
Appendix

“And Hey, Let’s Be Careful Out There”

SOME regard the tropics as an equatorial Dante’s Inferno, the so-called Green Hell. The rainforest: abominably hot, oppressively humid, crawling with vile scorpions, immense, hairy, ugly tarantulas, lethal, concealed snakes, marauding, biting, stinging, and generally irritating insects, not to mention countless legions of external and internal parasites awaiting to devour you from without and within. Well, calm down, don’t get excited. If you know what you’re doing, you have little about which to worry. On the contrary, you’ll enjoy yourself and be quite safe in the rainforest. But, just as you need to learn the safety rules of the road in order to enjoy driving an automobile, so you need to learn basic precautions when moving about in a Neotropical forest. Here they are.

Trail Precautions

First, don’t go alone. Tropical forests are often rather remote from convenient assistance. Sounds, such as calls for help, don’t travel very far in dense forest. It is a wise move to have traveling companions, a form of human insurance of help if needed. Second, know where your feet and hands are at all times. Don’t carelessly step over logs (or sit on them) without first checking where your feet (or *derrière*) are going to land. Many understory palms as well as other plants such as terrestrial bromeliads have sharp spines radiating out horizontally from the bark or along the leaf margins, so don’t just grab onto a plant without looking first. There are also many plants that harbor aggressive ants that will attack you if you disturb the plant. Stay on trails. I once recklessly chased a pair of chestnut woodpeckers (*Celeus elegans*) through a Trinidad rainforest. I vaulted over logs, crashed through undergrowth, and eventually got great looks at the birds. I soon realized, however, that I had taken somewhat of a chance. I was alone, well off the trail, and I had not paid too much attention to where I was going. Trinidad hosts a fair number of bushmasters (page 317), very lethal snakes. When this fact dawned on me, I was ever so careful making my way back to the trail.

Take a rain poncho because sudden heavy downpours are routine, and remember that mildew is very common in high humidity environments, so make an effort to keep things from becoming “permanently wet” during your trip. For footwear, tall boots are really not necessary, but good-quality hiking shoes that will tolerate being wet and often very muddy will make your walking more

comfortable. Some people like to wear lightweight rubber boots. If you have camera and/or binoculars, remember to include plastic bags so your equipment can be sealed and remain dry during rain showers.

And don't get lost. It would be bad.

Snakes

Snakes (also see chapter 13) are a major worry to most tropical visitors, often consuming more conversation time and creating more anxiety than is merited by the actual risk. Most tropical snakes are nonpoisonous, and most are not easy to find unless you are really looking and know just where and how to search. In reality, seeing a dangerous snake is, in itself, a rare event. Being struck by one is considerably rarer. Colwell (1985b) reports that 450,000 total person-hours of field work occurred at the Organization for Tropical Studies field sites in Costa Rican rainforest without one single poisonous snakebite. Of course, he mentioned this figure in relation to discussing his own experience after spoiling that record by being bitten by a fer-de-lance (a considerable misfortune, but it is heartening to know that he survived to write about the experience).

Snakes, including venomous species, are present throughout the Neotropics and, if you spend enough time, sooner or later your path and that of a venomous serpent will cross. Some poisonous snakes, like the fer-de-lance and bushmaster, are dwellers of the forest floor. Others, like the eyelash palm-pitviper, climb into low bushes and are threats to careless bushwackers. Coral snakes are potentially very lethal but generally remain hidden under rocks and logs. So be careful when you're moving rocks and logs. Poisonous snakes are usually well camouflaged and will strike only if threatened or accidentally stepped upon. Keep your eyes open and be conscious that there may be snakes. Never attempt to pick up a snake if you have the slightest doubt as to its identity (and remember that many venomous and nonvenomous species look alike). Baby poisonous snakes are, of course, small but potentially lethal—they contain identical venom as the adults, just less of it (and it doesn't take much to do real harm). Remember, even nonpoisonous snakes can bite severely, and such bites are often subject to bacterial infection.

If the worst happens, if you or someone in your party is bitten by a venomous snake, the first thing to do is try and be calm. I know that's hard to do, but you must try. It is essential that you determine if the snake has, in fact, injected venom. Sometimes they don't envenomate. Sometimes you think it's a poisonous species but it isn't. If not, fine, luck was belatedly with you. If envenomation has occurred, the condition will soon become obvious (pain and swelling, possible difficulty in breathing) and is serious no matter where the bite has occurred anatomically, and you must get the patient as quickly as possible to the nearest competent medical facility. If possible, keep the site of the wound lower than the heart and head. Sucking the poison from the wound is not effective and may be dangerous (if there are sores or cuts in the mouth). First aid for venomous snake bites is problematic at best. Some people advocate the use of electrical cattle stunners applied directly to the wound as a first aid

measure. These have been shown not to be effective. For a more in-depth discussion of poisonous snakebite, see Hardy (1994), plus discussions by Watt and by Hardy in Campbell and Lamar (1989).

The largest Neotropical snakes are constrictors, species such as the boa constrictor and, the giant of them all, the anaconda (page 208). Constrictors are not poisonous but are potentially dangerous. They bite readily, and a bite may introduce infection and should be promptly cleaned with disinfectant. Because constrictors are long, thick, and thus strong, if you should attempt to pick one up, it may very well coil around you and begin constricting. You might be unpleasantly surprised at just how strong these serpents can be. Large constrictors are potentially lethal as they can actually cause you to suffocate. The easiest way to avoid this mishap is not to disturb constrictors. Most people are smart enough not to bother trying to pick up a 3–4.5-m (10–15-ft)-long (sometimes more) anaconda, but a 1.5–1.8 m (5–6-ft)-long boa constrictor is more tempting. Resist temptation. Let them be.

Mosquitos and Other Biting Insects

Insects are usually not the nuisance they are reputed to be in the Neotropics. Anyone who has ever braved northern New England blackflies and mosquitos in spring has in all likelihood experienced worse insect irritation than will normally be encountered in the tropics. Nonetheless, mosquitos can be abundant, they do bite, and some carry malaria, yellow fever, or other potential maladies. However, insect repellent (particularly that containing strongly concentrated deet) is usually sufficient for protection. Mosquito netting or a tight tent is necessary for camping. In areas where mosquito-borne diseases occur, it is obviously wise to take protective inoculations in advance of the trip (malaria-preventative drugs must be taken before, during, and after the trip for a period of time—see below). Mosquitos are generally most abundant during the rainy season and usually much less so during dry season, though sudden rains can bring forth hordes in a short time. Be prepared.

There are also simuliid flies related to blackflies that bite and leave little red blood spots, but these are generally not much more than a minor nuisance. Stingless sweat bees can be maddening when seemingly billions each want to land on you to lick your perspiration, but they don't wound you, nor do they carry vermin.

A few Neotropical cockroaches and beetles are nearly as big as mice and just about as dangerous. In other words, “no problema.” Enjoy them.

Botflies

Once, upon returning from Belize, I noticed that a small insect bite on my forearm, presumably from a simuliid fly, was enlarging rather than healing. Foreოდically the wound would feel like tiny hot needles were turning within. I was harboring a larval botfly (*Dermatobia hominis*) that had grown from an egg transported by a bloodsucking fly that had bitten me in Belize. The botfly maggot had hatched on my skin, burrowed inside, and was now using me as a

source of shelter and sustenance. As it enlarges, a botfly maggot creates an obvious skin lesion, a condition called “specific myiasis” (Markell and Voge 1971). If left unattended, within forty to fifty days the larval fly will emerge to pupate. Discomfort increases as the larva grows because the insect turns, and its body is covered with sharp spines. I chose to remove the little maggot by simply covering the lesion with petroleum jelly, preventing the larva from breathing (a tiny abdominal breathing tube remains in contact with the air, though the rest of the insect is burrowed—the jelly blocked the breathing tube). I squeezed the dead larva from my arm. I was also told that botfly larvae can be removed by taping a piece of meat, preferably bacon fat, over the wound. The larva usually migrates from the human to the meat. This technique has actually been described in the *Journal of the American Medical Association*, where it was reported that within three hours after application of bacon fat, botfly larvae had moved far enough out of the wound into the meat that they could be removed with tweezers (Brewer et al. 1993). Amazonian Indians have an innovative way to kill botfly larvae. They employ the green cashew nut, which grows in Amazonian forests and contains a highly toxic oil (which is why cashews must be well roasted before eating them). The nut is cut in half and rubbed on the skin at the site of the larva. The oil terminates the little maggot, which is then pulled from the skin (Plotkin 1993). Botflies are not uncommon throughout the Neotropics, and insect wounds that increase in size are suspect.

Ants

Alfred Russel Wallace (1895) said it well: “Ants are found everywhere.” Indeed, ants are omnipresent in the rainforest. Many are aggressive, both bite and sting, and come in large numbers. Never stand among an ant swarm crossing the trail, for they will climb onto your body and bite and/or sting you. Be warned that many ants are arboreal (including the nasty bullet ant) and may literally drop from the trees and attack. Ants also move around, especially army ants. On one occasion a traveling companion awoke to find himself and his sleeping bag pretty well covered by army ants, and on another occasion I had to remove several hundred army ants from someone’s shoes after the small battalion of ants selected the footwear as a suitable bivouac following a night’s raiding. There is one particular ant of which to beware: the giant tropical ant (*Paraponera clavata*; page 328). This formidable, inch-long black ant, sometimes called a “bullet ant,” is usually a solitary forager, and it packs a mighty sting. Don’t toy with it.

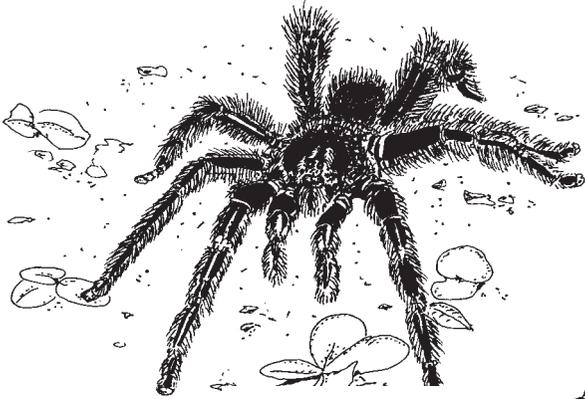
Urticating Caterpillars

The caterpillars of many tropical butterfly and moth species are covered with sharp hairs, called urticating hairs, that cause itching, burning, and welts if they prick the skin, a reaction similar to that caused by stinging nettle. Do not touch any hairy caterpillars you may encounter. The fact that these fuzzy beasts sit on leaves and tree trunks is yet another reason for making sure you know where your hands are at all times. My friend Ted Davis fell down a muddy

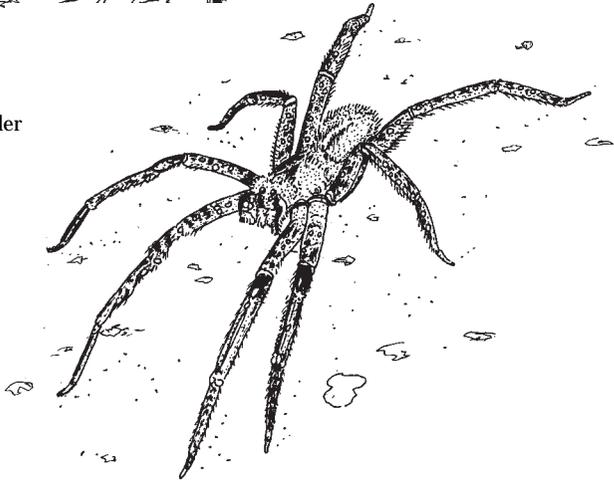
slope in Tingo Maria, Peru, and felt something odd in his pocket after the fall. Reaching in, he retrieved a large urticating caterpillar. His hand bothered him for weeks afterward.

Spiders, Scorpions, and Centipedes

Spiders, scorpions, and centipedes are common throughout the Neotropics. The biggest spiders are the wolf spiders and tarantulas. Both are large, hairy things, the sight of which tends to scare people. Neither is a serious danger. All spiders are poisonous, but the likelihood of being bitten is small, and, even if bitten, the likelihood of the bite doing any real harm is remote. Wolf spiders (family Lycosidae) have long legs and smallish bodies. Tarantulas (suborder Mygalomorpha, family Theraphosidae) are thick-bodied and hairy. They walk deliberately, almost sedately, highly dignified for a spider, using their first pair of legs rather like antennae, to explore their surroundings. One Amazonian species, popularly called the South American goliath birdeater, or simply the bird-eating spider (*Theraphosa blondi*), has an 18-cm (7-in) leg span. Amazon explorer Henry Walter Bates (1892) described seeing this huge



Tarantula and wolf spider



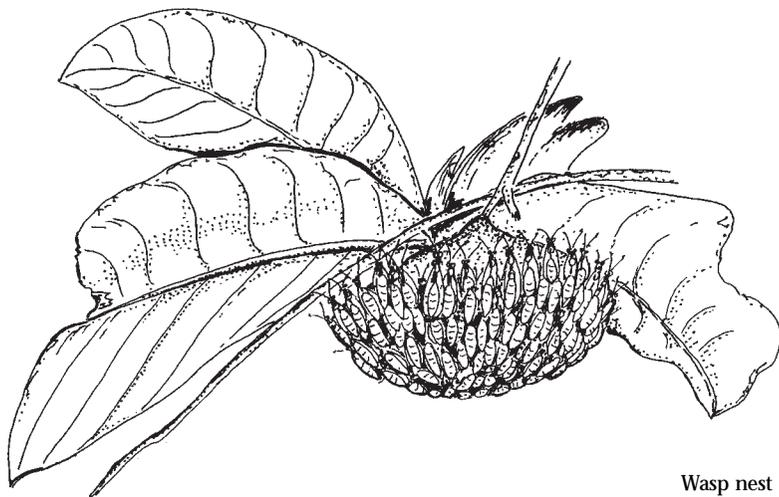
tarantula actually subduing a small bird. Remember, however, that you are much larger than a small bird. Most tarantula species bite only when highly irritated. A threatened animal will rear up on its back legs waving its front legs at its tormentor. Don't pick one up if it does this. But if you should, by some remote chance, be bitten by a tarantula, know that there are no documented fatalities from tarantula bites (Conniff 1996). Tarantulas have urticating hairs on their abdomens, an additional protection against predators (so don't pet them either). Both wolf spiders and tarantulas are generally nocturnal. Tarantulas do not spin webs but make burrows, often alongside trails, where they sit and wait for prey.

Scorpions sting rather than bite, and some, particularly the smallest, are very toxic, so you need to be careful with scorpions. Most are no more irritating than the spiders, however. Though a scorpion uses its two large, lobsterlike front claws to capture prey, it defends itself (and subdues prey) by stinging. The stinger is at the tip of the last segment on its flexible abdomen. Scorpions often hide in clothing and boots, so it's best to inspect these items carefully before dressing. At night I habitually stuff my shoes with socks to discourage scorpion invasion.

Centipedes are wormlike in shape but are arthropods and move swiftly on jointed legs. All are predators that possess a pair of formidable mandibles with which the larger species can give a nasty and poisonous bite. One species (*Scorlopendra gigantea*) can reach lengths of 27 cm (10.5 in). Should you come upon this animal, do not pick it up (I doubt you'll be tempted).

Bees and Wasps

Bees and wasps are abundant throughout tropical areas, and if you are allergic to the stings of such creatures, you are well advised to bring an adrenalin kit, a precaution that is really essential. Hospital emergency rooms often take hours to reach from field sites, well beyond the onset time for anaphalactic shock. To make matters worse, many tropical bees and wasps tend to be rather



Wasp nest

aggressive (remember, so-called killer bees originated in South America as hybrids between African and South American bees, and they are both very aggressive and common in many areas). Species of moths and other insects derive protection from mimicking bees and wasps, and certain colonial birds locate their nests near wasp nests, again to derive protection by being close to the wasps (page 266). These adaptations are the evolutionary result of the simple fact that bees and wasps are, indeed, aggressive. Remember that.

Chiggers and Ticks

Chiggers are small mites abundant in brushy grassy areas but not as common inside rainforests. If you walk through fields, pastures, or grass, you have an excellent chance of acquiring chiggers. As larvae, they climb aboard a passerby and attach by inserting their mouthparts into the skin (they do not burrow into your body). The host tissue reacts with the chigger's saliva and itching results. Chigger bites are most common around areas where elastic from undergarments presses into the skin. Thus, the itching can be embarrassing as well as irritating. They really itch when present in numbers, and scratching can cause infection. You are advised to wear clothing that is tightly tucked in at the boots and waist to reduce chigger access. Many people habitually tuck pantlegs into socks or boots to minimize exposure to chiggers. Bites should be treated with alcohol. Powdered sulfur (which can be obtained from most pharmacies) dusted into boots and pantlegs is the best preventative.

Ticks are arachnids, closely related to spiders and mites. They are ectoparasites, attaching to passing animals to feed on the host's blood. They attach by burrowing into skin with their mouthparts and must be dislodged with care so as to prevent part of the animal from remaining in the wound. Nail polish remover is helpful in dislodging ticks. Tick wounds should be treated with disinfectant to prevent infection.

Infection

Open wounds, even very small ones, can easily become infected in the Neotropics. Bacteria thrive in the hot, humid climate. Be sure to cleanse any open wound thoroughly with disinfectant. In the field I carry Band-Aids plus a tube of topical antibiotic and treat any wound as soon as it happens. Powerful antibiotic preparations are usually available over the counter in most Latin American countries, but great care should be taken when using an antibiotic without a physician's prescription. Generally, it is best not to do so. And do make sure your tetanus vaccination is up to date before leaving for the Neotropics.

Dogs

Do not fraternize with dogs. Tropical dogs are usually malnourished and mangy, and often generously supplied with festering wounds of varying origins. They are as a general rule loaded with parasites and may easily pass eggs to humans if the human pets the dog or is licked by it. Tropical dogs may even be rabid, as rabies is not nearly so uncommon in parts of the tropics as it is in

the United States. Cats tend to be more wary than dogs but are nonetheless common throughout the Neotropics and are subject to essentially the same potential problems as dogs. Don't pet the kitties either.

Food Precautions

“Don't drink the water” is a common warning throughout the global tropics. In general, take it seriously. While certain places do have treated and thus potable water, such is often not the case. Rely on bottled mineral water, Coca-Cola, and beer. These are generally safe. Of course you can drink all the coffee or tea you want as long as the water has been boiled first. And don't use ice.

Regarding food, the tropics is one of the few places where the really “healthy” foods are the fried foods. Fried fish and chicken and french fries (*papas fritas*) are safe to eat. All meats should be well done, and hamburger is to be avoided if the sanitation looks in the least questionable. It is not recommended that you consume any raw vegetables, raw or undercooked meat, or raw seafood, and salads are often best avoided. Well-cooked vegetables (such as rice and beans) are safe. Fruits are safe if you can peel them before eating them. Otherwise, the same cautions that prevail with vegetables apply. Dairy products are also potentially problematic. They may be unpasteurized and thus contaminated with bacteria. Breads, cookies, and crackers are safe.

Use your good judgment and common sense. There are many places in Latin America where you can safely dine on rare steak and a tasty salad, with a dessert of ice cream. But there are many places where doing so would be risky.

Montezuma's Revenge, or Turista

Minor diarrhea, often termed Montezuma's revenge or turista, is caused by a “change in intestinal flora,” in most cases attributable to bacteria. The condition should last for no more than three to six days. If you lose fluids to diarrhea (and thus are suffering from infrequent urination, dry mouth, headache), remember that bananas and Coca-Cola, both normally readily available throughout the Neotropics, are each excellent sources of potassium, an essential electrolyte sometimes depleted with fluid loss. There are also oral rehydration kits available in packet form. Many tropical travelers rely on such over-the-counter treatments as Pepto-Bismol, Kaopectate, Imodium, or Lomotil when diarrhea ensues. Consult your physician and plan which remedies to include when you travel.

Truly Serious Diseases

Though generally uncommon (for well-prepared travelers), there are certain afflictions associated with the tropics that any visitor must try to avoid. Upon return from the tropics it is wise to report any unusual symptoms promptly. Any intestinal or other odd symptoms, particularly those that may show up soon after the trip, should be checked by a physician familiar with tropical diseases. It is important to state clearly both when and where you were in the tropics. The National Centers for Disease Control monitors tropical

diseases geographically, and can be useful in supplying information on risks associated with various tropical areas.

Vaccines are available for typhoid fever, yellow fever, cholera, measles, mumps, rubella, polio, both hepatitis A and hepatitis B, and tetanus. Antimalarial drugs are also readily available. You should consult your physician about which of these you are advised to take.

Malaria is a mosquito-borne disease (genus *Anopheles*) but is caused by a tiny parasitic protozoan (*Plasmodium* spp.) that infects red blood cells. After reproducing, plasmodia emerge in synchrony, rupturing red blood cells and producing symptoms of high fever and intermittent severe chills. Malaria remains relatively widespread, and, unfortunately, drug-resistant strains are becoming more common. Usually, however, most malaria can be prevented by taking prophylactic treatment prior to, during, and following the trip. Some areas have resistant strains of plasmodia, so make sure your physician knows where you are going so that you receive the proper antimalarial drug. To learn where drug-resistant strains are, check with the Centers for Disease Control.

Typhoid fever is a serious bacterial disease caused by *Salmonella typhosa*. It is closely associated, as are other *Salmonella*-caused illnesses, with poor sanitation. Typhoid preventative (either injections or pills) should be taken prior to the trip.

Hepatitis A is a viral disease of the liver also associated with poor sanitation and thus is not uncommon throughout much of the tropics. Hepatitis B is not associated with poor sanitation but rather with contamination from body fluids or hypodermic needles. The chance of contracting hepatitis A is reduced by taking a gamma globulin injection just prior to departure. Separate vaccines are now available to reduce the chances of contracting hepatitis A and hepatitis B.

Cholera, caused by the bacterium *Vibrio comma*, probably originated in India but has spread widely throughout the world and can periodically flare into epidemic proportions in places in Latin America. It is highly contagious, transmitted in contaminated food or water. Severe cholera induces uncontrollable diarrhea and vomiting with extreme loss of fluids. Cholera patients must be constantly rehydrated with saline solution or the disease can be fatal. Cholera is not a problem throughout most of the Neotropics, but you should inquire if it is in the region you are planning to visit. If so, you should protect yourself by taking cholera vaccine prior to the trip.

Yellow fever is a potentially fatal viral disease transmitted by the mosquito *Aedes aegypti*. It was a major scourge during construction of the Panama Canal. Today yellow fever is less widespread, and inoculation is therefore needed only for certain countries. Check with the Centers for Disease Control to learn if your destination harbors yellow fever and if admission to the country requires proof of yellow fever inoculation.

Internal Parasites

Parasites, such as amoebas, trypanosomes, tapeworms, flukes, and roundworms, are common in areas of poor sanitation and can be very serious medical problems if not treated (Markell and Voge 1971).

A common and potentially serious amoebic infection is caused by *Entamoeba histolytica*. Called amoebic dysentery, the tiny protozoans can cause severe ulcerations of the intestines and can spread to other organ systems. Symptoms of intestinal distress such as abdominal pain and bloody stools should be checked by a physician. Amoebic dysentery is treated with drugs.

Trypanosomes are protozoan flagellates that infect the bloodstream, causing serious illness. The best-known trypanosome is *Trypanosoma rhodesiense*, responsible for the infamous “sleeping sickness” of Africa. In Latin America a somewhat similar affliction, Chagas’ disease, is caused by *T. cruzi*. The protozoan is vectored by many insect species, but *Panstrongylus megistus*, the reduviid bug, is considered to be the most important. Chagas’ disease can be fatal, though some people recover completely and others enter remission but continue to harbor the parasite. Symptoms include high fever, heart irregularities, and digestive difficulties. Chagas’ disease is treated with drugs.

Related to trypanosomes are protozoans collectively called leishmanias. The most common leishmanias in the Neotropics cause severe and rapidly spreading skin lesions (somewhat similar to leprosy), most of which begin as sores. Unusual skin conditions, sores, rashes, etc. should be inspected by a physician. Leishmanias are vectored by various species of biting sand flies. Leishmaniasis is treated with drugs, especially antimony, but can be difficult to cure.

Flukes are parasitic flatworms, most of which occur in the Old World tropics. Some, however, are found in the Neotropics, among them the blood flukes. One species, *Schistosoma mansoni*, was accidentally established in the Neotropics during the period of the African slave trade. *S. mansoni* causes severe intestinal distress, bloody stools, and liver degeneration. Various drugs are used to kill the parasites. Some schistosome species cause swimmer’s itch. Larval schistosomes in fresh water burrow into human skin, causing local irritation.

Tapeworms are also flatworms. Most occur only in the digestive system, but one species, the hydatid worm (*Echinococcus granulosus*), forms cysts in the liver and other organs. Tapeworms are acquired by eating undercooked meats or practicing poor sanitary habits. The hydatid worm, because it invades organs such as the liver, heart, and lung, can be fatal. It is normally found in canines. It alone is reason enough not to touch stray dogs. Hydatid cysts must be removed surgically. Tapeworm infections confined to the intestine are treated with drugs.

Roundworms are common in most tropical areas. Some species infect the intestinal system, others attack the blood and other tissues. Among the most common intestinal roundworms are the hookworms, the most common of which is *Necator americanus*. Hookworms invade the body by burrowing through skin, a good reason for not going barefoot in the tropics. They eventually find their way to the intestinal system, multiply, and produce symptoms such as colic, nausea, and abdominal pain. Severe infections cause bloody stools and overall lethargy due to blood loss. Drugs are used to eliminate the worms.

Another common roundworm, *Trichinella spiralis*, causes trichinosis, a painful and occasionally fatal muscle affliction. Ingestion of undercooked pork is

the usual way in which *Trichinella* invades the human body. Drugs are used for treatment.

One roundworm group, collectively called filarial worms, causes several of the most serious diseases of the tropics, including elephantiasis and loa loa. Fortunately for the Neotropical traveler, most of these are generally confined to the Old World tropics. Some species do occur in Latin America, however, and can cause serious pathology of the subcutaneous tissues, sometimes leading to disfigurement. Larval worms can cause inflammation of the facial area, shoulders, and elsewhere, often quite painful. Drug therapy is required.

Be Aware, Be Prepared

Don't be scared. Tropical disease and parasite infection can be avoided by being aware, taking all prudent precautions while in the tropics, and planning ahead. Know where your trip is taking you and what maladies might await you. Does drug-resistant malaria occur there? Does yellow fever occur there? Check with the National Centers for Disease Control or a physician familiar with tropical medicine and seek professional advice concerning appropriate inoculations and preventative medicine. See your physician promptly if, after returning, you notice any unexplained symptoms. Proper preparation and diligence not only will protect you but will give you peace of mind and self-confidence, adding to the enjoyment of your journey.

Some Advice about Altitude Sickness

Many Andean visitors are affected by “high-altitude sickness,” a condition caused by the lack of oxygen at high elevations. Susceptibility to high-altitude sickness is variable from one individual to another. Some are never afflicted, some suffer only minor symptoms, and others are severely affected and must be removed to a lower elevation or the condition can actually become life threatening. Symptoms include headache, which can be unrelenting, nausea, and often sleeplessness. In severe cases there can be swelling of brain tissue and fluid in the lungs. Shortness of breath is normal at high elevations and is not a symptom of impending high-altitude sickness. High-altitude sickness is best avoided by being sure that you climb slowly, take time to regain your strength if you feel exhausted, and make an effort not to overexert. It is very important to remain well hydrated and to ingest lots of carbohydrate. It is equally important that you avoid alcohol and tobacco. Medications, mostly sulfa drugs, are available that help reduce susceptibility, but they should be taken only after consultation with a physician. In some areas a weak coca tea is widely consumed to help alleviate symptoms of high-altitude sickness. Worked for me.

Basic Common Sense Regarding Local Politics and Other Realities

It is a very good idea to familiarize yourself with the political realities of the country or countries that you plan to visit. If you have doubts about the

political stability or safety of a region, you can call a hot-line number at the U.S. Department of State that will give you a recorded message of all travel advisories (also available on the Internet). Note, however, that political situations can be volatile, arising quickly. You might want to familiarize yourself with the location of the American consulate in areas where you intend to be.

Many Latin American countries have police and/or army checkpoints scattered throughout. It is not at all uncommon to be stopped and asked to produce your travel documents and identification. Never be without your passport. When questioned, make sure you are polite and respectful. If you do not understand Spanish or Portuguese, apologize and emphasize with your body language and facial expressions that you wish to cooperate. Avoid any temptations to buy or use illicit drugs. The penalties for possession are extremely harsh, and you are not protected by the constitutional rights granted you in the United States. It would be your worst nightmare.

Conservation Ethics

For moral as well as legal reasons, please *NEVER* do any of the following things.

1. Buy or otherwise obtain historical cultural artifacts that belong to the heritage of the country in which you are a guest. I am obviously not talking about blowguns and carved toucans for sale at places like airport gift shops.

2. Buy or otherwise obtain any product made from or taken from a species of animal, especially an endangered species. It is against the law in the United States to import any product from an endangered species. In general, any animal souvenirs (pressed butterflies, insects, snake skin, dried caiman heads, bird feathers), even if not from endangered species, should be avoided. Buying them merely encourages further exploitation of the creatures.