The settlement of Concepción is recently founded, small (a total population of 212), and isolated. Located southeast of the town of Puerto Maldonado, Concepción is situated on the banks of the Madre de Dios river within that eastern section of Peru known as la Montaña. This geographic zone comprises a tropical forest environment that is unique to South America. Its proximity to the Andes is attested to by the presence of many hills and fast-flowing streams.

The settlement was established in 1950 by a Spanish physician operating as a secular Roman Catholic missionary. The physician and his family have worked to attract settlers by providing jobs in a lumber mill they built. In addition to his role as the leader of the settlement, the Spanish physician practices medicine on a part-time basis in the nearby town of Puerto Maldonado. His family, including a wife who is a nurse and two adult
sons and an older daughter, has been augmented by other secular missionaries from Spain who, as the administrators, comprise one of the three cultural groups in Concepción. The other two groups are los Serenos and la Gente. Los Serenos are individuals native to the Sierra (highlands) of Peru who travel to the mountain settlements in search of greater economic opportunities. La Gente are natives of la Montaña who also have been attracted to the settlement for the jobs provided by the lumbering operation. La Gente are the largest of the three groups living in Concepción. As stated above, all members of this group are born in la Montaña, have at least one parent who is a native of la Montaña, and are fluent in Spanish. Living in isolated nuclear family units, la Gente clear and maintain small farms known as chacras. All families engage in slash-and-burn agriculture and the agricultural harvest is supplemented by hunting and fishing. Within the settlement and in the town of Puerto Maldonado, la Gente are beginning to augment their traditional economic pursuits by acquiring part-time jobs providing a cash income. The exposure to wage earning and the concomitant interaction with members of other cultural groups have resulted in considerable acculturation.

Members of la Gente display an impressive lack of concern for most health problems endemic to the area. In this context, children are taught to endure discomfort and pain with stoicism and courage. Adults tolerate problems that are culturally defined as being of "minor significance" despite the frequent and severe discomforts these ailments may cause.

Attitudes concerning what constitute the major health threats existing within the settlement vary significantly; however, a similarity in attitudes is seen within the respective cultural groups. As an example, the physician, representing the administrative element, states that the three major health threats, in order of importance, are: 1. Parasitic infection; 2. Tetanus; 3. Accidents.

In contrast, a survey of the adult la Gente group provided the following assessment of the three major threats: 1. Tetanus; 2. Asunto; 3. Snake bite.

(Asunto is a disease produced by an individual's suffering great fright. Symptoms include intestinal problems, fatigue, lack of appetite and general discomfort. This disease is very common in children between the ages of one to five years. A disease in which similar symptoms are defined is frequently referred to as susto in other parts of Latin America.)

Not all adult members of la Gente ranked the disease in the order given above; however, over 75% of the group agreed that these three diseases constituted major health threats.

These variations in the attitudes toward health threats are indicative of the role culture plays in determining the group's recognition of the specific problems. The physician and la Gente live in the same environment; however, they do not agree with respect to what constitutes the major health threats. In fact, the physician emphatically denies the existence of the disease la Gente call susto despite the fact that it is considered to be a major threat to health by over 80% of the group.

The Selection of Health Care by la Gente

The selection of care in Concepción is of particular interest because there are two agents of professional care available, the Spanish physician and curanderos. The Spanish physician is the only practitioner available to la Gente of Concepción trained in the techniques of modern medicine. He received his medical education in Madrid prior to the Spanish Civil War; during the war he worked as a field physician for Franco's forces. His age at that time (1939) was 65. A curandero is a native of la Montaña who has acquired a reputation for his or her skills in curing one or more categories of illness or injury. A curandero relies heavily on incantations, potions, spells, faith, and the medicinal value of jungle plants. A curandero develops his skills as an apprentice to another curandero or through a mystical experience which has convinced the individual he or she possesses a gift for healing. Some curanderos are specialists, treating only one disease; others attempt to deal with the total range of medical problems encountered in the montana. Occasionally a curandero will be a full-time professional; however, most do not work their chacras while practicing on a part-time basis. A curandero practises from his home and patients who require extended treatment live in that home. Treatment administered by a curandero varies in duration, the time required being dictated by the nature and severity of the disorder. In some cases a single visit suffices, but numerous visits, and treatments, are more common.

Medical care initially takes place in the patient's home. A presumptive source of care is selected only when home treatment fails to yield satisfactory results, or when a catastrophic disorder occurs. Home care usually consists of rest and a special diet. These special diets vary with the nature of the disorder; however, common foods and drinks commonly consumed are denied the patient while others are consumed in greater quantities than usual. Tears, made from boiling the leaves of several indigenous plants, are particularly popular.

The decision to seek professional care is normally made when the symptoms displayed by the patient are considered to be serious. The criteria used to define a state as serious vary from family to family, and with respect to the age of the afflicted individual. Myriad factors influence the speed with which families seek care; however, one of the more important is the patients' economic status. Those with greater resources are much more likely to define a condition as serious and consequently initiate a search for professional aid. The economic role of the afflicted individual is also a factor determining the speed with which professional care will be sought. The male, head of the household, can ill- afford days of recuperation and will seek out professional aid rapidly; in contrast, the child must display particular disturbing symptoms before his condition is defined as serious. In the words of la Gente, "a child will have periods of poor health and he must learn to tolerate them." The decision to seek professional aid is usually made by the
humband; however, where he is absent the wife will make the decision. This delegation of authority will usually result in delay, for the physician often makes such critical decisions and it is rare that she will act promptly.

As stated above, la Gente have two sources of noninvasive medical care available, the physician and the curandero. Which to choose is decided by a consideration of the particular situation. Of primary importance is the nature of the injury or disease. There are health problems that are considered amenable to treatment by the physician and others that are viewed as being exclusively within the competence of the curandero. The physician is respected for his skills with respect to treating infections, fractures, lacerations, and most childhood diseases. The curandero is considered to be particularly skillful with respect to curing colitis (a general category of intestinal ailments), snakebite, and the effects of black magic. Since several of the diseases recognized by la Gente are outside of the conceptual framework of disease definition used by the physician, la Gente pursue the care offered by the curandero. Occasionally, la Gente will consult the physician if the condition has not been precisely defined; however, in almost every case, if the patient is convinced he is suffering from esunto he will avoid the physician. This avoidance is based on two factors: first, la Gente believe the physician is responsible for curing the disease and second, they are embarrassed by his consistent dismissal of the disorder as a superstition.

The cost of the physician's care is another factor which works to the curandero's benefit. In many instances, members of the group are able to economize from the physician to the curandero because of the high cost of the drugs prescribed by the former. La Gente specifically complain of the cost of the medicines sold to them by the physician and the fees charged by the physician for his professional services. In fact, several members of la Gente said, "he is [the physician] does not charge us very much, but the medicines are much too expensive." The curandero adjusts his charges to the varying abilities of the patients (i.e., those of the specific patient); moreover, his total charges are much less than those of the physician.

From a social perspective, many members of la Gente view the physician as a prestigious intruder and feel ill at ease with him. The physician's accent, his education and his superior position make communication difficult. Conversely, the curanderos are accepted as talent and highly skilled with respect to treating those who come in outside are using the physician. In conclusion, it should be stressed that the relative attractiveness of the physician and the curanderos differs between families and individuals among la Gente. There is no single "right" direction to go in the health system, but rather there are many, depending upon the specific experiences an individual has had. This analysis indicates the range of factors that are involved in the formulation of these attitudes—attitudes which become of critical importance in determining to whom la Gente usually turn.

There is one practical consideration that promises to significantly influence the selection of health care available. This involves a decline in the number of practicing curanderos available in the Puerto Maldonado region. A growth in the popularity of formal education and the availability of economic opportunities have made it less likely that a young man or woman will become a curandero. At present, there are a sufficient number of curanderos in the area; however, in the future this decline in the popularity of the profession may become a factor contributing to la Gente's increased reliance on the physician.

From the perspective of the application of anthropology, these data are impressive. The curandero, or public health worker, bear the possible variations in disease diagnoses on the shoulders of the members of other cultures, or he, she, or they, is to be successful in implementing a health care program. Also, to acquire the support of the population, the physician must be successful in convincing the population making process with those choosing to select a source of health care. For example, the physician must be able to control the behavior in the community, and specifically the behavior with which he interacts with members of the group, may be important in establishing his authority in terms of the acceptance of medical practices. This is more an image of ultimate success than an impressive inventory of medical successes. The data also provide examples of the range of limitations that the physician and the curandero face in attempting to attract patients. It is important that he be aware of the highly critical perspective that many members of the population may maintain with respect to his motivations, talents and techniques.

Finally, the physician, or public health worker, can only be effective if he establishes a relationship of trust with the client. The level of the local healer with whom he is competing for the confidence of the people. The local healer is usually capable and high level of expertise in the field of traditional medicine. He is also capable of finding and using knowledge and methods of care, will seriously jeopardize the physician's chances of playing an important role in addressing health problems in the community.