

INSTITUTE OF CURRENT WORLD AFFAIRS

Bribri, March 18, 1994



Dear Peter,

Shiroles, March 16, 1994. 2:00pm. In a community meeting.

The young Bribri Indian woman could not hold her feelings to herself no more. She had to share them with her community in the meeting. A person so dear to her heart had been through some great suffering the night before, her older sister who was pregnant was bleeding and it appeared she was going to lose her baby and her life was in danger.

"Doctor!, my sister and I cried for help in the night, but doctor was not to be found anywhere near."

"Doctor!, you said that when a woman was pregnant we need not worry, for now we had a clinic and a doctor in Shiroles."

"My poor sister was getting pale and cold and becoming weaker. Was she losing her baby or was she dying herself?"

"Doctor!, I cried again, my sister no longer had the strength to speak, where are you? Please come and save my sister's life."

"What was wrong? Where did our doctor go to? Did he not promise to help us whenever we needed him? Did he not say he would care for pregnant women until their children were born?"

"Sister!, I cried out. Sister!. But sister was not

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responding no more. Was she tired or was she dying?"

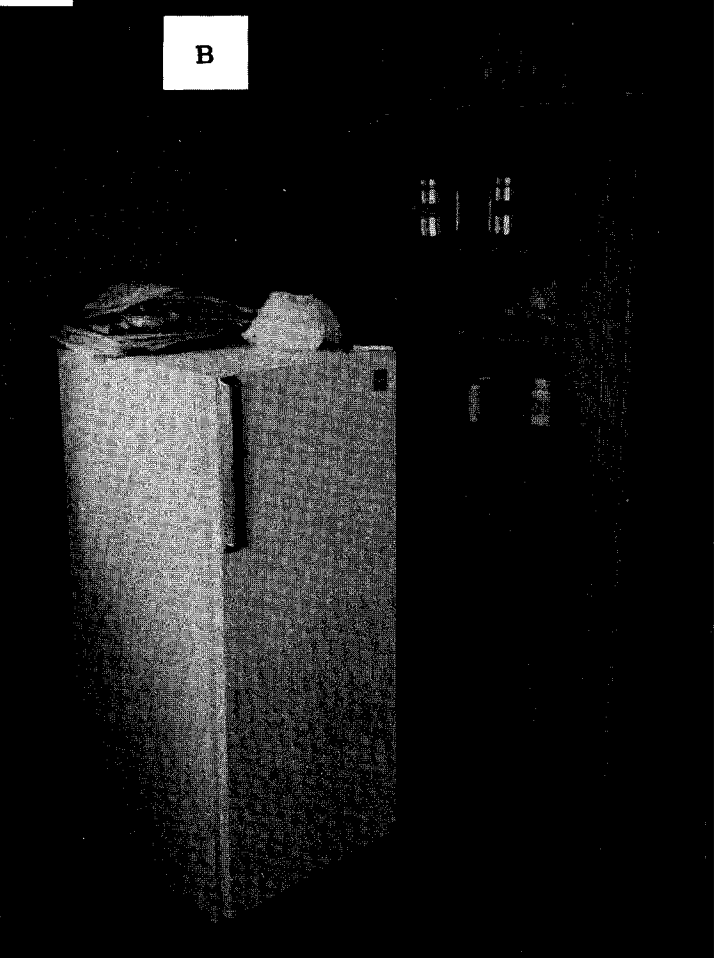
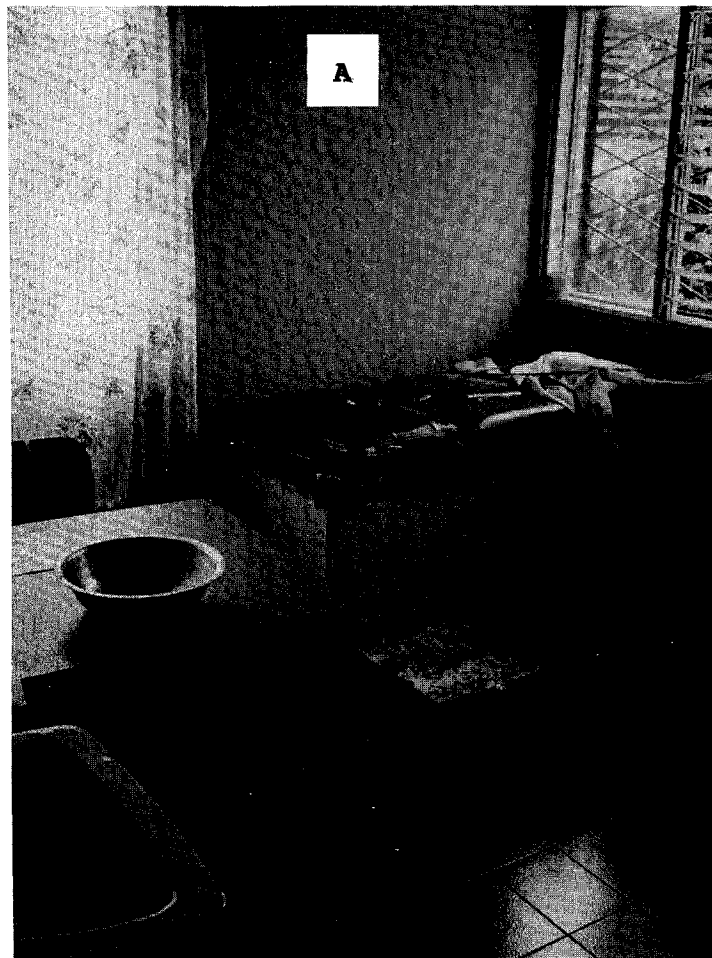
"Almighty God!, please safe my sister's life and her baby."

Tears of sadness swelled in her eyes as she spoke. The audience was silent. And she said (slowly) in low voice, "estamos sufriendo y nadie se preocupe por nosotros, no es asi?. Solamente porque nosotros somos Indigenas, no es asi? (We are suffering and nobody cares for us, isn't it so? Only because we are native Indians, isn't it so?)." She shook her head and sat down with her hands folded and said "no tengo mas que decir" (I have nothing more to say). What was she thinking? Was she weeping inside her heart?

Her pregnant sister was taken the next day to Limon (84km) for treatment in Tony Facio hospital where gynecological problems were treated by specialists.

The community in Shiroles felt led down. Why should their children go unvaccinated and their growth unmonitored (some already suffered from malnutrition)? Why were their women who were pregnant not receiving any medical care? For two years now there had not been a primary care technician or doctor in Shiroles health post (clinic) or a nutrition worker in the nutrition center. Why had all these health workers been withdrawn from Shiroles? The clinic and nutrition center were all well equipped with working facilities. What could explain health workers desertion from Shiroles?

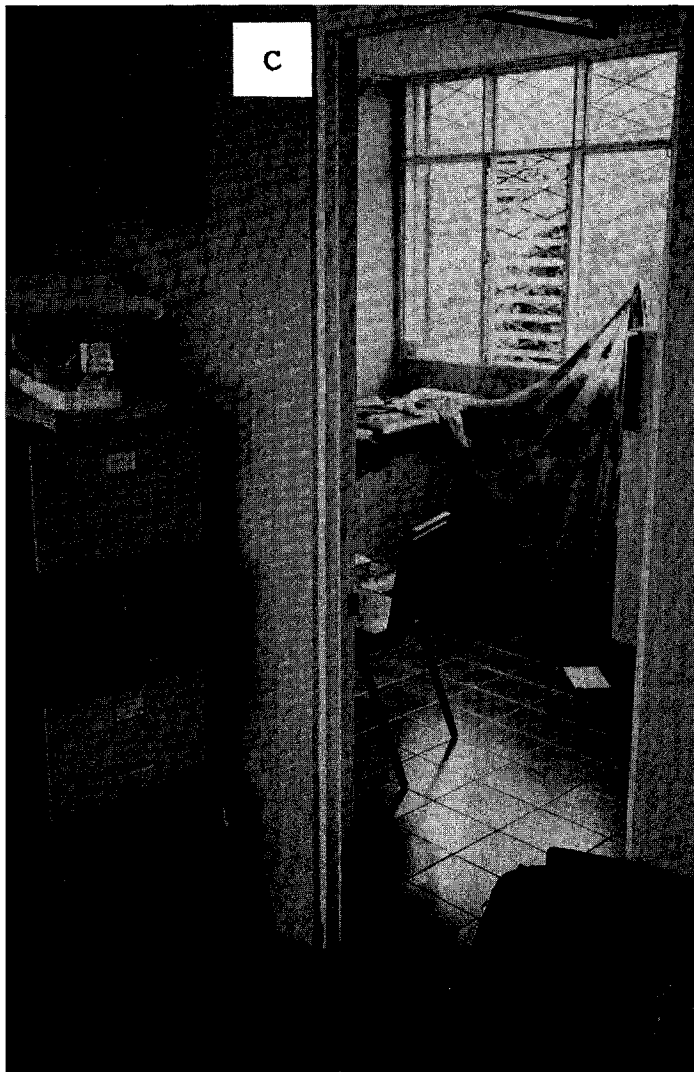
**Shiroles health post without doctor
(modern medical equipment lay in dis-use)**



The community could not understand why health workers had left despite increasing health needs. They enumerated their grievances: no clean drinking water, diarrhea in children, respiratory disease, dental problems, parasitic intestinal diseases, malnutrition in children, Malaria, increasing early teenage pregnancy (at 13 years), lack of health and nutrition education, failure to vaccinate children, difficult access to Social Security health services at Bribri clinic (because many were poor and could afford to pay insurance money every month and even many did not know what health insurance meant or how it worked) and the problem of general poverty.

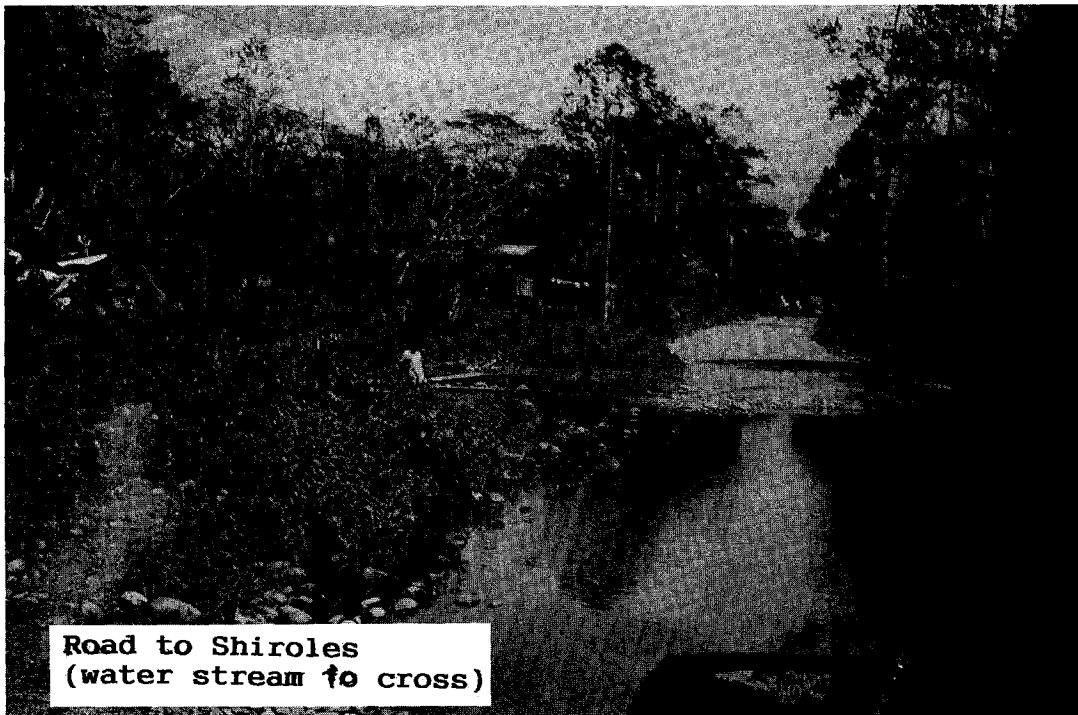
From what I gathered in the community meeting, the general feeling was that perhaps health authorities were not really serious about caring for their health. They said there was a health committee in Shiroles, but that it existed only in name. Some questioned that "who knew if the health programs in Shiroles were not just short term programs for conducting health studies on the community by people working for their university degrees and who after they are done never really cared to come back to provide any kind of care at all". The community was losing trust in the health system.

When I visited Shiroles ^{clinic} 4 weeks ago, I found cold-chain boxes for vaccine safe-keeping scattered around in the dressing room some on the floor and others on top of the cupboard. The



refrigerator was working and there were a few medicines and vaccines in it, which I thought were not safe for use again. There was a table for patient examination that could also be used for birth in case of emergency. The cupboard contained some surgical instruments for minor surgery and steel-vessels for keeping sterile gauze used for dressing of wounds. Also there were four file-drawers in the waiting room, some files contained medical records of patients and many had dust on them. There were spider webs, insects and possibly rats, because I saw that some parts of the edges of the examination table have been eaten away and the sponge inside it was exposed.

There were no children to be fed or mothers to be taught how to prepare balanced diets in the nutrition center. Pictures of nutritious foods and growth charts decorated the walls. There were enough kitchen utensils; cooking pots, plates, cups and spoons. But there was



no food at the center nor nutrition educator. In fact the nutrition center was opened for my observation by a neighbor who kept custody of the keys to the rooms. She had maintained the nutrition center clean for 2 years in the hope that a nutrition educator would come to work there some day, but the waiting was taking forever.

Another important issue that came up in the meeting was the question of 'ninos con dificultades de aprendizaje' (children with learning difficulties), raised up by Senora Maria de los Angeles, director of Shiroles school (Escuela de Shiroles). She mentioned that many school children were falling behind in classes or did not progress well in their school work. She did not know exactly what the reasons were. She said that a psychologist was going to come from Limon to Shiroles to assess those children with learning difficulties by helping to identify the conditions they suffered from so that they could be helped accordingly. Could poor nutrition be a factor in the problem? I was just wondering.

After the meeting I got back to Bribri and read an interesting article from El Dia newspaper of the same day. It said:

"Diarrhea whips native Indians-820 cases in one year. They suffered of shortages of health technicians, lack of potable water and latrines. Much of the sufferings of native Indians are ignored (or unknown) due to lack of health personnel".

I was already preparing (for the next day) my trip to Gavilan Canta (Eagle Sings) a native Indian village about 12 kilometers west of Shiroles.

"The natives suffered from preventable diseases by vaccination, measles, whooping cough, chicken pox, intestinal

Diarrea azota a indígenas

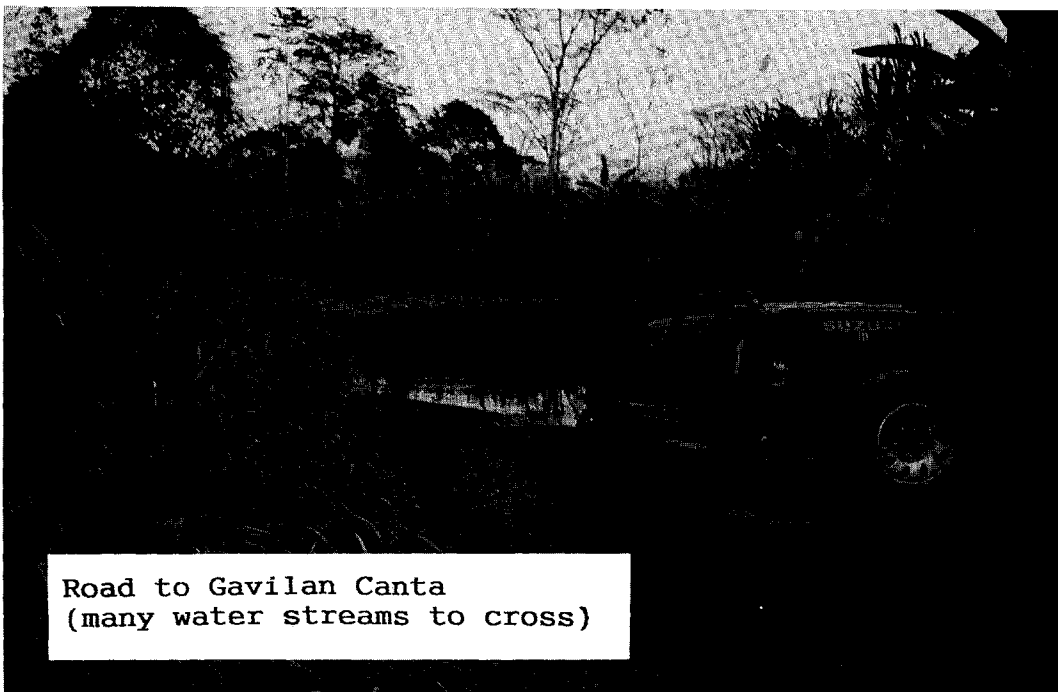
Sufren poca atención de técnicos en salud, falta agua potable y letrinas

EL DIA, MARCH 16, 1994.



SIN AYUDA

Muchos de los padecimientos de la población indígena se ignoran por falta de personal en salud.



Road to Gavilan Canta
(many water streams to cross)

Estos son los males

Número de casos

Bribri Cabecar

Diarrea	820	920
IRAS	178	228
Anemia	167	67
vómitos	157	57
Conjuntivitis	120	119
Sarampión, varicela		
gripes y oídos	73	70
Artritis		
Reumatismo	110	100

Infecciones respiratorias.

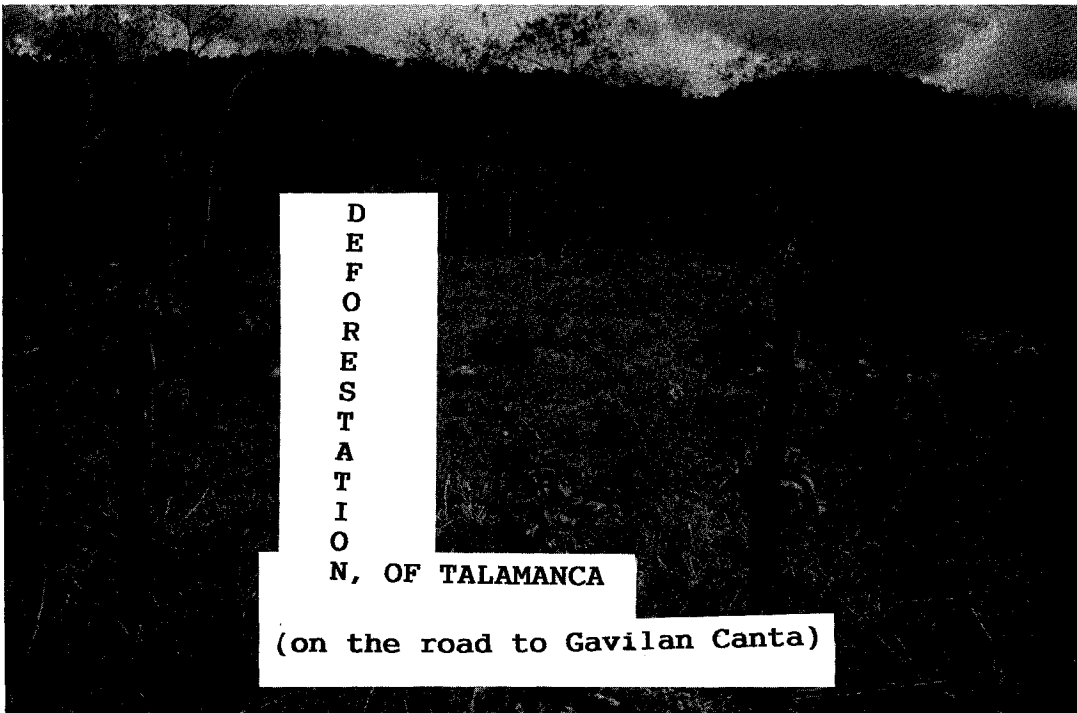
Fuente: Dirección regional central este
Ministerio de Salud.

parasites, respiratory and skin infections, following reports from medical centers Tony Facio in Limon and William Allen in Turrialba", the newspaper El Dia continued.

On the road to Gavilan canta, March 17.

I started off my trip from Bri-Bri at 11:30 in the morning, driving on the now familiar road to Shiroles crossing some water streams at various points. When I arrived Shiroles I was directed by a shopkeeper (I knew) to take a dirt road that led to the west. She said Gavilan Canta was just about one-half-hour ride away. I thanked her and bought some bottled water from the shop.

There was no trouble on the road, though the path itself was more rough and bumpy than the Bri-Bri-Shiroles road. It looked like not many cars used the Gavilan Canta road. I just followed the car tracks ahead of me passing through several banana plantations. Some Indians had made their homes on the plantations. One old man sat in front of his house smoking a pipe. He was looking relaxed. I waved my hand in greeting and he waved back too. That was good.



I was now crossing more water streams and they were getting more wider and less shallow, only a 4-wheel drive car could negotiate this places. If it rained I did not think it was possible to cross these water streams, for many of them would swell into temporary rivers, but I continued to move on. I was going towards the direction of the mountains which appeared to be covered with an endless blanket of trees. I noticed that a large area of forest was being cut down.

Then I stopped at a small canteen that sold a few items such as matches, biscuits, cigarettes and Coca-Cola! A lorry track was parked by the road side at a banana plantation. It appeared the

local Indians were selling their banana crop to some merchants who had come from outside Talamanca. (I was told at Shiroles that the people who bought the banana were middle-men who operated from bases in San Jose. They bought the banana at low prices from the Indians to sell them again at higher prices in San Jose or Limon. The Indians did not have the means to transport their crop to big towns to sell it themselves and at prices that they would be happy with.)

Sometimes I saw few people just walking on the road. One woman carried her baby on her shoulders and her little boy walked behind her holding to one end of her cloth. The little boy was bare footed. There was sweat on his forehead and occasionally he stumbled over something, but he just walked on not complaining to his mother, this little man. Where were they going to? To Shiroles may be or visiting some relatives in a nearby village which was hidden somewhere in the banana plantation? The mother carried a small bag too, was she carrying water and food in it for her kids?

Some people were sitting down on the road side perhaps resting a little to continue their journey. There was no bus services to Gavilan Canta and people must cross distances on foot. Occasionally, one or two squirrels ran quickly across the road from time to time and hid in the bush or climbed up on trees on the opposite side of the road, others just chased each other.

I was hoping to see a Gavilan (Sparrow-hawk) on the way, Gavilan Canta was named after it. But I did not see any Gavilan, perhaps they were present in the (still) forested areas further away in the mountains.

I continued my journey enjoying the scenery of Talamanca. It must have been more beautiful in the past when nature there was still untouched and undisturbed by the so-called civilizing winds of change.

At times I saw nobody on the road and sometimes it was unusually quite that I could hear strange sounds chir-chir-chir, but I did not know what was/were making those sounds, insects, some birds or may be a Gavilan that I could not see.

Sometimes I thought about what could happen if the car engine broke down there in the middle of nowhere? Car-mechanics were available only in Limon (96 kilometers away) and the nearest petrol station (where you could service a flat tyre) was in Margarita some 30 kilometers away south of Bri-Bri.

Finally I crossed one large water stream before I climb up hill using double traction. I had reached Gavilan Canta 'sin problemas' safely and in good time too. The hour was 30 minutes after mid-day. Gavilan Canta was a small settlement with a few buildings.

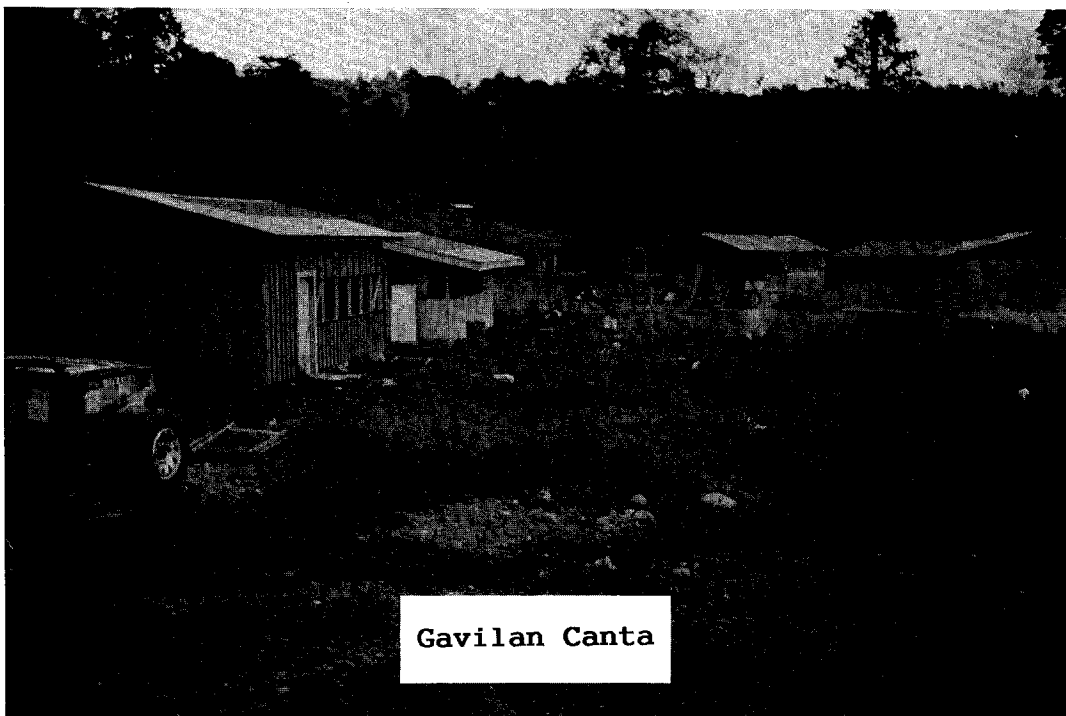
I met the school teacher, el senor Roman Harris Hernandez, he was the headmaster of Escuela Gavilan Canta, Talamanca. We talked about the school. He said Indian pupils studied up to the 6th grade only. The school was a day-school. He had intentions of increasing the number of pupils enrolling into primary school but, there was not much room for more pupils. Space was limited. The idea he had was to begin evening classes to teach more pupils but, he did not have the means to buy a pressure lamp or a small

electric generator to light the class rooms when it was night. Besides, some pupils would be coming from far away places and it would be difficult for children to return to their homes especially after it was dark. The area surrounding the school was bushy and snake-bites were not uncommon in Talamanca.

I explained my purpose for visiting Gavilan Canta to Senor Harris. He sent one school boy to call the person in charge of the health post.

The health post was close to the school. It was built from wood and it stood on some wooden poles. It was closed.

I met Mr Filodelfo Rios and his assistant Cirilio Fernandez, the two were responsible for running the health post at Gavilan Canta. At first I thought they looked a bit indifferent, but people's hearts warm up to you when you speak to them in their own language. "Is be shkena (how are you)?", I said to Mr Rios in Bri-Bri language. "Is shkena buae (I am fine)", he replied in good mood. I introduced myself to him saying that I was considered an 'indegena (native)' in my country. I told him that I was interested to learn about the health problems that the 'indegenas' faced in Gavilan Canta and that I would appreciate learning from their experiences.



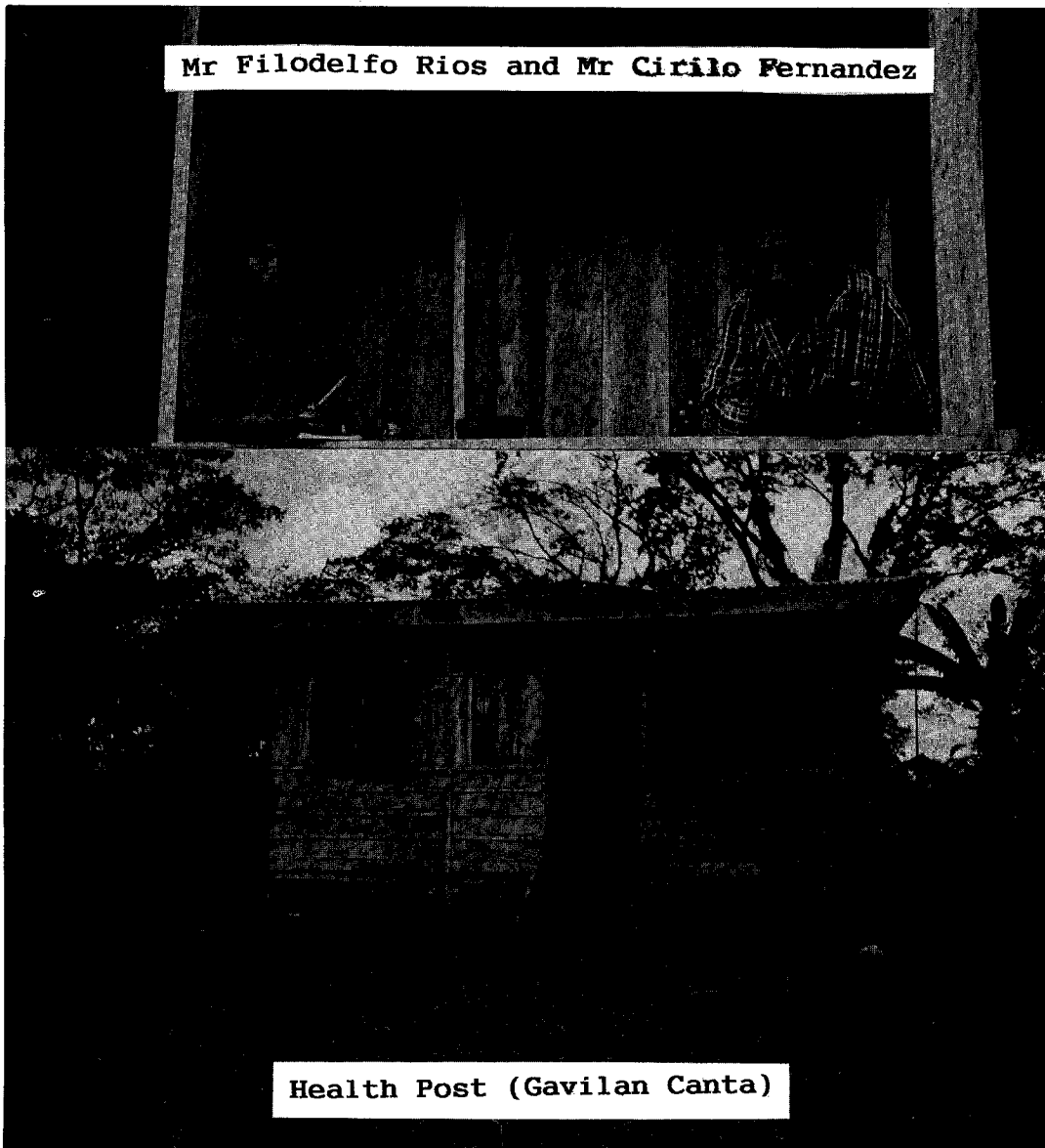
Gavilan Canta

They spoke with frankness and I enjoyed listening and speaking to them. (Peter, did people with similar problems share a common cause? Strange thoughts wondered in mind.)

"Aqui no hay asistencia medica (here there is no medical care)", said Rios. "People in Gavilan Canta suffered mostly from malaria, diarrhea, vomiting, chicken pox and malnutrition. There was no clean drinking water, many drank water taken directly from nearby water streams. No latrines and people defecated in the open air. Snake-bites were not uncommon. People also suffered

from machete injuries at the work place or as the result of fights between people due to increasing change in morality in the Indian community itself. If we have an emergency whether by day time or by night we did not have an ambulance to take the sick person to Bri-Bri. There was no resident with a private car who might help with transport and it was customary for the sick to walk up Shiroles and then take a bus to Bri-Bri, many were just poor peasants. Most people in the community did not have insurance with the social security and so did not access or use the Social Security clinic at Bri-Bri. Most people were subsistent farmers and they grew crops only for their local consumption and not for sale. It was difficult to sell small amounts of crops for profit which was inadequate even to pay for health insurance. ", Rios continued

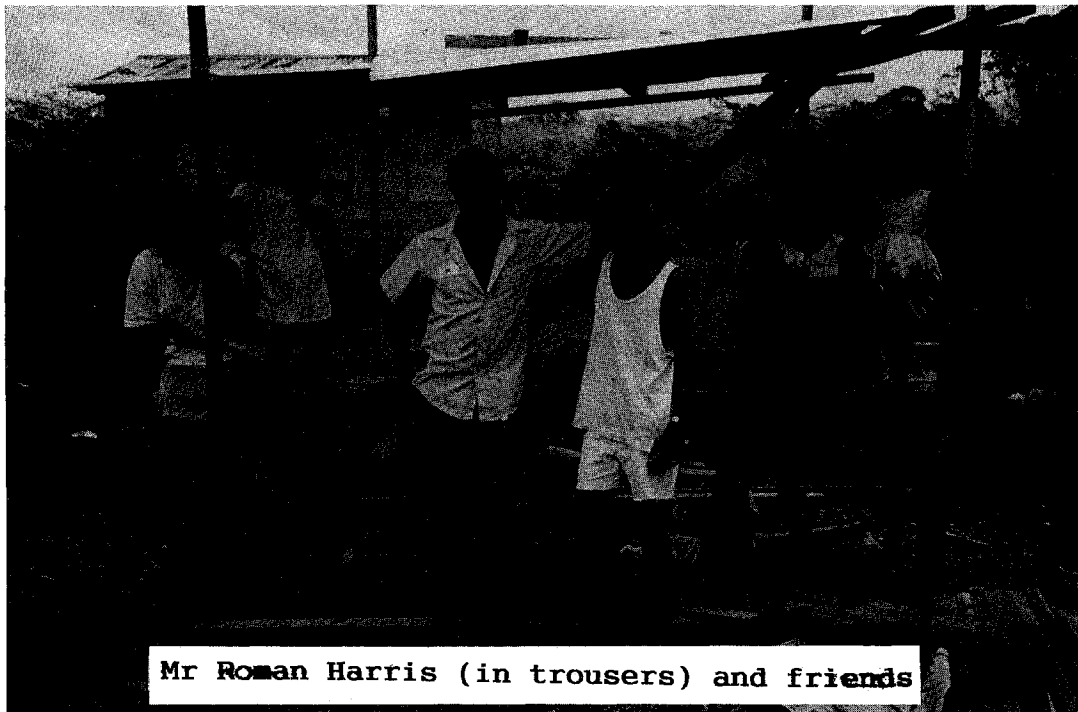
I remembered Mr Harris the school headmaster telling me that, "alcoholism was also becoming another important social and



health problem in Indian communities here in Gavilan Canta. Also Indians were slowly losing some of their traditional cultures. Nowadays many of them preferred to listen to Mexican rancheras and Caribbean reggae music." (Peter, I did not hear Indian names too, only Fernandez, Cirilo, or something like that. Didn't the Bri-bris have Indian names and happened to them? Or was civilization taking place in Talamanca?)

Before I left Gavilan Canta in the late afternoon, I met a pregnant Indian woman on the school premise. It was her first pregnancy, she was seventeen years old. She said that she has not had any kind of antenatal care since she became pregnant. It seemed to me that most Indian children in Talamanca were born outside hospitals. Perhaps the good old Indian medicine men (the Sukias) should not be ignored (by modern medicine people) after all, but instead they could be given some especial training to be able to help their own people. Perhaps a witch (doctor) was better then a (modern) doctor who did not come at all to look at people's health. Something was better than nothing.

I came back to Bri-Bri thinking about the Indian woman who came to Bri-bri clinic in the morning suffering from bleeding because she had an abortion. The woman came from Gavilan Canta.



But what was medical care like in health posts visited by doctors during so-called medical outing to outlying areas?

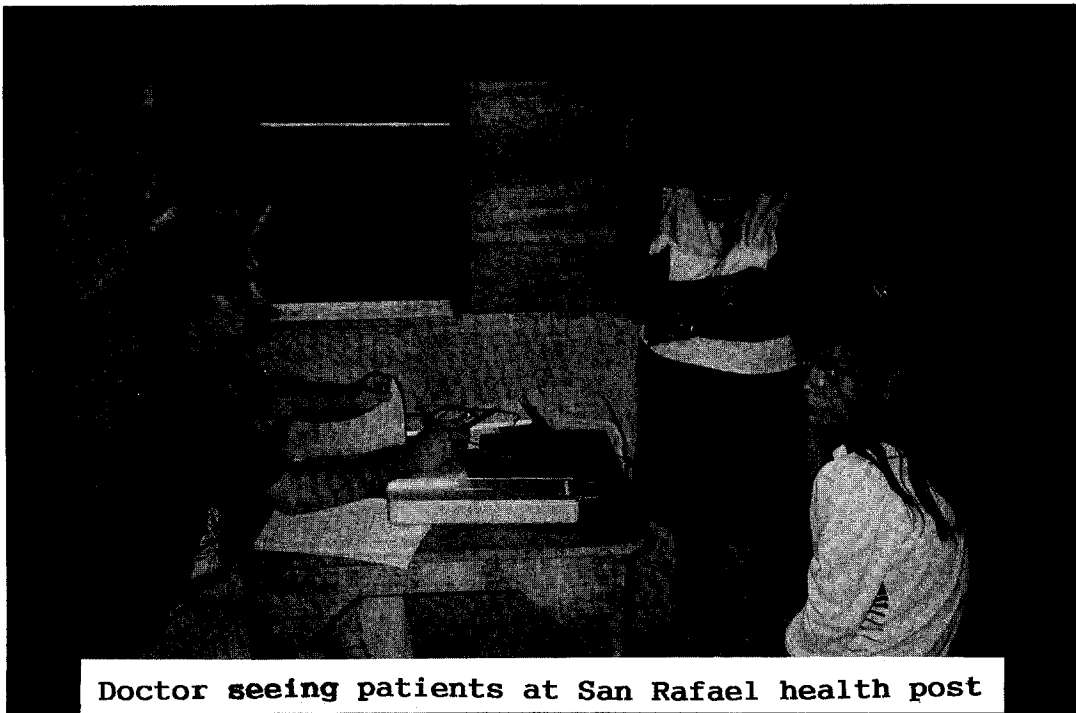
Let's now examine a few cases of patients that were treated at the centro de salud (health post) in San Rafael about 18 kilometers west of Cahuita into the mountains, on March 16, at 10:00 o'clock in the morning.

- A 23-years-old woman wanted to go for family planning and she wanted to have contraceptive pills. But the Social Security clinic pharmacist who accompanied the doctor to San Rafael did

not bring with him any contraceptive pills on that clinic day. He had forgotten the pills at Bri-bri clinic some 40 kilometers to the south. The woman did not get the service she needed.

- Another woman had some genital fungal infection and she said to the doctor that the treatment given to her before was not doing her any good; "la condicion sigue igual (the condition remained the same)", without improvement. The doctor changed her prescription saying, "hay que comprar mas fuertes" (you have to buy more potent medicines). But these "potent" medicines were not available in the Caja clinic either, they must be purchased privately by the patient from private pharmacies. Sometimes this meant a lot of out-of-the-pocket expenditure which poor campesino families could not afford to buy.

- And the 73-year-old man who had a high blood pressure and he wanted to be transferred to Limon for specialist attention in Tony Facio hospital. But the paper on which to write the



reference note to the specialist in Limon hospital was forgotten at Bri-bri clinic. On that clinic day, the sick man was not referred to Limon, but I remembered him saying to the doctor "el presion me mata in la noche (the blood pressure kills me in the night)". The old man may have to wait another three weeks or perhaps one month, before the next doctor returned to San Rafael. And just imagine what could happen to him if he developed some complications due to his poorly controlled high blood pressure which was recorded at 185/95 mmHg. Before, his blood pressure was controlled at 140/90 mmHg. The inadequate medical control of his hypertension was clear and, it showed how poor follow-up of illness conditions in patients had become. What quality of care could we speak of here?

There was no laboratory at San Rafael health post. Medical treatment of many disease conditions depended on the clinical judgement of the doctor. But was it easy to judge from (clinical examination of patient alone) which type of parasitic worm infection a patient may have? Many worms infected man and that would certainly require a microscope examination of faeces to determine worm type in order to reach the definitive treatment and cure. Blood was not tested for malaria too.

From the forgone what was happening to health care in the Talamanca region of Costa Rica was truly unfortunate. In 1991, infant mortality in Talamanca was 30.2 deaths for every 1000 live births compared to the national average was only 13.8, making Talamanca one of the worst off region in country. As Mr Rios of Gavilan Canta and Al Dia newspaper had pointed out before, Indians in Talamanca were suffering from preventable diseases. But why was that?

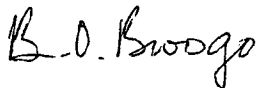
Perhaps the words of Paulo Freire, the Brazilian educationist can give us a clue as to what was happening in Talamanca. Although he was speaking about his country Brazil, may be his arguments are also valid and comparable to the Talamanca situation in Costa Rica. He said:

"It should not be necessary here to cite statistics to show how many Brazilians (and Latin Americans in general) are living corpses, shadows of human beings, hopeless men, women and children victimized by an endless invisible war in which their remnants are devoured by tuberculosis, schistosomiasis, infant diarrhoea... by the myriad diseases of poverty (most of which, in the terminology of the oppressors, are called 'tropical diseases'(1))."

Peter, from what I had experienced in Talamanca I continue to wonder about what Costa Rican health authorities will do to restore people's confidence in the health care system. But good luck to Ticos. I believe they have the capacity to do better.

Como siempre, muchas gracias.

Yours sincerely,



Bacete O. Bwogo

(1) Paulo Freire, Pedagogy of the oppressed, Penguin Books (reprinted 1990). p. 139.