

## The Most Distant Places - Dialogue List

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 Length/TRT: 35 min  
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**Key:**

ALL CAPS normal = narration  
**ALL CAPS bold = text on screen**

Abbreviations of character names:  
 ER = Dr. Edgar Rodas  
 EC = Edgar Chico  
 O = Oscar  
 M= Dr. Miriann Mora  
 NARR = Narrator

**Note:** Spanish dialogue is already translated into English for this list.

| <b>Time Code</b> | <b>Character</b>   | <b>Dialogue or Text on screen</b>  |
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| 00:10            | Edgar Chico        | Can we begin?  |
| 00:22            | Edgar Rodas        | Scissors.  |
| 00:45            | ER                 | We decided to take surgery to the underserved parts of the country   |
| 00:51            | ER                 | by means an operating room built on a truck.   |
| 01:11            | <b>MAIN TITLE</b>  | <b>THE MOST DISTANT PLACES</b>   |
| 01:20            | ER                 | It's a very humane way to deliver surgery.   |
| 01:23            | ER                 | People in their own environment.   |
| 01:27            | <b>LOWER THIRD</b> | <b>DR. EDGAR RODAS – CINTERANDES PRESIDENT AND FOUNDER</b>   |
| 01:28            | ER                 | They don't have to be separated from the family, from the home.  |
| 01:36            | NARR               | ALMOST FIVE MILLION ECUADORIANS LIVE IN IMPOVERISHED RURAL AREAS WITH LITTLE OR NO ACCESS TO BASIC HEALTH SERVICES.          |
| 01:45            | NARR               | DR. EDGAR RODAS TACKLES THIS PROBLEM BY BRINGING THE HOSPITAL TO THE PEOPLE.   |
| 01:51            | NARR               | SINCE 1994, HIS CINTERANDES FOUNDATION HAS BEEN PROVIDING SURGICAL CARE FOR HARD-TO-REACH COMMUNITIES SPREAD ACROSS ECUADOR. |
| 02:08            | EC                 | Have a seat.   |

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| 02:14 | EC                 | Who is the patient?   |
| 02:15 | Patient's daughter | She is.   |
| 02:17 | EC                 | How old are you , M'am?   |
| 02:21 | EC                 | How old are you?  |
| 02:23 | EC                 | Seventy-four.   |
| 02:27 | EC                 | How long have you had problems with your gall bladder?  |
| 02:29 | Patient            | About five years.   |
| 02:32 | EC                 | You don't take any other medication? Nothing?   |
| 02:36 | EC                 | Just the ones they sometimes give you for pain.   |
| 02:38 | Patient            | Yes   |
| 02:40 | EC                 | Let's examine you for a moment.   |
| 02:52 | NARR               | EDGAR RODAS JUNIOR TAKES A BREAK FROM HIS GENERAL SURGERY PRACTICE IN THE U.S. A FEW TIMES A YEAR TO HELP HIS FATHER OUT.   |
| 02:59 | NARR               | HE UNDERSTANDS WHY HOSPITALS ARE NOT A REALISTIC OPTION FOR ECUADORIANS LIVING IN SMALL TOWNS AND RURAL AREAS.  |
| 03:08 | <b>LOWER THIRD</b> | <b>EDGAR RODAS, JR – CINTERANDES SURGEON</b>  |
| 03:09 | EC                 | It takes them days just because of the difficulty in roads. It's very complicated because they have to leave their family. It costs them money. And sometimes, if they are from really poor communities - if they are Indians – they come to the city and they are also not treated well. |
| 03:32 | Fisherman          | This one is 19.   |
| 03:41 | <b>LOWER THIRD</b> | <b>OSCAR FUERTE – CINTERANDES PATIENT</b>   |
| 03:45 | NARR               | OSCAR FUERTE IS A FISH TRADER.  |
| 03:49 | NARR               | SUFFERING FROM A CONDITION THAT REQUIRES SURGERY, HE CANNOT WORK TO SUPPORT HIS FAMILY.   |
| 04:02 | Oscar              | Where are we going to get money for an operation?   |
| 04:06 | O                  | Here nearby, here in the same town?   |
| 04:08 | Director           | What kind of operation is it?   |
| 04:10 | O                  | I have an umbilical hernia.   |
| 04:19 | O                  | This hernia – I'm not able to work with this.   |
| 04:27 | O                  | It's very affordable.   |
| 04:30 | O                  | [The hospital] was asking \$600.  |
| 04:33 | O                  | These doctors are doing it for me for \$135.  |
| 04:41 | ER                 | When we go to towns that are far away and very poor,  |

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|       |      | we don't charge absolutely anything.  |
| 0450  | ER   | The idea is that nobody, nobody can not have an operation because they don't have money   |
| 04:57 | O    | Six months ago it was small. And it started growing.  |
| 05:01 | O    | Yes, because of the physical work I do, it came out.  |
| 05:07 | EC   | It's really big. Look.  |
| 05:14 | EC   | What kind of work do you do?  |
| 05:15 | O    | Fishing.  |
| 05:16 | EC   | Is it physically demanding?   |
| 05:17 | O    | Yes, it is.   |
| 05:23 | NARR | IN 1968, AFTER FINISHING HIS MEDICAL TRAINING IN WASHINGTON DC, DR. RODAS RETURNED TO WORK IN ECUADOR.  |
| 05:37 | ER   | When I came back from the States, one day the priest called me and says that "your friend, he needs you because his daughter is very sick and he wants you to go and see her." That meant 12 to 15 hours to get to his community. |
| 05:55 | ER   | So I said OK, we have to go. And asked him a little bit.  |
| 05:58 | ER   | He said that the abdomen was swollen and she was pregnant and she had fever and chills. So I figured out that she had an abdominal infection.   |
| 06:10 | ER   | We took everything thinking that we could do an operation. We went by car to the coast, and from there, we started to climb the mountains by horse, and we made it there around 1 or 2 o'clock.                                   |
| 06:29 | ER   | Unfortunately, she was dead. She was a very young woman, probably 25.   |
| 06:40 | ER   | And I tried to listen the heart of the fetus, but couldn't hear anything. It was dead also.   |
| 06:46 | ER   | She was still warm.   |
| 06:54 | ER   | That was a very important day in my life because I decided I have to work with these people all my life, and go to the most distant places.   |
| 07:06 | ER   | Many people in the country or in the slums of the big cities are subjected to lots of pain and sometimes death because they are not taken care with a simple operation.   |
| 07:24 | ER   | When I was still a medical student, there was the news that Ship Hope was going to come to Guayaquil. I went to the ship as an intern and I saw all these doctors working with great dedication to the patients.                  |
| 07:40 | ER   | They did modern surgery, very different from our surgery here, that was at that time very primitive.  |
| 07:48 | ER   | I thought, If they do this for our people, we – the Ecuadorian doctors - have to do the same thing for our own people.  |

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| 07:58 | NARR               | AFTER 15 LONG YEARS OF FUNDRAISING AND GOVERNMENT RED TAPE, HE REALIZED HIS DREAM OF A MOBILE OPERATING ROOM.  |
| 08:12 | NARR               | THANKS TO EQUIPMENT DONATIONS FROM FOREIGN MEDICAL ORGANIZATIONS, DR. RODAS AND HIS SON ARE ABLE TO PERFORM LAPAROSCOPIC SURGERY ON MS. CIRA TO REMOVE HER GALL STONES.                  |
| 09:08 | EC                 | Breathe deeply M'am. Breathe deeply. Can you breathe deeply? Breathe, breathe!   |
| 09:17 | EC                 | Breathe deeply.  |
| 09:47 | ER                 | She had a cirrhosis of the liver, and as consequence of that many problems, one of them bleeding problem.  |
| 09:53 | ER                 | What we are going to do is take her back to the operating room, put a tube inside, and see if she is bleeding from the inside. If we get blood from the inside, we will have to open up. |
| 10:05 | ER                 | We send for blood to the blood bank just in case.  |
| 10:13 | Monika             | For the cross test, should we send the sample in a syringe or a tube?  |
| 10:18 | EC                 | We don't have the safety net of the hospital. When you're in a hospital and something like this happens, you can run a bunch of tests.   |
| 10:49 | ER                 | There are problems, but we always have to have a plan B to solve the problem. Always.  |
| 10:57 | ER                 | Fortunately, with all our 5,000 and more cases, we have not had a problem that was really bad for the patient and we have not lost any patients.   |
| 11:09 | ER                 | She's OK now. She's bleeding very little. She looks bruised all over. But everything is OK with the operation.   |
| 11:19 | ER                 | We're in good shape now.   |
| 11:22 | Patient's daughter | Thank the Lord. Thank you doctor.  |
| 11:33 | NARR               | THE DOCTORS MAKE THE MOST OF THEIR VISITS, OPERATING ON DOZENS OF PATIENTS OVER THE COURSE OF A FEW DAYS.  |
| 11:47 | <b>LOWER THIRD</b> | <b>GONZALO MATUTE – SURGICAL TRUCK DRIVER</b>  |
| 11:55 | Gonzalo            | I left my job as a taxi driver because of how much I like the mobile surgery truck.  |
| 12:06 | Gonzalo            | I would never abandon this surgical truck. I sleep in this truck. I sleep peacefully in this truck. If no one can promise me that the truck will be safe, I sleep in it.                 |
| 12:33 | NARR               | ECUADOR IS EXTREMELY DIVERSE – MADE UP OF 17 ETHNIC GROUPS SPEAKING MORE THAN  |

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|       |                    | TEN DISTINCT LANGUAGES.  |
| 12:41 | NARR               | AS ECUADOR'S MINISTER OF HEALTH FROM 1998 TO 2000, DR. RODAS CAME TO SEE HIS COUNTRY'S HEALTH SITUATION MORE AS A WHOLE. HE REALIZED THAT THE MISSION OF CINTERANDES NEEDED TO GO BEYOND SURGERY.  |
| 12:59 | ER                 | It's beautiful to have been able to operate and solve the problems of over 5000 people and families, giving them back their health and peace of mind. But if you see the impact that these operations have on the overall health of the country, nothing has changed in the country. |
| 13:21 | ER                 | Using the ability, the capacity of surgery to gain confidence and trust very fast, we decided that we have to expand the program and take care of health as a whole, and do programs who have more impact like nutrition in kids, immunization, education.                           |
| 13:39 | ER                 | So everyone will be taken care of, and not just wait until they get sick, but go to them and try to promote health.  |
| 13:50 | ER                 | Each doctor is assigned a group of families in a defined geographical area.  |
| 13:55 | <b>LOWER THIRD</b> | <b>DR. MIRIANN MORA &amp; EULALIA REMACHE PAUCAR – CINTERANDES FAMILY HEALTH PROGRAM</b>   |
| 14:09 | Miriann            | We are doing a health survey.  |
| 14:13 | M                  | So we are trying to meet everyone who lives around here.   |
| 14:18 | Eulalia            | I am healing with traditional medicine and plants. She is helping doing Western medicine.  |
| 14:28 | M                  | We work together as a team.  |
| 14:34 | M                  | In my work with Eulalia, we have to stick together. Her they speak Quechua, and she speaks Quechua. They believe in traditional medicine. Eulalia knows traditional medicine. The people know Eulalia. I am a stranger.  |
| 14:53 | M                  | May I see your arm please?   |
| 14:56 | Old woman          | I don't understand.  |
| 14:58 | M                  | You don't understand?  |
| 15:00 | M                  | Eulalia Maria! She's speaking Quechua.   |
| 15:06 | M                  | She doesn't understand Spanish.  |
| 15:09 | Old Woman          | I am telling her I don't understand what she is saying.  |
| 15:14 | Woman's daughter   | She says to show her your arm so she can give you medicine.  |
| 15:19 | Old Woman          | Okay. I'm ready, but I don't understand.   |

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| 15:24 | M                | What did she say?  |
| 15:25 | Woman's daughter | She thinks you want to cut her.  |
| 15:27 | M                | No, I won't cut you.   |
| 15:36 | Woman's Daughter | It's for giving you medicine.  |
| 15:39 | M                | What is "kun-ga-pami"?   |
| 15:42 | Woman's daughter | I am telling her you are a doctor.   |
| 15:47 | M                | Do you know what a pap smear is?   |
| 15:49 | Woman            | Yes  |
| 15:50 | M                | But you have never had one?  |
| 15:51 | Woman            | No   |
| 15:54 | Husband          | I never had one either.  |
| 15:56 | M                | No you wouldn't have one. Only your wife.  |
| 16:01 | M                | Pap smears are only for women.   |
| 16:06 | M                | <i>Cinterandes</i> came here to start this new program. What they want is for the doctors to go out – not to sit in the clinic and wait. We are supposed to go out and feel the reality of the people. The advantage of this is that it gives us more power to help. |
| 16:48 | NARR             | IN THE ANDEAN REGIONS OF ECUADOR, COMMUNITIES OF A FEW THOUSAND PEOPLE CAN BE DISPERSED IN ALTITUDE FROM SEA LEVEL TO AS HIGH AS 13,000 FEET. MIRIANN AND EULALIA WALK FOR UP TO 4 HOURS TO REACH THEIR PATIENTS.  |
| 17:07 | M                | The sticks are for protection.   |
| 17:23 | ER               | Malnutrition is one of the main problems in Ecuador, because if a kid does not receive the proper nutrition before two years of age he will never develop physically.  |
| 17:36 | M                | 136 centimeters.   |
| 17:39 | ER               | And what is worse, he will never develop mentally.   |
| 17:46 | ER               | We cannot build a country if the people are intellectually under-developed.  |
| 17:56 | ER               | For the general public, health is just the absence of disease.   |
| 18:02 | ER               | To me health is related with every human activity. We have an Andean definition of health:   |
| 18:09 | ER               | Health is the harmonic coexistence of human beings with themselves, others and the environment.  |
| 18:26 | M                | What do you use it for?  |
| 18:30 | Director         | What's it for?   |
| 18:32 | M                | It's for treating heatstroke.  |

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| 18:36 | Eulalia  | When you are half hot, half cold. That's what you use this for.  |
| 18:41 | Director | What do you call it?   |
| 18:44 | Eulalia  | "Achupilla."   |
| 18:48 | Eulalia  | I've been studying traditional medicine since I was 12 years old. There are many experiences and stories that my grandfather passed to me. I remember like it was yesterday what he taught me about plants and our relationships to them.                                  |
| 19:26 | Eulalia  | I learned to do the guinea pig diagnosis. It's like radiography. It examines the whole body. You can see everything that happens inside, and what ailments there are. It can help determine if it is something that can be cured at home instead of going to the hospital. |
| 20:09 | NARR     | EULALIA DISSECTS THE GUINEA PIG AFTER PASSING IT OVER THE SICK PERSON. THE TRADITIONAL BELIEF IS THAT THE BODY OF THE ANIMAL WILL ABSORB AND REFLECT THE HEALTH PROBLEMS OF THE PATIENT.   |
| 20:33 | Eulalia  | This is a bruise or injury.  |
| 20:39 | Patient  | I had a small operation over here.   |
| 20:43 | Eulalia  | Ah. That's here.   |
| 20:46 | M        | We are going to examine her legs now.  |
| 20:57 | M        | Sometimes I examine the patient too, and we discuss our opinions. This way, we share with each other.  |
| 21:07 | M        | Your calves – do you walk a lot?   |
| 21:13 | ER       | Usually the approach of western medicine to traditional medicine has been very arrogant. Since traditional medicine does not fit our scientific parameters, we ignore it.  |
| 21:27 | ER       | I think we have to learn from each other.  |
| 21:44 | EC       | Are you done with your homework? And what is Carolina doing? OK. And where's mom? Are you guys helping out?  |
| 22:00 | NARR     | AFTER SIX MONTHS OF LIVING WITH A DISABLING HERNIA, OSCAR FUERTE IS READY FOR HIS OPERATION.   |
| 22:37 | EC       | I remember the first time I ever saw a surgery was when I was about 8 years old. We went to a rural community. Just getting there was a challenge. We had to drive, walk and horseback ride through the Andean mountain range for 6 hours.                                 |
| 22:57 | EC       | The first surgery I saw was of a man in his 40s who had a big tumor in the back of his neck. I remember as a kid thinking how brave this patient was because he wasn't complaining of any pain. Of course I didn't   |

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|       |                    | figure out he was getting local anesthesia.  |
| 23:19 | EC                 | That was one of the things that inspired me because I just looked at how the patients and people really responded to my dad going there.   |
| 23:34 | ER                 | Oscar Fuerte is a leader in the community and had lots of friends. All the community was concerned about him.  |
| 24:15 | ER                 | We thought that in the jungle that we have big rivers and no access, no roads. A boat would be a good idea to have an operating room and do the same thing we do in the truck.                       |
| 24:33 | Pilot              | There is the boat.   |
| 24:37 | NARR               | DR. RODAS STRUGGLED FOR FIFTEEN YEARS TO PERSUADE GOVERNMENT OFFICIALS TO HELP HIM PROVIDE A HOSPITAL BOAT FOR ECUADOR'S AMAZONIAN RIVER COMMUNITIES.  |
| 25:26 | ER                 | What are the family names of the girl?   |
| 25:31 | Mother             | "Qui-nin"  |
| 25:33 | ER                 | "Qui-nin"? How do you spell that.  |
| 25:37 | Anita Vicuña       | We don't know much about the names in these parts. We just have to learn.  |
| 25:39 | <b>LOWER THIRD</b> | <b>ANITA VICUÑA – CINTERANDES EXECUTIVE DIRECTOR</b>   |
| 25:46 | Anita              | It's quite large.  |
| 25:54 | Anita              | Does it hurt?  |
| 26:02 | Anita              | Keep her out of the sun so she does not get too thirsty.   |
| 26:21 | ER                 | Today we are doing three surgeries, and her.   |
| 26:34 | Anita              | This isn't working.  |
| 26:48 | Anita              | OK, what do we do?   |
| 26:54 | ER                 | We had everything ready for general anesthesia, but in the end there was a connection that didn't work. So we decided to proceed under local anesthesia.   |
| 27:09 | Anita              | I promise it will only hurt a little. It will be here – like a few mosquito bites.   |
| 27:21 | ER                 | It was a big tumor, but she hardly complained and we could proceed and finish the operation.   |
| 27:30 | Hernan Sacoto      | This boat is quite good, but there are still a few things that need to be fixed.   |
| 27:33 | <b>LOWER THIRD</b> | <b>HERNAN SACOTO – CINTERANDES SURGEON</b>   |
| 27:37 | Hernan             | The walls, the bathrooms, and some of the equipment as well. The oxygen taps, the air conditioning. It's for the patients' benefit as well. The veins dilate and they bleed more when it is too hot. |
| 28:02 | Anita              | Now you're happy, right?   |



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| 28:05 | Anita   | Now nothing hurts anymore, right?  |
| 28:10 | ER      | If it swells a little, don't worry. It will go down again. We'll see you tomorrow, OK?   |
| 28:21 | Parents | Thank you, doctor.   |
| 28:24 | NARR    | DESPITE 18 MONTHS OF SUCCESSFUL OPERATIONS, THE LOCAL GOVERNMENT CUTS OFF SUPPORT TO THE RIVER HEALTH PROGRAM. HAVING SEEN THE POSITIVE IMPACT OF CINTERANDES' WORK ON THE LOCAL COMMUNITIES, DR. RODAS IS DETERMINED TO RESTART THE PROJECT. THE POLITICAL AND FINANCIAL BARRIERS HE FACES ARE NOTHING NEW. |
| 28:45 | ER      | When we operate in Puerto Morona – you realize that that's the only help that people have there for surgery.   |
| 29:08 | Oscar   | Hello?   |
| 29:10 | ER      | Oscar, this is Dr. Rodas. How are you?   |
| 29:18 | ER      | You haven't had any problems?  |
| 29:26 | ER      | Great. I'm very happy.   |
| 29:38 | Oscar   | Eight times four is thirty-two. Sure, 400 pounds. 320 pounds.  |
| 29:49 | Oscar   | We negotiate on the boat, and then we move the fish onto trucks so we can bring the fish to sell to the processing plant.  |
| 29:57 | Oscar   | They are separating the fish by size. Some big, some small – classifying.  |
| 30:07 | Oscar   | This one is for you.   |
| 30:19 | Oscar   | What is the total for these?   |
| 30:23 | Worker  | Four hundred pounds.   |
| 30:24 | Oscar   | Yeah, that's what I thought it would be – four or four hundred ten.  |
| 30:31 | Oscar   | The check! Wow! So much money! Look - 410 pounds and 168 dollars.  |
| 30:39 | Oscar   | That's my other son.   |
| 30:43 | Oscar   | He's a soccer player. We call him "little Pele."   |
| 30:56 | Oscar   | Health is very important. If I'm not alive, who takes care of the family? No one else.   |
| 31:21 | Oscar   | Sometimes soccer players are skinny too. But you need food to develop your bones. Here, the fish comes from the sea to your table.   |
| 31:47 | ER      | When I was approaching the middle 50's I saw that everything in my career was... you think it's coming to an end soon. Then when Edgar decided to go into medicine, it seemed that the horizon opened up again and it's forever.   |
| 32:07 | NARR    | IN THE U.S., EDGAR RODAS JUNIOR HAS  |

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|       |                             | ACCESS TO CUTTING EDGE MEDICAL TECHNOLOGY AND EARNS A GENEROUS SURGEON'S SALARY. BUT HE IS COMMITTED TO GIVE THIS UP TO RETURN TO ECUADOR AND RUN THE FOUNDATION.  |
| 32:25 | EC                          | It's easy to follow his footsteps because the things that he does are right, but it's just going to be hard to fill in his shoes.  |
| 32:45 | ER                          | I have some visions for the future of <i>Cinterandes</i> .   |
| 32:49 | ER                          | I think that the Cinterandes model - it's great to be reproduced in other countries. We have proven that it's an effective way to deliver surgery and through surgery going to other programs, like family health and human development. |
| 33:16 | ER                          | I think it's wonderful that you plant one potato and so many come out. This is an everyday miracle.  |
| 33:28 | ER                          | I think many times you don't see the results. Or you see the results much later. But I strongly believe that every effort produces results. Some results will be after I die, but I think there will still be results.                   |
| 34:11 | Beginning of<br>END CREDITS |  |
| 34:12 | CREDITS                     | <b>PRODUCED AND DIRECTED BY MIKE SEELY</b>   |
| 34:17 | CREDITS                     | <b>PARTICIPANTS</b>  |
|       |                             |  |