp 5-11. Rome: Food and Agriculture
Organization of the United Nations

Vitebsky, Piers.

2003 From Cosmology to Environmentalism:shamanism as local knowledge in a
global setting. *In* shamanism: A reader. Graham Harvey, ed. Pp. 276-306.
London: Routledge.

Suarez-Torres, Jose and Dolores Lopez-Paredes.

1997 Development, environment, and health in crisis: the case of Ecuador. *Latin
American Perspectives* 24(3): 83-103.

Taylor, Leslie

1998 *Herbal Secrets of the Rainforest: The Healing Power of Over 50 Medicinal
Plants you Should Know About*. Rocklin, CA: Prima Publishing

United Nations Population Fund

"Country in Focus: Ecuador" <<http://www.unfpa.org/>> accessed February
15th, 2008

World Bank Group

"Ecuador"<www.worldbank.org/ec> accessed February 10th, 2008.

World Health Organization

"Core Health Indicators: Ecuador" <<http://www.who.int/whosis/en>>
accessed February 15th, 2008.

Yanapuma Foundation

www.yanapuma.org, accessed March 17th, 2008