

Peru: a Study of Wellness within Varying Degrees of Modernization

Clendening Summer Fellowship Proposal

Jason Foster

SOM 2016

February 17, 2013

Introduction:

This is a cross-sectional and cross-cultural investigation on diseases of modernity (primarily obesity and depression) and the prevalence/treatment of such diseases in different geo-economic environments in Peru. Data for a report will be gathered through personally conducted medical encounter case studies of representatives from populations at different levels of exposure to modernization. The goal will be to analyze any connection between exposure to modernization and perceived harms or benefits toward individual health in terms of key factors like obesity and depression⁴: I will survey individuals in a modern city, underserved/rural health clinics and indigenous Amazonian peoples on levels of perceived happiness/depression, stress, obesity, diabetes status, diet, physical activity, their sleep wake cycles, spiritual involvement, their social environment, and their perspective on health, and access to care.

- Goals for final report
 - Analyze any connection between exposure to a modernization and perceived harms or benefits toward individual health in terms of key factors like obesity and depression⁴
 - Educate KUMC students staff and health care professionals about health perspectives in amazon medicine
 - Assess the health situation of indigenous peoples using Urarina as a model for:
 - Influences of globalization
 - Social structure/Beliefs and health
 - Provide some comparison between health findings in Peru to health trends in the U.S.

Background:

I gazed in reverence as my new, dust-covered friend approached his family and their makeshift home of boxes covered by an awning of black trash-bags. He was only six years old, but he lived on the forgotten outskirts of a desolate slum in Juarez comprised of sand hills and city waste fashioned into dwelling spaces. Despite his own homelessness, he helped my mission team build a house knowing full well that it would belong to his neighbor's family. With eager hope, he volunteered saying, "Puedo ayudarte (Can I help)?" His contribution inspired me to work tirelessly to ensure the house was built to last. I could give Jorge nothing more than a daily share of my food rations and friendship. I hoped the food would keep him from hunger, but instead of eating it, he always brought it back to his family. Jorge's actions demonstrated what it really takes to live for humanity - true selflessness to care for strangers (even those from a different culture and geography) as your own larger human family.

Furthermore, the human compassion I witnessed in Jorge left a lasting impact on my perspective. When I left Mexico that summer before college my eyes had been opened to the collectiveness of the human condition. Upon entering college I wanted to explore humanity more, Anthropology and Communication Studies helped feed my curiosity about the human condition and increased my understanding of the diversity in mankind. Courses like *Varieties of Human Experience* (where I met Dr. Dean), Language/Culture & Societies, *World Religions*, music, and intercultural communications helped open my mind and imagination to differences in the human experience (bio-psychosocially). I wanted to make a meaningful difference in people's lives by understanding and interacting with people, and then applying this knowledge on a large scale. My mission trip to Juarez had helped me connect with people in other cultures, and I experienced reciprocity; likewise, in order to provide the best care to future patients, I must call on my understanding of humanity as a greater family.

Since that time, a passion was awakened in me that would never subside. I live for global service, and with a background in Spanish and Latin American Culture I am poised to make some unique contributions to the field of international medicine. In particular, I am interested in geo-economic disparities. The subject of how our environment and economy affects our health is rapidly becoming useful, and is the subject of numerous public health models. This area of study is intricately involved in the health of individuals and further investigation would be quite useful in understanding how to make the greatest difference in overall global health. However, in one lifetime it would be hard to tackle such an enormous topic. One must find a smaller niche to explore case studies of trends in global health.

Fortunately, upon entering medical school I was introduced to an article linking modern societal structure to diseases like depression and obesity⁴. This article written by my colleague, Brandon Hidaka, discusses the possibility, that worldwide rates of depression and obesity are increasing due to modern-societal-lifestyle pattern changes associated with industrialized countries, and a general decline in collectivistic cultures. I became intensely interested in testing these theories at a practical level, but where could this kind of large-scale social research be done? And how could one investigator hope to get accurate sampling of various populations representing the health patterns associated with varying degrees of modernization? After learning of the Clendening Fellowship, I realized I could take the opportunity to synthesize my interests in anthropology, Latino Culture, social change and wellness to answer the aforementioned questions while advancing my medical education by performing a cross-sectional study of Peruvian people from varying levels of exposure to a "modern-lifestyle."

Description:

Hidaka's article on *diseases of modernity* suggests that there would be a very low prevalence of depression and obesity amongst hunter-gatherers. Only a few locations in the world can provide the right environment for this kind of population, and Peru is on the top of the list.

Peru provides the perfect environment to study how differing levels of modernization may be affecting important modern health factors like depression and obesity in populations. Peru has nearly every kind of geographic environment, from mountains, to deserts, to jungles. Due in part to its geography and to its political history, Peru is a multiethnic country with diverse and distinct cultural lifestyles. Lima is a modern city with one of the world's fastest-growing economies owing to the economic boom experienced during the 2000s¹⁰. However Peru has a vast indigent population, and according to 2010 census data, 31.3% of Peru's total population is poor⁵. Other populations live at the fringe or are isolated from modern society – these are the Amazonian cultures. Many of the people I will encounter in my study will either subscribe to or be influenced by the shamanic culture of the Amazon¹¹.

Ayahuasca shamanism is central to the health and wellbeing of many Amazonian cultures (*Chambira* basin of Peru). Ailments and misfortune are explained through spiritual means. Wellness is understood through this shamanic health belief system¹¹. Spiritual shaman and medicine men (known as *curanderos* throughout Peru¹¹) are known as *Kuichá*¹ amongst the Amazonian people like the Urarina. Their understanding and access to the spirit world enables their power as leaders and healers of hunting communities in Amazonia. A mainstay of their practice is the brewing and consumption of *yagé* (ayahuasca). This is a psychoactive alkaloid compound made from a mixture of monoamine oxidase inhibitor beta-carbolines derived from *Banisteriopsis caapi* vines and DMT (dimethyltryptamine)-containing plants such like *Pyschotria*. *Kuichá* have mastered the brewing process of such plant compounds to create a psychotropic drink that allows them access to the spirit world (*dedé*) via their own *Síiji* – eternal spiritual essence. The chemistry behind ayahuasca is impressive, considering that DMT is normally inactivated once ingested in the body through the metabolic oxidation of monoamine oxidase, but incorporation of MAOIs allows DMT to have pharmacological affect⁹. Somehow the shamans figured out how to master this sophisticated process without the perspective of modern chemical science.

Once the shaman has entered into *dedé* – the spiritual world of all living things and the realm of dreams – he is said to be given knowledge of the future, movement of game animals, and he can counteract *venané* (evil witchcraft) pathogens. Evil spirits and *venané* are the causes of illness and misfortune. *Venané* practice *chontear*¹, the process of extracting chonta palm spines for their harmful toxins and projecting these toxins via the spirit world at victims' spirits. The balance between maleficent and beneficent powers should pervade the ideas many locals have on health¹¹.

In order to discern between Peruvian culture influenced by indigenous shamanic beliefs, and the highly assimilated modern Peruvian culture, I will start my journey in Lima, Peru on June 3rd. Lima is a wealthy and very modern city. I will be in contact with Vanessa Wagner, Cultural Affairs Attaché at the U.S. Embassy in Lima, to discuss safety precautions in areas outside Lima. I will be able to set up interviews with a representative from the downtown hospital internal medicine and psychiatry departments. I will interview both physicians and patients regarding the survey I have compiled on mood affective disorders and obesity (Appendix A – Pending approval from owner). In appropriate situations I will gather further data on wellness and disease prevention (Appendix B).

During the following week, my former anthropology professor, Dr. Bart Dean (director & faculty at San Martín) has arranged for me health clinic networks based out of the Universidad Nacional de San Martín, Tarapoto, San Martín, Peru. While based at the University, I will interview medics and patients (primarily mestizo – Amerindian/Caucasian ancestry) at various clinics in Lamas, San Juan de Guerra, Picota, Juanjui, Barranquita, Muniches, and Lagunas. These locations also provide access to underserved, poor and indigent populations from both rural and medium sized town environments. All of my research will follow standard consultative procedures with all official groups involved--including indigenous representatives (AIDSEP, FEDECOCA), State Officials, especially MINSA--the Ministry of Health, and the School of Medicine at UNSM-Tarapoto and UNAP-Yurimaguas.

Next I will travel to Loreto, (during my third and fourth week of stay) where I have arrangements to visit with indigenous people representative of the *Chambira* rainforest basin. With this array of exposures to modernization I should be able to assess trends in general wellness, and patient's perspectives on health.

Methods:

Spanish is the official language in Peru, and most my interviews will be conducted in Spanish (though many Peruvian city-dwellers speak English). I have taken 6 years of Spanish, reaching intermediate conversation levels. I will brush up by immersing in Spanish beginning with a medical mission trip to Guatemala over spring break, and with an intensive course in medical Spanish starting on March 18th.

The next step in this research process will be occurring over the next couple months. I will work with Dr. Dean on connections with the rural and indigenous resources required to make the trip a success. Also, Dr. Dean has provided me contacts at the University in San Martín. If my proposal is accepted, I will be providing additional details on contacts for my stay in Tarapoto and in rural Peru.

I will spend several weeks prior to the trip, intensively studying the cultural health perspectives of Peru, this will include reading ethnographies like, Urarina Society, Cosmology, and history in Peruvian Amazonia, and Donald Joralemon's book Sorcery and Shamanism: Curanderos and Clients in Northern Peru so that I can gain an understanding of the cultural and geo-economic background of some of the people I will interview.

On June 3, I plan to fly from KCI to Dallas, and then from Dallas to Lima, Peru. Once there I will meet with Vanessa Wagner (cultural affairs attaché) at the U.S. embassy. I will stay at a hotel in Lima and over 3-5 days I will interview/gather medical histories at the hospital in downtown Lima after.

Next I will fly from Lima to San Martín to meet with the director at the University of San Martín. Dr. Dean has been very gracious to help provide contacts for Quechua/Urarina speaking colleagues at the University of San Martín, and in the clinics at Tarapoto. He has offered to let me stay with some of his friends in San Martín for \$25/week (room and board). This will be my home base for the next couple of weeks as I travel to clinics in Tarapoto and further out to some of rural areas of Loreto, where more indigenous people live. Health Ministry of the University of San Martín will provide safety and transport. I will interview medical and public health professionals tied to the local and public health facilities in these locations as outlined in my **Description** section. Health Ministry can also provide transportation to visit the indigenous locations (Urarina). I will work with a translator who speaks Kachá eje. The critical questions to be answered are listed on Appendix C:

My data gathering approach will be the in the same manner a physician would gather a medical history in a patient encounter, only my approach will be to gather a medical history of a Peruvian/Amazonian community members with varying degrees of influence from modern society.

Additional information will be acquired through interview with anthropologists (both in Peru and in Kansas) who are experts on Amazonian culture and medicine.

If my proposal is accepted I will work with the Clendening Faculty and Institutional Review Board to compile a final draft of interview questions (**Appendices**), and for advice protocols for gaining consent from patients.

The final product of this research project will be a research paper/typed-report of my findings and conclusions. I will spend an additional four weeks writing and editing this paper under the mentorship of Clendening Faculty members and the KU department of Anthropology to have it submitted to (but not limited to) the following Journals:

Journal of the American Medical Association

Journal of Affective Disorders

Journal of Medical Humanities

Medical Anthropology Quarterly

Culture Medicine and Psychiatry

If I am selected for the Clendening Fellowship I will contact the editors of these journals for advice on what the report should include prior to traveling to Peru. The total length of the project is 8+ weeks (approximately 3 weeks at University of Kansas Anthropology Department, 4 weeks in Peru and 4 weeks in Lawrence and Kansas City following up on research and compiling data from anthropologists)

Budget:

Plane ticket (Kansas City – Lima, Peru) Round trip	\$903
Hotel in Lima (3 nights at Mariel Hotel)	\$210
Flight from Lima to Tarapoto Round Trip	\$186
Room and board (\$50 for 2 weeks at University of San Martín), (\$250 1 week in Loreto)	\$300
Additional in-country expenses (i.e. travel/translator and supplies only if necessary)	\$800
Total	\$2399

The screenshot shows a flight search interface. At the top, it displays a round-trip flight from Kansas City, MO (MCI) to Lima, Peru (LIM) for \$902. The flight is operated by American Airlines (Flight 605) and StarPeru (Flight 2193). The departure is on Monday, June 03, 2013, at 2:50 pm, and the arrival is on Tuesday, June 04, 2013, at 12:20 am. The flight includes one stop in Dallas, TX (DFW) with a 55-minute layover. The total travel time is 9h 30m. The search is set for Round-Trip, One-Way, and Multi-Destination options. Below the search results, there is a table titled "Flights from Lima to Tarapoto" with columns for Airline, Frequency, Departing, Arrival, Stop, Duration, Fare One Way, Fare Round Trip, and Book. The table lists several flight options from LAN, StarPeru, and TACA Airlines.

Airline	Frequency	Departing	Arrival	Stop	Duration	Fare One Way	Fare Round Trip	Book
LAN	Daily	05:00	08:25	0	1h 25m	\$ 178.06	\$ 290.84	Book
LAN	Daily	09:45	11:10	0	1h 25m	\$ 178.06	\$ 290.84	Book
StarPeru	Daily	12:00	13:15	0	1h 15m	\$ 150.40	\$ 186.12	Book
LAN	Daily	14:40	16:05	0	1h 25m	\$ 178.06	\$ 290.84	Book
StarPeru	Mon - Tue - Thu - Sat	17:00	19:15	1	2h 15m	\$ 150.40	\$ 186.12	Book
StarPeru	Fri - Sun	18:00	19:15	0	1h 15m	\$ 150.40	\$ 186.12	Book
TACA	Daily	20:05	21:35	0	1h 30m	\$ 138.28	\$ 150.87	Book

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Bibliography:

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3. Fadiman, A. (1997). The Spirit Catches You and You Fall Down: A Hmong Child, Her American Doctors, and the Collision of Two Cultures. New York: Farrar, Straus, and Giroux.
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5. Instituto Nacional de Estadística e Informática, *Evolución de la Pobreza en el Perú al 2010*, p. 38
6. Kerr, Laura 2001 *Culture and Medicine: Screening tools for depression in primary care*. *WJM* 175 November 2001, 349-352.
7. Kleinman A (2004) *Culture and depression*. *N Engl J Med* 351: 951–952
8. Levin, S.J., Like, R.C., and Gottlieb, J.E. (2000). Appendix: Useful clinical interviewing mnemonics. *Patient Care*. Special Issue: Caring for Diverse Populations: Breaking Down Barriers, May 15, 2000, p. 189.
9. Riba, J. *Human Pharmacology of Ayahuasca*. Doctoral Thesis: Universitat Autònoma de Barcelona, 2003.
10. "Rank Order - GDP (purchasing power parity)". CIA.
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12. Salokangas Raimo K. R., Outi Poutanen, Anna-Maija Koivisto, Matti Joukamaa, Aino Mattila. *The Depression Scale as a screening instrument for a subsequent depressive episode in primary healthcare patients*. *British Journal of Psychiatry BJP* 2007, 191:50-54.

Appendix A

PATIENT HEALTH QUESTIONNAIRE (PHQ-9)

NAME: _____

DATE: _____

Over the *last 2 weeks*, how often have you been bothered by any of the following problems?
(use "✓" to indicate your answer)

	Not at all	Several days	More than half the days	Nearly every day
1. Little interest or pleasure in doing things	0	1	2	3
2. Feeling down, depressed, or hopeless	0	1	2	3
3. Trouble falling or staying asleep, or sleeping too much	0	1	2	3
4. Feeling tired or having little energy	0	1	2	3
5. Poor appetite or overeating	0	1	2	3
6. Feeling bad about yourself—or that you are a failure or have let yourself or your family down	0	1	2	3
7. Trouble concentrating on things, such as reading the newspaper or watching television	0	1	2	3
8. Moving or speaking so slowly that other people could have noticed. Or the opposite—being so fidgety or restless that you have been moving around a lot more than usual	0	1	2	3
9. Thoughts that you would be better off dead, or of hurting yourself in some way	0	1	2	3

add columns: + +

TOTAL:

10. If you checked off <i>any</i> problems, how <i>difficult</i> have these problems made it for you to do your work, take care of things at home, or get along with other people?	Not difficult at all	_____
	Somewhat difficult	_____
	Very difficult	_____
	Extremely difficult	_____

PHQ-9 is adapted from PRIME MD TODAY, developed by Drs Robert L. Spitzer, Janet B.W. Williams, Kurt Kroenke, and colleagues, with an educational grant from Pfizer Inc. For research information, contact Dr Spitzer at ris8@columbia.edu. Use of the PHQ-9 may only be made in accordance with the Terms of Use available at <http://www.pfizer.com>. Copyright ©1999 Pfizer Inc. All rights reserved. PRIME MD TODAY is a trademark of Pfizer Inc.

Table 2 Sensitivity and specificity of Depression Scale items at baseline and at follow-up compared with depression assessment with the Composite International Diagnostic Interview.

Depression Scale items ¹	DEPS score v. CIDI-SF episode of depression			
	DEPS score at follow-up		DEPS score at baseline	
	Sensitivity (%)	Specificity (%)	Sensitivity (%)	Specificity (%)
During the past month I have . . .				
1 . . . suffered from insomnia	63.6	84.4	54.5	80.0
2 . . . felt blue	59.1	89.3	72.7	74.8
3 . . . felt everything was an effort	81.8	86.4	86.4	63.3
4 . . . felt low energy or slowed down	72.7	83.8	59.1	66.4
5 . . . felt lonely	59.1	93.9	22.7	81.9
6 . . . felt hopeless about the future	81.8	92.5	59.1	74.7
7 . . . not got any fun out of life	54.5	84.8	27.3	73.5
8 . . . had feelings of worthlessness	50.0	96.1	45.5	81.0
9 . . . felt all pleasure and joy has gone from life	45.5	93.8	59.1	82.8
10 . . . felt that I cannot shake off the blues even with help from family and friends	42.9	91.2	36.4	81.0

CIDI-SF, Composite International Diagnostic Interview-Short Form; DEPS, Depression Scale.
 1. All items are scored 0, not at all; 1, a little; 2, quite a lot; 3, extremely. An item was regarded as positive when the score was >1.

Source: Salokangas Raimo K. R., Outi Poutanen, Anna-Maija Koivisto, Matti Joukamaa, Aino Mattila. *The Depression Scale as a screening instrument for a subsequent depressive episode in primary healthcare patients*. British Journal of Psychiatry BJP 2007, 191:50-54.

Beck Depression Inventory Self-Reporting Questionnaire	Questions in a Spanish translation of the Beck Depression Inventory that bias Latino depression scores	Somatic symptoms that sometimes present with depression
<p>Organization</p> <ul style="list-style-type: none"> • 21 questions • Questions scored on a scale from 0 to 3, with 3 indicating severe <p>Question content</p> <ol style="list-style-type: none"> 1 Sadness 2 Pessimism 3 Sense of failure 4 Dissatisfaction 5 Guilt 6 Expectation of punishment 7 Self-dislike 8 Self-accusations 9 Suicidal ideas 10 Crying 11 Irritability 12 Social withdrawal 13 Indecisiveness 14 Body image change 15 Work retardation 16 Insomnia 17 Fatigability 18 Anorexia 19 Weight loss 20 Somatic preoccupation 21 Loss of libido <p>Interpretation</p> <ul style="list-style-type: none"> • Score of 1-10: ups and downs are considered normal • Score of 11-16: mild mood disturbance • Score of 17-20: borderline clinical depression • Score of 21-30: moderate depression • Score of 31-40: severe depression • Score higher than 40: extreme depression 	<p>Highly likely to endorse (score 3)</p> <ul style="list-style-type: none"> • Question 6 I don't feel I am being punished (score 0) I feel I may be punished (score 1) I expect to be punished (score 2) I feel I am being punished (score 3) • Question 10 I don't cry any more than usual (score 0) I cry more now than I used to (score 1) I cry all the time now (score 2) I used to be able to cry, but now I can't cry even though I want to (score 3) • Question 14 I don't feel that I look any worse than I used to (score 0) I am worried that I am looking old or unattractive (score 1) I feel that there are permanent changes in my appearance that make me look unattractive (score 2) I believe that I look ugly (score 3) <p>Highly unlikely to endorse (score 0)</p> <ul style="list-style-type: none"> • Question 15 I can work about as well as before (score 0) It takes an extra effort to get started at doing something (score 1) I have to push myself very hard to do anything (score 2) I can't do any work at all (score 3) 	<ul style="list-style-type: none"> • Headache, migraines • Sexual dysfunction • Appetite changes • Menstrual-related symptoms • Chronic pain • Chronic medical conditions (eg, diabetes, Parkinson's disease, alcoholism) • Digestive problems (eg, diarrhea, constipation) • Fatigue • Sleep disturbances

Image taken from: Kerr, Laura 2001 *Culture and Medicine: Screening tools for depression in primary care*. WJM 175

Appendix B

What is your perception on happiness/depression?

How often and how severely do you feel stress? Sadness? Hopelessness?

Do you or your family members have diabetes?

Could you describe your typical daily diet, physical activity, sleep-wake cycle?

Could you describe your spiritual involvement?

What is your social environment like? How would the hierarchy be described? Is egalitarian? Where do you fit in in this structure?

How has the lifestyle changed from their ancestors?

Who do you turn to for support when you are sad, tired or stressed?

How worried are you about the future? About your health? And your ability to be taken care of?

What do you think can be done to make your community healthier?

Kleinman's explanatory model eight questions⁷:

- What do you call the problem?
- What do you think has caused your problem?
- Why do you think it started when it did?
- What do you think your sickness does to you? How does it work?
- How severe is your sickness? How long do you expect it to last?
- What are the chief problems your sickness has caused for you?
- What do you fear most about your sickness?
- What kind of treatment do you think you should receive? What are the most important results you hope to receive from this treatment? Do you have any fear about the treatment?

Appendix C

What links (if any) can be drawn between diseases of modernity and the Urarina?

How do the Urarina approach their health and wellness?

What illnesses are common in the community?

How are they treated?

- What kind of medical care do the Urarina/Peruvian natives receive?
- How are illnesses viewed by these people?
- What are their beliefs about health and do they have their own version of a health model?
 - If so: is it sufficient to care for the common illnesses afflicting the population?
 - What herbs/medication do they used to treat illnesses?
 - What health behaviors are practiced - what measures are taken for sanitary conditions?
 - Do they have an understanding or analogous understanding of germs or communicable disease?
 - What access do they have to healthy food, water, and psychotropics?
 - How is food prepared?
 - How does Ayahuasca shamanism play into the health and lifestyle of the Urarina?
 - What are the effects of Ayahuasca and when is it consumed?
 - How does spiritualism link to their health
 - What are some health rituals and ceremonies that they practice?
 - How is ayahuasca perceived to benefit health?
 - Do they ever seek out public healthcare provided by outsiders?
 - What involvement do local health facilities have?
 - Who has access to care?

- What chronic medical conditions are seen in the population?
 - In what ways are they affected by any:
 - Cholera
 - Malaria
 - Dysentery
 - Upper respiratory infections
 - Tuberculosis
 - Tumors
 - Allergies
 - Diabetes
 - Malnutrition?
 - Kwashiorkor
 - Marasmus
- How has community and family life been affected by the encroaching modern world?

Specifically, do the Urarina feel that their lifestyle is being influenced by the local government?

How do you feel modern society at large is affecting the physical, mental and spiritual health of the Urarina?

Are the Urarina suffering economically because of their interaction with the industrialized world?

What are their feelings of trust with outer society at large? What level of trustworthiness do they establish with each other? (Perhaps I follow up on Dr. Dean's work with palm-basket weaving trade amongst groups?)

Follow up:

What kind of mental and emotional stress do the Urarina encounter?

- Do they recognize depression as an illness?

- Any evidence of diseases of modernity due to lifestyle/dietary changes
 - Is there an increase in diabetes, obesity, sedentary lifestyle?

What are some general ways that their social structure has been affected as they come into more contact with westerner's?

From: Bartholomew Dean [bartholomewdean@gmail.com]

Sent: Monday, February 18, 2013 1:07 PM

To: Jason Foster

Subject: Re: Host in Peru/Proposal (due Monday)

Hola Jason:

Concerning a note on practicality: [stress here that you will be officially be associated with the National University of San Martin's Regional Museum's Anthropology Division (which I Direct) for scholarly certification in Peru, as well as logistical support, mention that you will meet with the Cultural Affairs Attache at the US Embassy in Lima (Vanessa Wagner) to discuss any security concerns that may arise in your proposed research area (San Martin and Loreto).

Mention that all of your research will follow standard consultative procedures with all stakeholders--including indigenous representatives (AIDSESP, FEDECOCA), State Officials, especially MINSA--the Ministry of Health, and academics associated with the School of Medicine at UNSM-Tarapoto and UNAP-Yurimaguas.

Who should I send the note of my willingness to provide you with mentorship?

Looking forward to hearing from you,
saludos, Bart

Bartholomew Dean

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<http://fudes-unsm.org/museo-la-seccion-de-antropologia-del-museo-regional-unsm>

On Sun, Feb 17, 2013 at 11:33 PM, Jason Foster <jfoster2@kumc.edu> wrote:

Excelente! Afternoon is great. I have attached my current proposal if you are interested in seeing it.

Muchas Gracias!

Saludos,

Jason Foster
University of Kansas School of Medicine
KU Medical Center, Kansas City, KS
jfoster2@kumc.edu

From: Bartholomew Dean [bartholomewdean@gmail.com]
Sent: Sunday, February 17, 2013 3:58 PM

To: Jason Foster
Cc: Bartholomew Dean
Subject: Re: Host in Peru/Proposal (due Monday)

Dear Jason, no worries I can this information all to you by tomorrow. What time is the deadline? If you need immediate feedback to incorporate into the grant I can respond with all the info by lunchtime, otherwise I can get it to you by the afternoon. And yes, I will be happy to provide a letter of mentorship supporting your project. I look forward to being in touch.
saludos, Bart

Bartholomew Dean

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