

A Tale of Two Rivers

BY JOHN A. MILTON, MD

The people who live along Brazil's Amazon River have none of the conveniences to which Americans are accustomed. They live in remote villages with no electricity or indoor plumbing, and their possessions could fit in a paper sack. They age quickly and die young. They grow and sell hemp for a small sum of money, collect the dripping from rubber trees, fish and hunt for their meals, and eat vegetables from their small gardens. But poor as they are, these Brazilians are a proud people, responsible for themselves and others in their community.

Each year St. Mary's Health Center, St. Louis, holds a basketball game to raise funds for a healthcare team working along the Amazon. As I prepared for this year's game, I found myself reminiscing about the two months I worked with three Franciscan Sisters of Mary and their healthcare team to provide medical care for these people.

Srs. Mary and Jovita Stenger, FSM, and Sr. Vicki Ewers, FSM, have worked in Brazil almost 20 years. They spend part of their time in Manacapuru, a small Brazilian city on the Amazon, and the other part of their time promoting healthcare to villagers along the river.

Their team usually includes a nutritionist, a nurse, an internist-emergency medical specialist, and an office worker. The sisters teach the villagers about water purification and proper preparation of certain foods. They also serve as interpreters between the healthcare team and the villagers.

In the parish boat, a navigator takes the sisters up and down hundreds of

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kilometers of the Amazon, covering its tributaries. Word is sent to villages about when the medical team will arrive. Small groups of villagers gather for leprosy screening and dietary and prenatal advice. Rev. Joe Stenger often accompanies the team to provide religious confirmation of births, baptisms, and marriages that took place during the past few months.

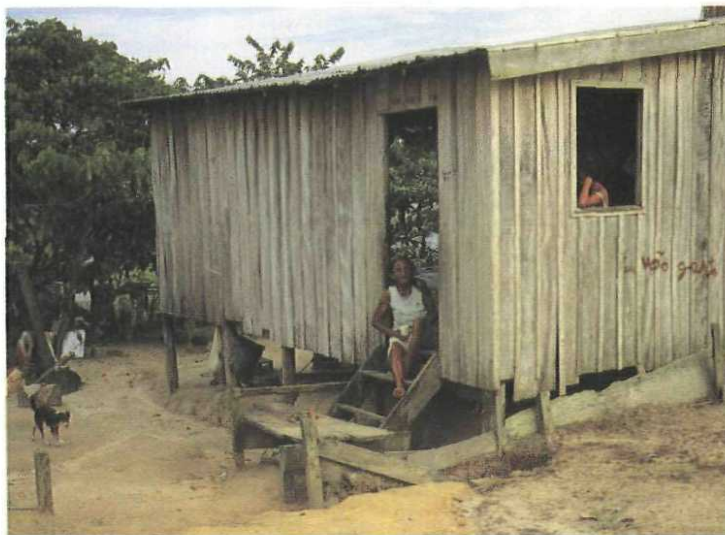
The medical team and I spent a day or two at each stop. In spite of the weight of their poverty and the parasites most harbor, the villagers are generally healthy. At the end of our visits the villagers replenished our food and water. They always sent us off in good spirits, waving until we were out of sight around the next bend.

Interacting with the Brazilians invigorated me. They are obviously contented. They have big hearts and small gifts to give—fish, turtles, bread. They have no underlying agendas: They received and gave with equal grace. I was amazed that people who lived in such poverty could have so much dignity.

The strength of these poor but proud people who live along the Amazon River is a sharp contrast to the drudgery of the drug-drained poor who live along the Mississippi River in St. Louis. The clients who visit Harbor House, a downtown Salvation Army shelter, often arrive with their spirits depleted. For four years I spent an afternoon each week treating the Salvation Army contingent, as well as the homeless, in a makeshift clinic.

On this part of Washington Avenue, the river is never audible over the traffic. Sunny days brighten things a little but also illuminate the scars of

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THE HUMAN ELEMENT

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downtown and many of its residents. The arid landscape from which our urban poor emerge engenders little love or nurturing, few role models, and no trust. Those poor who are able to graduate from the Salvation Army's detoxification unit and embark on the spiritual growth programs are remarkable. They accept responsibility for who and where they are, often in a very touching way. In general, however, the drug- and alcohol-dependent are so depleted that they have no sense of self-worth; many seem beyond desperation.

Although most Harbor House clients thanked me for the medical care I provided, I could see that medical care is far from their highest-ranking need. They need something from within themselves—something that is blocked by drugs, by lack of education, or by other aspects of their bleak existence. They feel no incentive to work, get an education for themselves or their children, or avoid drugs.

On the Amazon River, incentives come with the territory. The Brazilian villagers know that if they build a house, it will protect them from rain; if they grow vegetables, they will eat; and if they help others, others will in turn help them. These Brazilians work hard to fulfill their basic needs; self-respect follows.

Because of the isolation of the Amazon villagers, health problems are easy to identify. Our nation's urban poor, on the other hand, do not enjoy a splendid isolation. Their problems are often generations long, complicated by drug abuse and well-intentioned aid programs that ultimately encourage stricter isolation. As I found in my visits to that other river, poverty in and of itself is not the problem. And providing health-care, however vital, is not the biggest part of the solution. Somehow, we must help our urban poor to find an avenue to recover their self-esteem—and with it their hopes for the future. □

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