

INSTITUTE OF CURRENT WORLD AFFAIRS

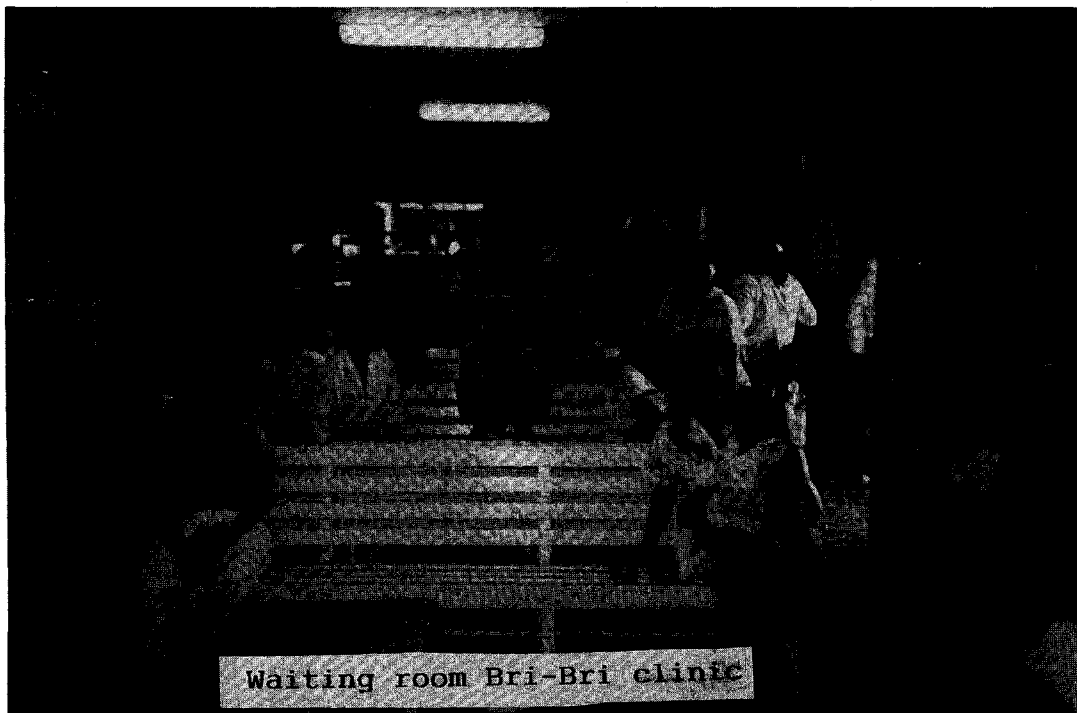
San Jose, April 4, 1994

Dear Peter,

March 14. 9:00am. In the consultorio (clinic) of Dr Sergey Krutko, a doctor from Ukraine working for the Costa Rican Social Security (Caja) health service at Bri-bri, Talamanca.

"Proximo!", Dr Krutko called out for the next patient to come in.

Margolet de Grand entered with her two young daughters. "La muchacha mas chiquita tiene mucha tos y calentura desde anoche (the younger girl has much cough and fever since last night)", said Margolet referring to Mishel Adria her 4 years old little daughter who was now sitting on her lap. "Ella no come mucho. Creo que tiene un bicho (She doesn't eat much. I think she has a bug)", she continued.



"Abre la boca y saque la lengua para afuera (open you mouth and draw out your tongue)", Dr Krutko said to Mishel. She opened her mouth and drew out her tongue.

Dr Krutko began to examine her. He put a disposable tongue depressor into Mishel's mouth with his left hand and pushed down gently on her tongue to see her throat. He used a small torch in his right hand to illuminate Mishel's mouth so that he could see well her throat.

"Her tonsils are inflamed", said Dr Krutko to Mishel's

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mother.

"She will need an antibiotic and cough syrup", he said as he wrote a prescription for Mishel. "The medicines are available at the pharmacy of the clinic. You could get them afterwards".

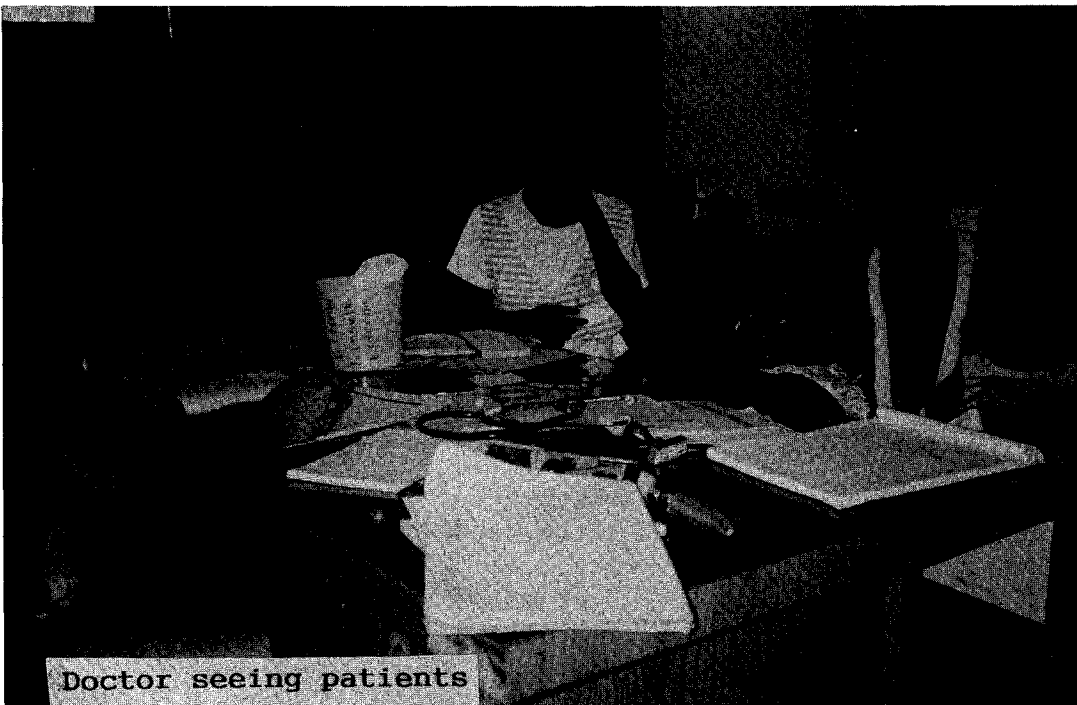
"Y tu, que tienes? (and you, what do you have)", Dr Krutko asked 8-years old Crisia Prisilla, Mishel older sister.

"Doctor, tengo una pequena pelota aqui (I have a small ball here)", answered Crisia, pointing to her neck with her right index finger.

"She has inflamed tonsils too", said Dr Krutko to Crisia's mother. He gave her a prescription for Crisia.

Margolet and her two daughters lived in Cahuita, a beach resort on the Atlantic coast 22 kilometers north-east of Bri-bri. She ran a small negocio (business) in Cahuita, but she had to leave her work to come all the way to Bri-bri (22 kilometers) to seek medical treatment for her children because the puesto de salud (health post) in Cahuita had been closed for more than one year. "No hay medico alli (there is no doctor there)", said Margolet.

"Proximo paciente!", Dr Krutko called out again for the next patient.



Doctor seeing patients

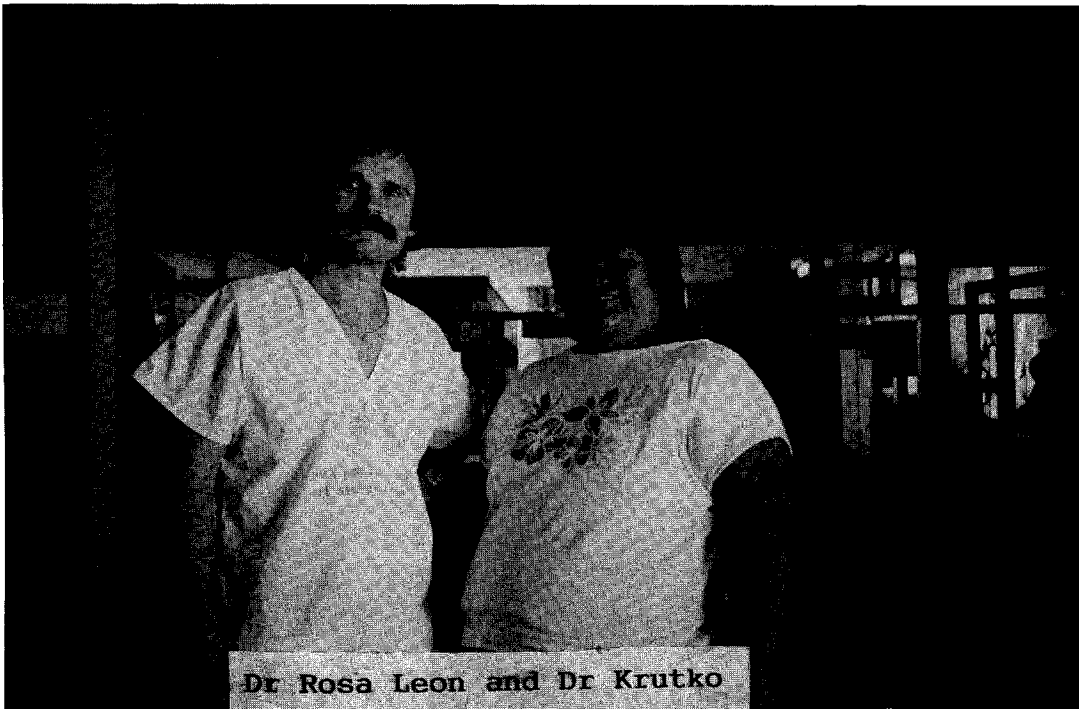
A woman carrying a ten-months-old baby boy walked in and said, "hace tiempo el bebe tiene algo en su mano derecha que no le duele cuando se toca, tambien lo tiene en su cara. No se que cosas son. Estoy muy preocupada (the baby has something on his right hand that did not hurt him when it was touched, also he has it on his face. I don't know what these things are. I am very worried.)". Dr Krutko took the baby's hand gently and placed it

into his own. He was examining the baby's hand carefully. The back of the hand had a swelling which did not seem to hurt the baby when he touched it gently and held it between his fingers. He also checked the small pimple on the baby's chin and cheek.

"El bebe tiene popolomollo", he said to the mother. (Popolomollo is the local Spanish name for the skin disease called cutaneous leishmaniasis which is carried by infected sandfly). "A wicked sandfly that carried the disease had bitten your little nice looking baby", said Dr Krutko. He wrote a prescription for the baby's treatment and gave it to the mother. A weekly injection for one month. "Gracias doctor", said the mother as she left the room.

A nurse rushed into the office before Dr Krutko could call for the next patient.

"Que pasa (what's up)", he asked the nurse. "Hay un caso de urgencia (there is an urgent case)", the nurse replied. "Una muchacha comio camarones que la causo alerga (a girl ate



shrimps which caused her allergy)".

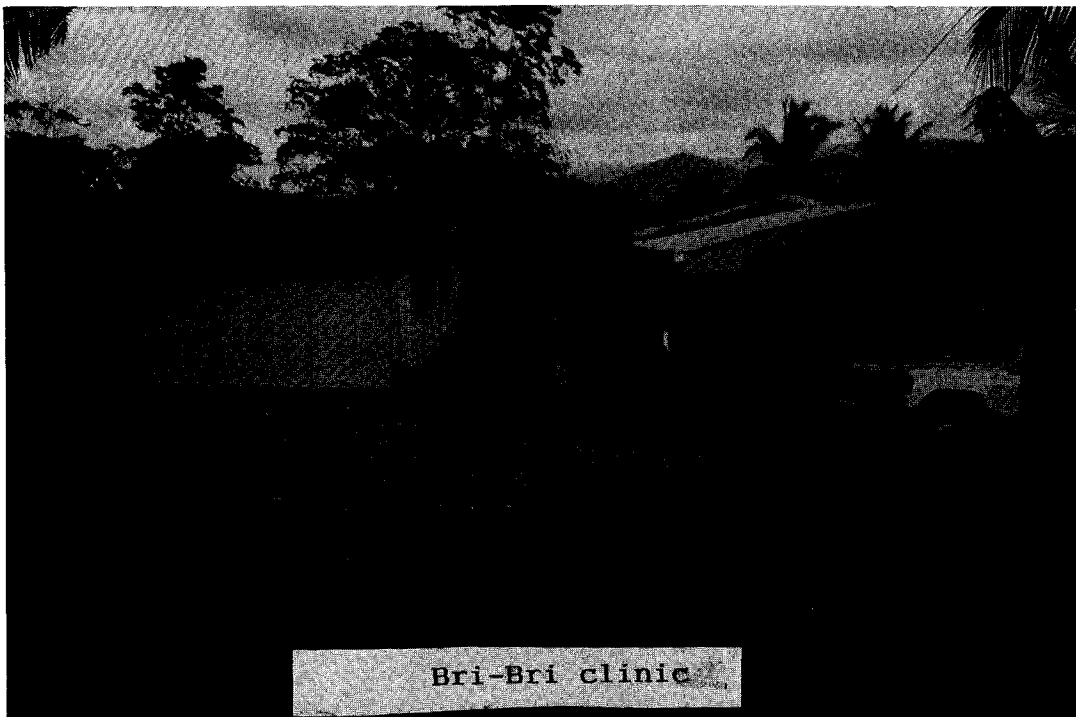
Dr Krutko and the nurse rushed to the emergency room. And there she was, a 20-years-old Bri-Bri Indian woman laying on her back on a couch. Her eyes were swollen and she could barely open them. She looked drowsy and sighed from time to time. Little small rounded (itchy) swellings covered almost the whole of her body and she was scratching them. "Yes, this is a case of severe allergic reaction", said Dr Krutko. She was given some anti-allergy medications and was referred for further treatment to Tony Facio hospital in Limon (66 kilometers north). The Bri-Bri clinic did not have overnight stay facility and it closed at 4:30 pm. It used to have an ambulance now out of order.

This was not the first time the Indian woman felt sick after eating (river) shrimps. Nobody had advised her before that she was allergic to shrimps and should avoid eating them again. In the past she said she used to feel just some slight discomfort after a shrimp meal. But this time she had vomited a lot at her home before she was brought to the clinic for treatment. The woman lived in Suretka on the bank of river Telire, 15 kilometers from Bri-bri.

Back at the busy office of Dr Krutko.

"Proximo paciente!", he called.

A Bri-Bri Indian man entered. He was carrying a young boy on his shoulder, his 4-years old son. The man introduced himself as Tobias Obando Toro, from Saint Vincente.



"Mi hijo se caio encima una piedra (my son fell on a stone)", he told Dr Krutko. He said they had walked 4 hours from San Vincente to Shiroles and a bus brought them from there to Bri-Bri.

Dr Krutko began to examine the boy carefully. The boy could not raise his right hand over head, it was painful. There was a visible bulge over the upper right side of his chest which was tender on touch.

"I suspect your boy has a fractured right collar bone", Dr Krutko told Mr Tobias, "I must send him to the hospital in Limon, he needs to have his chest X-rayed and also he would benefit from specialist care there".

There was no X-ray machine at Bri-Bri clinic.

After Mr Tobias left the office of Dr Krutko I remembered the case of the Indian boy from Mojoncito whom I had met before

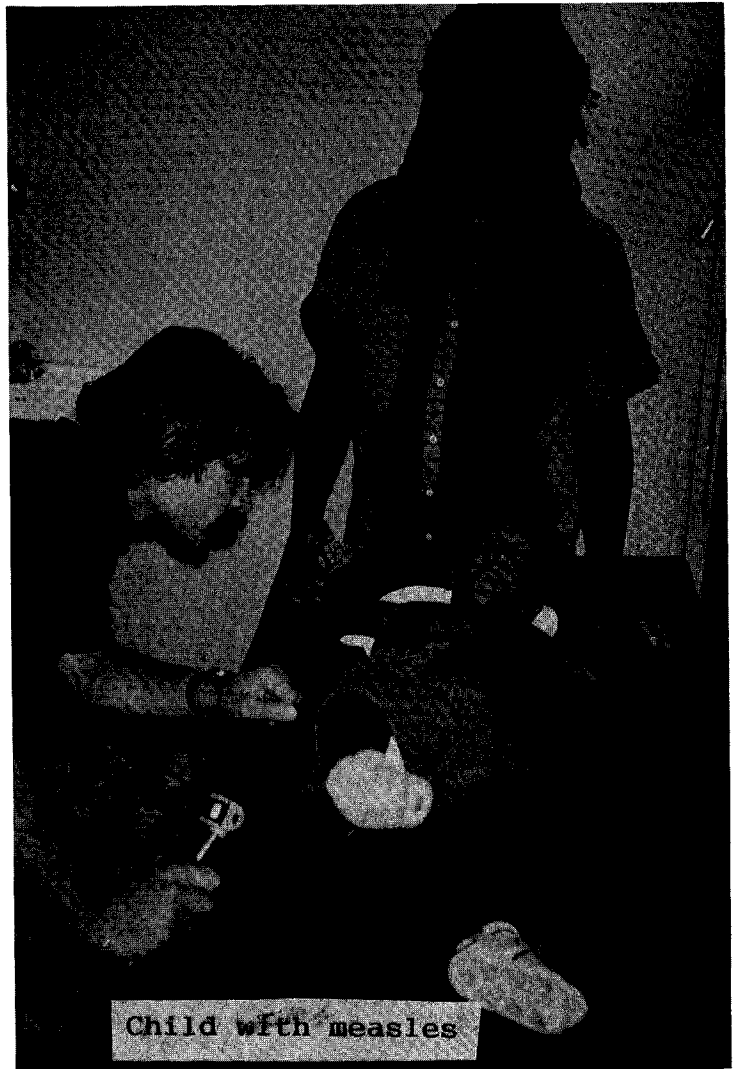
at the emergency clinic at Limon hospital- he had a broken arm too. I asked myself, what was it in Indian communities in Talamanca that was breaking the bones of children? Why were bone injuries caused by falling on stones only? What was the manner by which the injured person fell on stone, just accidentally stumbling over a stone or perhaps pushed on it by somebody? Were these children victims of domestic violence or not? I had read before an interesting article in Butso (a local newspaper published in Spanish and distributed in Bri-Bri town) which talked about "nuestra juvenes y el alcohol (our children and alcohol)". It mentioned the problem of "padres tomadores (parents who drink)" and "hogares in conflicto (homes in conflict)". Couldn't these social problems be some clue to the cause of trauma in young children among Talamanca Indians? I just thought this was important to think about if trauma prevention were to be considered in the future.

"Proximo paciente!", Dr Krutko continued with his routine work calling and seeing the rest of patients. He examined them and prescribed medications until the last man was done. I did not see him have a break even for lunch. He was a busy man indeed.

His colleague Dr Rosa Leon Chang who is director of the Social Security clinic was on short leave and Dr Krutko was left alone to see patients. Dr Rosa is Chinese-Bribri Indian from Puerto Viejo 12 kilometers to the east on the Atlantic coast.

I had taken some short notes on the rest of patients that Dr Krutko had treated in his clinic on March 14 and this was the summary: a 44-years old female banana worker from Olivia (10 km from Bri-Bri) with poorly controlled high blood pressure. She said that there was a health post in Olivia but "el muchacho que trabajaba no queda alli (the chap who worked there did not stay in the health post)". She paid 50 colones (32 cents) for transport to Bri-bri.

A 3-years old girl had amoeba and she was anaemic. She was from Chase 5 kilometers from Bri-Bri.



Child with measles

A baby one-year-six-month old had fever, vomiting, diarrhea and running nose. Lives in Bri-bri 300 meters from school. Doctor prescribed oral re-hydration salt (ORS), anti-biotic and medicine to lower fever. Doctor said "some people here in Bri-Bri didn't believe in the usefulness of ORS, they think it was just water".

Minor Ramon 4-years-five-months old was a known asthmatic but now had throat infection. His chest was clear on physical examination. Minor lived 10 kilometers from Bri-Bri. His mother was asthmatic too.

Baby boy 5-months old had diarrhea every 20 minutes. He had fever and running nose since the night before. Doctor prescribed an anti-biotic and ORS. But the mother asked for injections for the child instead, she said "no hay inyeccion (is there no injection)?". Injection for what? No one could tell. Perhaps this was another demonstration of how ORS was unpopular with residents of Br-Bri. A sign poor health education too.

A 18-years old Indian woman from Kekoldi Indian reservation (reserva indigena) had pain and ringing in her right ear for two months. This made her not to hear well. Doctor suggested she be referred to Limon for specialist (neurologist) attention and for X-ray skull.

A mentally disturbed 18-years-old woman was brought to the clinic by her mother because her 1-year old daughter was sick with inflammation of the throat. The mentally disturbed woman was not married and she lived with her mother in Volio 2 kilometers from Bri-Bri. "She just behaved like a child", the mother said about her sick daughter, "I must look after her little daughter too". The poor sick woman was unable to follow treatment given for baby daughter and so her mother's help. I noticed she was oblivious to her surroundings inside the doctor office too.

Delwark Davinci an 11-months old baby boy presented with skin rash all over his body. The condition started with fever a week before. He had received regular vaccinations but had missed the one for measles at 9 months. The doctor diagnosed his



condition as a case of measles. His mother said that some children in the neighborhood had measles recently. The mother and her baby came from Puerto Viejo where the health post there was closed. The World Health Organization recommended vaccination against measles at 9-months of age for children in the developing countries (1).

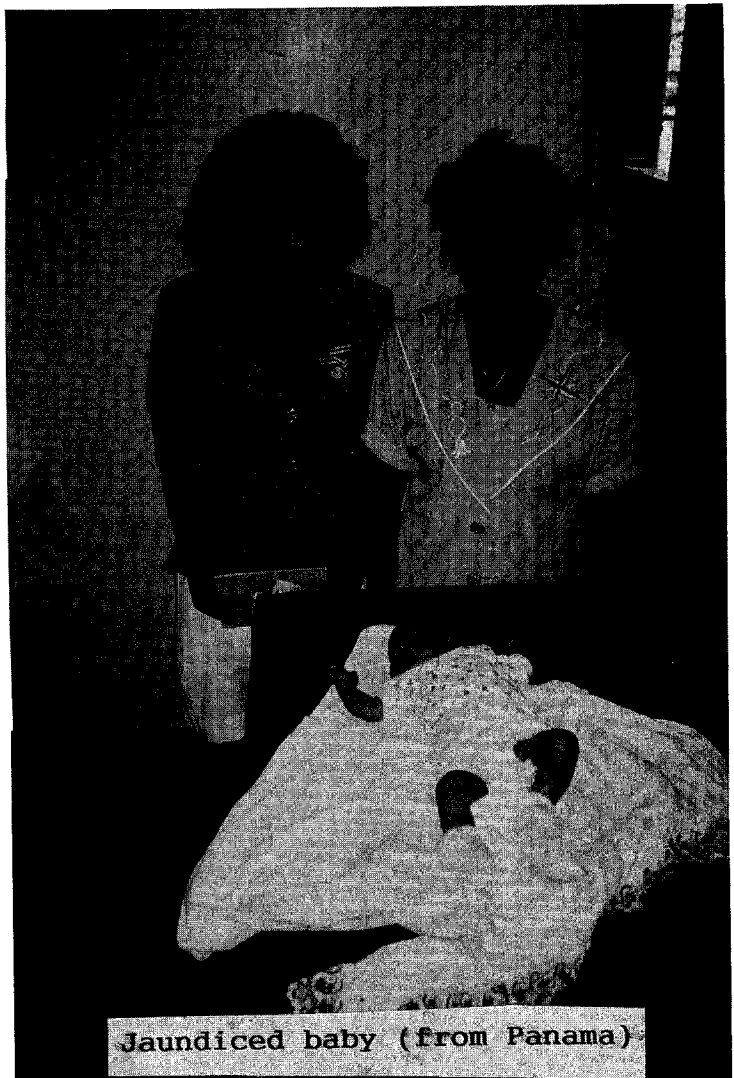
A 19-years-old Panamanian woman came from Panama to consult with the doctor in Bri-Bri, she wanted to be advised on family planning and be issued contraceptives. She has 3 children, first born was 5 years and second 3 years. Her third born was just 2 months old. The doctor understood

her concern as she was just 19 but mother of 3. It was wise she had crossed river Sixaola into Costa Rica for one important advice-contraception.

The doctor told her that it was the Ministry of Health (MOH) doctors who were responsible for family planning and they worked at Bri-Bri clinic only on Thursdays and Fridays. I was surprised by such division of medical work in the same clinic between the Caja and MOH doctors, especially when the clinic was called an "integrated clinic".

Dr Evan Toribio, a Nicaraguan doctor who heads the MOH section of Bri-Bri clinic told me that it was a pity that what was understood by integration was only "integracion de edificios (integration of buildings)" and not true integration that translated into coordination of joint medical work between the Caja and MOH. Caja doctors could also help in family planning programs instead of wasting patients' time by telling them to wait until the days when the MOH doctors worked.

At the end of the day's work on March 14 Dr Krutko had examined a total of 28 patients.



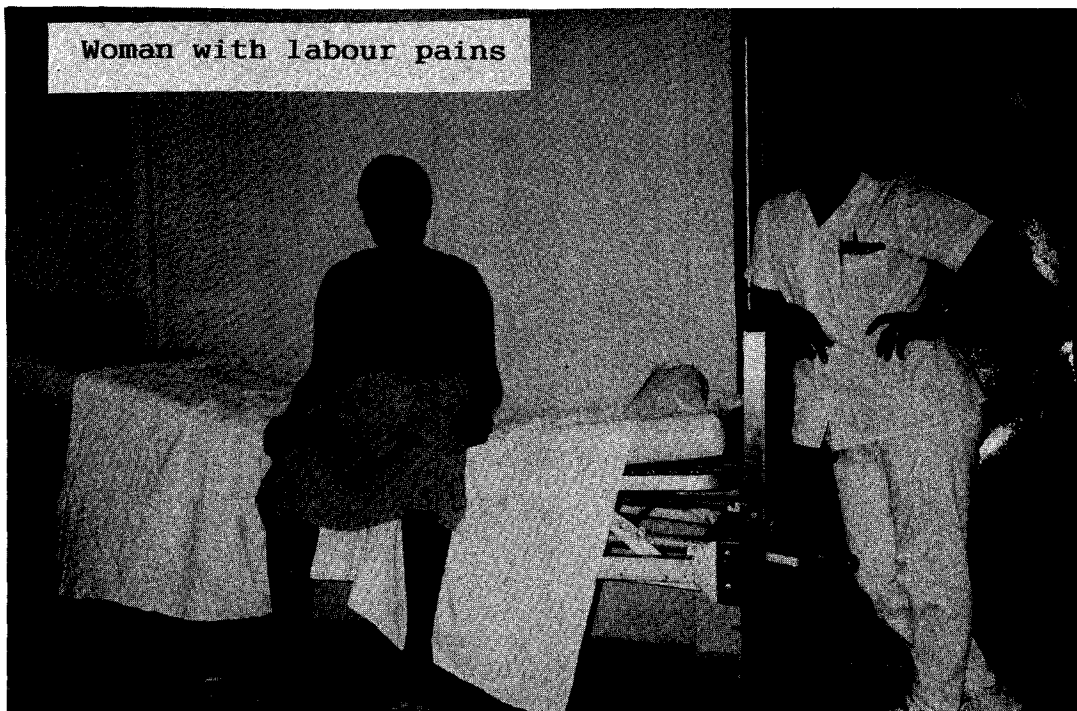
Jaundiced baby (from Panama)

(1) Edwards, C.R.W. and Bouchier, I.A.D.(1991)
Davidson's Principles and Practice of Medicine, 16th edition,
p.102-103, Churchill Livingstone.

March 15. 9:00 am. In the clinic of Dr Krutko.

A 21-years-old pregnant black woman was brought into the clinic by a lady who was holding her arm. The woman looked sick. She said she was feeling unwell after she got off from the bus at Bri-Bri bus station. The lady holding her arm was on the same bus and she had noticed that the pregnant woman was alone, so she decided to help and accompanied her to the clinic.

The pregnant woman did not appear to be in her right mind. She looked confused and complained of headache, pain in her belly and in her back. She wore slippers and her feet were dusty. She said that a few days ago she had been a patient at Pavas hospital in San Jose and in her own words "hospital para los locos (hospital for crazy people)". In fact she was referring to the Psychiatric hospital in Pavas, San Jose.



The woman said that she was brought by a social worker from Pavas hospital to Limon to be with her family until her baby was born. But none of her family members would accept her into their homes and, so she had come to Bri-Bri to seek help from a friend, a 54-years-old man who lived in Bri-Bri and whom she called Don Ruben. But she did not know where the house of Don Ruben was. She had not been to Bri-Bri before.

Dr Krutko examined her and he confirmed that the woman was already in the early stage of labour. She was sent to Limon hospital because there was no mid-wife nor birthing room at Bri-Bri clinic.

The woman was not married and she did not know who the father of her baby was. She said she had been taking drugs like marihuana and crack before her condition deteriorated and she was admitted into the Psychiatric hospital in San Jose.

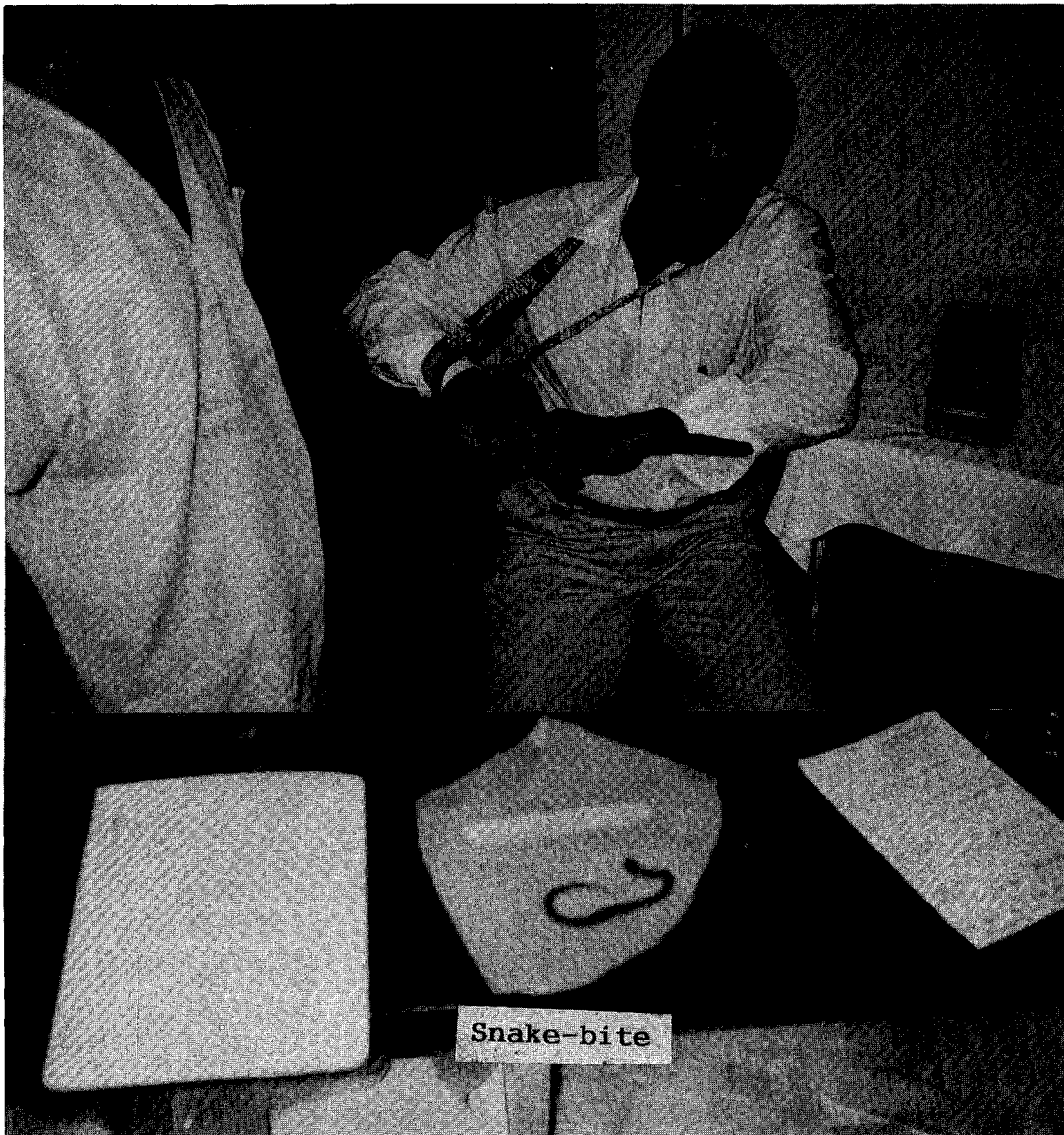
Another emergency call for Dr Krutko.

"Hay un caso de Mordedura de serpiente (there is a case of snake bite)", said the nurse.

A man called Barrente Ernesto (45 years of age) had been bitten by a snake on his right little finger while he was working lifting stones. He was a jornalero (day laborer).

Ernesto was carrying the snake well rapped up in a small piece of an old newspaper, the snake was dead, he had killed it. Diagnosis was easy for Dr Krutko to make - a straight forward case of snake-bite. He indentified the snake type, it had black and grey strips.

Ernesto looked a strong man but he was a bit nervous. Dr Krutko reassured him that he will be well and he was given first aid treatment and anti-snake venom medicine. He was referred to Limon hospital for observation and further treatment. Ernesto came back the next day in good health to thank Dr Krutko and his nursing staff. That was great.



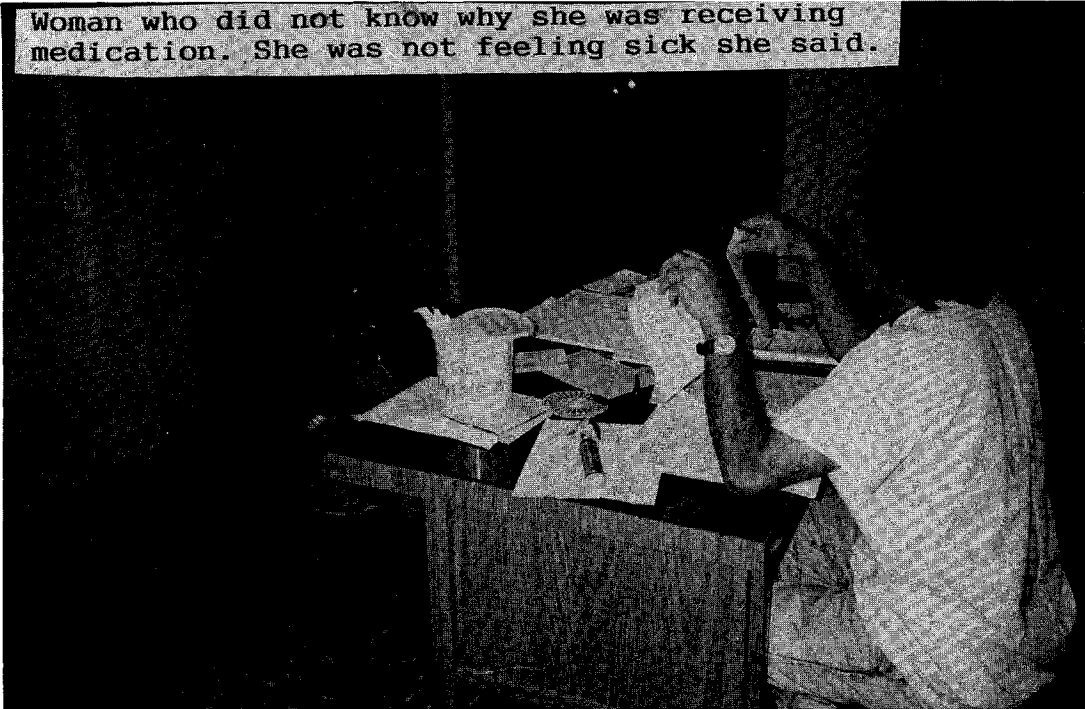
Back in Dr Krutko clinic.

"Proximo paciente!", he called out for the next patient. A 19-years-old woman walked in, she was carrying her 4-months-old daughter. "I don't have milk in my breast", she said to the doctor, "my baby is now taking artificial milk, I don't know what is the problem, it was feeding well for two months after birth".

The woman was taking contraceptives two months after giving birth and, since then her breasts were not producing enough milk. She had been bottle-feeding her baby daughter artificial milk for the last two months. She had grade 6 school education.

Not long ago I had read an interesting article about how breast milk production (lactation) was suppressed by estrogen-containing contraceptives. The article said:

Woman who did not know why she was receiving medication. She was not feeling sick she said.



"hormonal preparation that contain estrogen have been shown to diminish maternal milk supplies (Hull, 1981; World Health Organization and National Research Council, 1983) and may result in early, undesired weaning and unnecessary supplementary feeding of breast-fed infants. Since exclusive breast feeding confers health protection in early pregnancy, contraceptive delivery programs should avoid policies that stimulate such a sequence of events (2)." Was this woman taking estrogen-containing contraceptives? Dr Krutko gave her some tablets to provoke menstruation. "Proximo paciente!", he called for the next patient. I took some short notes of a few cases that interested

(2) Virginia H. Laukaran & Beverly Winikoff, Contraceptive use, Amenorrhea, and Breast-feeding in Postpartum Women. Studies in Family Planning, Volume 16, No. 6/part 1, Nov/Dec 1985. p.294

me:

- a 36-years-old woman from Shiroles complained of headache, nausea, neck pain and pain in the lower part of her abdomen. She was receiving treatment for a genital infection (caused by a parasite known as trichomonas vaginalis) detected after a laboratory test (Papaniclou test) intended for detection of cancer of the cervix in women. No cancer was detected.

The result of the test took a long time to come. It was done in August 9, 1993 and the result arrived Bri-Bri clinic last February 10, 1994.

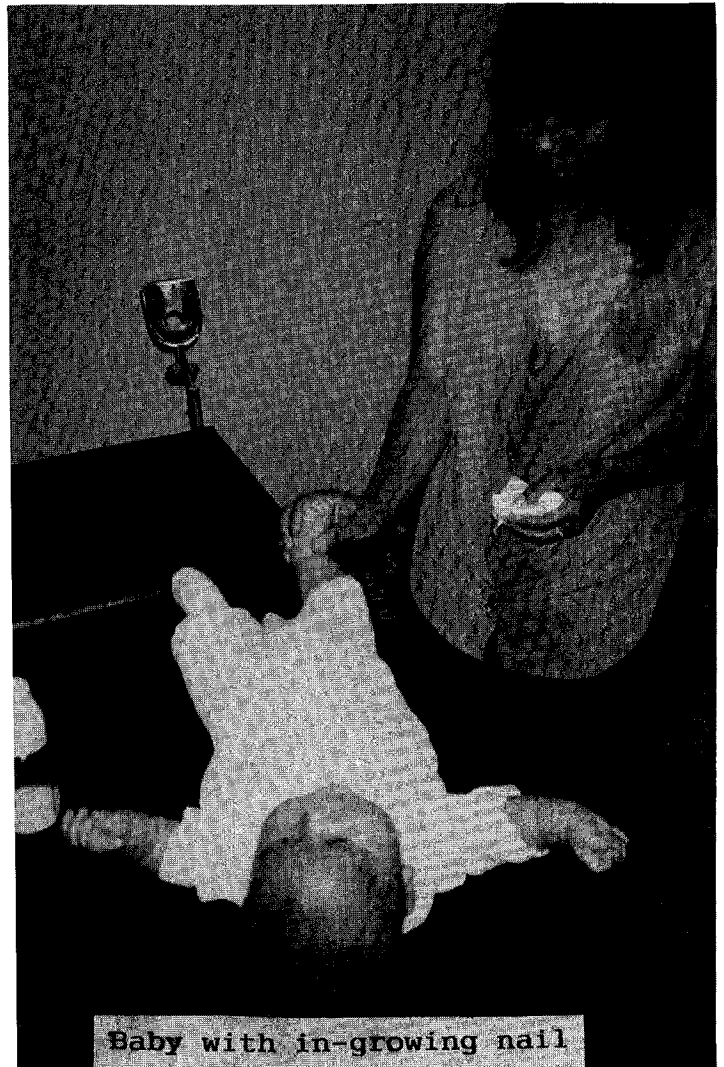
A doctor had given her medication to take for the laboratory-diagnosed-infection but she did not think she had a genital problem because she did not complain about that. She was wondering about what was being treated.

- a little 3-months-old baby boy could not sleep in the night. "He was crying throughout the night", said his mother. The problem was a swollen left big toe which was tender on touch. The doctor examined the toe and diagnosed it as a case of in-growing nail. That is, instead of the nail growing normally outward, it was growing into the tissue of the skin surrounding the big toe. The toe looked red and swollen. The mother was holding up the baby's foot because the foot was painful when it was lowered and the baby would begin to cry.

The baby and mother came from Escuy 3 hours to Yorkin and from Yorkin they came (2-hours by boat) to Bambu. Bambu is 9 kilometers from Bri-Bri. They almost spent 6 hours just trying to reach the clinic in Bri-Bri.

- a 51-years-old woman suffered from kidney problem. He recommended her to do some laboratory tests in Limon (because there was no laboratory at Bri-Bri clinic. The patient said "okay I shall try to do the tests when I can").

After the woman had left the doctor told me "creo que ella pueda botar este papel de investigacion laboratorio (I think she will throw away the request paper for laboratory test)". Many patients do not have the money to spent on transport up to Limon, it is expensive for them and many are just poor



Baby with in-growing nail



Swollen left hand



Girl bitten by a monkey

campesinos (peasants). Besides, it was on the record that some samples (e.g. of faeces) taken from patients for laboratory (lab) testing for intestinal parasites were lost at the lab in Limon hospital. I recalled the case of a 42-years-old patient from Nicaragua who presented with acute pain in the abdomen and a high blood pressure. He was very sick and had come to the clinic because he was told that his lab test results had arrived from Limon. Unfortunately, he was informed that the faecal-sample that had been taken from him for testing had been lost at the lab at Limon hospital. Of course the doctor was at a loss as to how to tell this very sick person to go again 66 kilometers to Limon to have his faeces tested. The treatment of his abdominal problem depended very much on the result of faecal testing. Such poor handling of lab sample materials and long delays of results were affecting patient confidence.

- a 24-years-old man from Olivia (10 kilometers from Bri-Bri) complained of hearing loss in his right ear. He said the right ear was 'mas sordo (more deaf)' in the morning. The doctor examined his affected ear and he found out that there was a large hole in the right ear drum (perforation), the result of destruction by a larva of a fly- it was a case of myiasis the doctor said. The left ear was normal. The young man was a manual laborer contracted by a banana company to 'chapiar platano (cut banana)'. What type of fly laid eggs into humans ears? That was a question for banana company entomologist to find out to be able to fight these dangerous flies which are harming laborers health.

At the end of the day's work on March 15, Dr Sergey Krutko had examined 35 patients.

In the evening of the same day Dr Krutko invited me to attend a night clinic at Daytonia-Sixaola Caja clinic some 35 kilometers near the border with Panama. He was the doctor on-call that night. We went together. And then the big surprise: the clinic was run by foreign doctors! Dr Krutko introduced me to one doctor from Panama and another from Cuba. I was told the director of the clinic was a woman from El Salvador. She was a doctor too. I thought that was really interesting and, I said to myself wait a minute: I had met only one Costa Rican doctor (Chinese-Bri-Bri Indian) in Talamanca so far!

Instantly I remembered Katherine Everett, an American woman whom I met at the San Lucia home for the elderly at Bambu 9 kilometers from Bri-bri. She was a former Peace Corps volunteer who had decided to remain in Talamanca to continue her work of helping poor elderly people who had no family to look after them. She was caring almost single handedly for 22 old people many of them disabled and sick with chronic disease. The home for the elderly depended entirely on charitable donations for food, clothes and medicines etc., and just imagine, I was told the home was built by the Ministry of Health. Also I was told that the doctors of 'La clinica Biblica' came from San Jose (occasionally) to check the health of the elderly a few times a year. That was only part of charitable activity and not a regular program. The question was, where were the MOH/Caja doctors? Was I experiencing a case of medical care by foreign doctors for Costa Ricans in Talamanca?

March 17. 9:00 am. In the clinic of Dr Krutko

"Proximo Paciente!", the usual call of Dr Krutko for the next patient to come in. This time he had a real tropical case on his hands- a monkey-bite.

- Six-years-old Helena Fernandez entered into the clinic of Dr Krutko accompanied by her mother. Her mother was anxious and occasionally wiped her eyes with a handkerchief. Was she crying? Why? Her daughter had a swollen left hand which had a scratch or bite mark on it. The right arm and fore-arm had four similar scratch or bite marks but with less swelling on them. The mother clearly looked more worried than her injured daughter. Helena was scratched/bitten by a neighbor's monkey while she was playing with it. The mother was worried because she had learnt that 3 persons from the Atlantic-slope town of Turrialba had died from a mysterious disease that doctors suspected may have been transmitted by a monkey. It was suspected the victims were killed by a micro-organism (such as a virus or bacteria) that can be transmitted by rodents, fleas, lice or ticks (3).

Helena could not remember whether she was actually bitten or scratched by the monkey, she was so scared when the accident happened to her. The wounds were superficial and they were cleaned. There was nothing much that could be done except to wait and see. The definitive cause of death from the Turrialba disease had not been known yet. The girl was attacked by the monkey in Puerto Viejo, a favourite tourist resort. A nurse at Bri-Bri clinic told me that there were three types of monkeys in the area: the Congo, Colorado and Cara Blanco. The later type was the one suspected of carrying the strange killer disease.

In Cahuita (another tourist spot) I met three young boys playing on the road with their friend 'Pancho'- a Cara Blanco monkey- and they were enjoying a Coca-Cola drink with their friend Pancho! To them Pancho was a friend and not a dangerous pet.

"Proximo paciente!", Dr Krutko called for the next patient but, the nurse interrupted him saying there was an emergency case.

- Desiderata Fernandez who was 3-months pregnant had been bleeding since yesterday night. She lived in Gavilan Canta some 34 kilometers west of Bri-Bri. She could not come to Bri-Bri clinic in the night because there was no ambulance or car to bring her. When she arrived at the emergency she was exhausted.



Tico Times/Julio Lainez

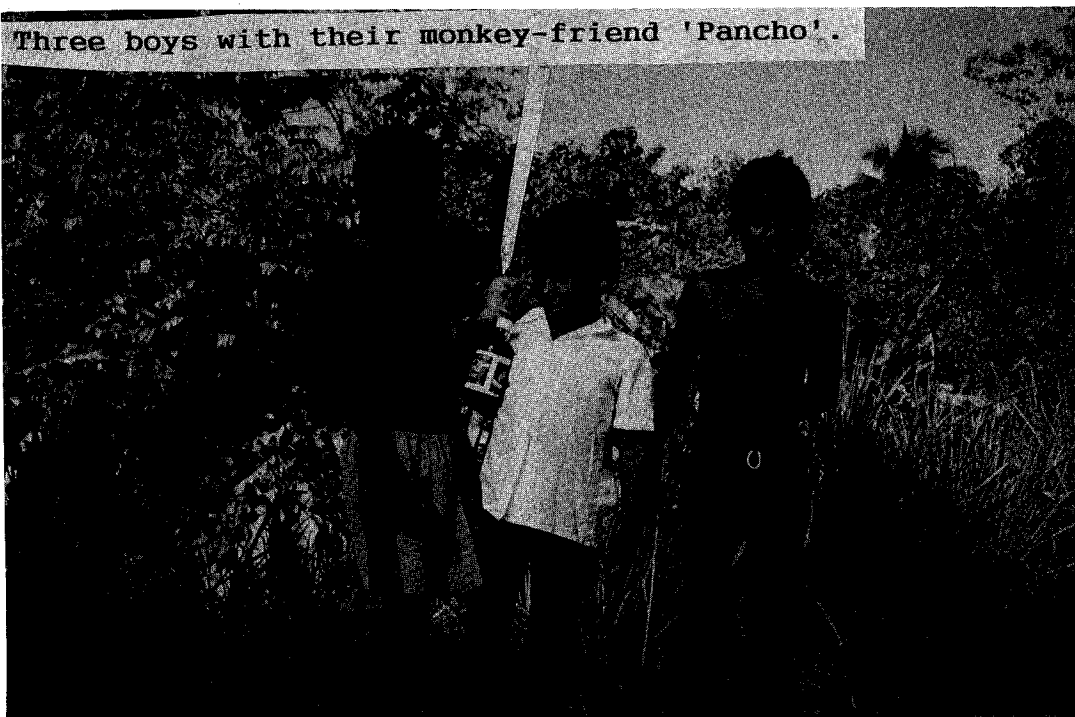
WHITE-FACED monkey: dangerous pet?

(3) Tico Times, March 18, 1994. Monkey suspected as fatal-disease carrier. page 11.

Dr Krutko examined her and he found out that she had an incomplete abortion, which meant that she was still retaining some fetal parts inside her womb. The thing to do was to clean the remaining fetal parts out of the womb in order to help stop the bleeding. But that was not possible to do because there were not the facilities to carry out such treatment procedure at Bri-Bri clinic. She was referred to the regional hospital in Limon 66 Kilometers away. It had been more than 12 hours since the bleeding begun.

Desiderata was a mother of nine children. Her first born died at the age of one year from respiratory disease. She had an abortion in her last but one pregnancy. The centro de salud in Gavilan Canta was closed and most pregnant women there did not have any kind of ante-natal care.

Three boys with their monkey-friend 'Pancho'.



"Proximo paciente!", Dr Krutko called the next patient.

- Antony Ramirez a newborn just 9 days old was brought in by his 16-years-old mother, Naomi Himenez to see the doctor.

"El bebe tiene los ojitos amarillo (the baby has yellowish eyes)", she told the doctor, "the color of the child has changed a bit too".

The baby was jaundiced (yellow bile pigment under the skin or the white of the eye). The doctor could not tell what had caused the jaundice. The baby's umbilicus was clean and dry. He was born in Limon hospital only a few days ago. The doctor decided immediately to refer the baby to Limon hospital for investigation and treatment. Bri-bri clinic did not have a specialized medical unit that cared for newborn babies with complicated after-birth illnesses.

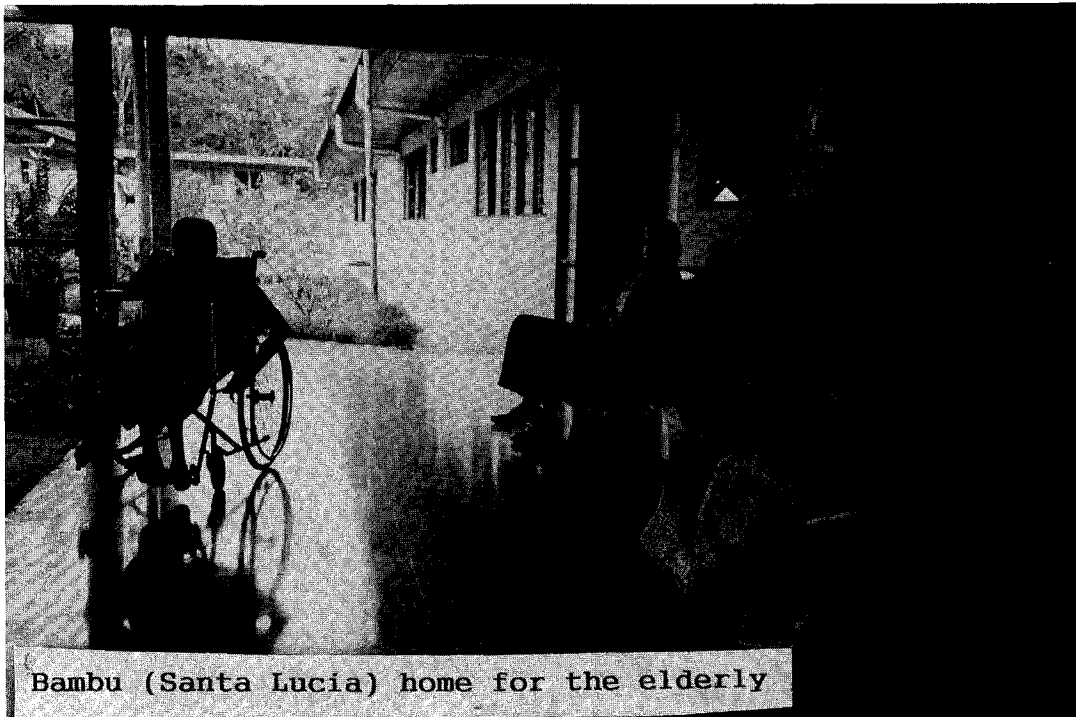
The child and mother came from Las delicias in Panama.

"Proximo paciente!"

-The patient was a 54-years-old man working at a Sand Industrial Plant. He was complaining of pain in his right eye, something had fallen into the eye at the work place. On clinical examination a foreign body was seen at the center of the right cornea. He was given a local anaesthetic eye-droplets to put into the right eye and, that relived him temporarily from the pain. He was referred to Limon hospital for treatment by eye specialist.

"Proximo paciente!"

- 85-years-old Juan Agustin suffered from rheumatic pains only, otherwise he looked a healthy old man. He said he was feeling better after taking the blue tablets they had given him before. He said he was now an old man and was unable to pay his



Bambu (Santa Lucia) home for the elderly

health insurance out of his pocket. He told the doctor "yo soy viejito y quiero seguro del Estado (I am old and I want State insurance)".

"Proximo paciente!", Dr Krutko called for the next patient. But I had to leave the clinic at 11:30 am because I was going to visit Gavilan Canta an Indian village 34 kilometers from Bri-Bri. I had observed 13 medical cases before I left Dr Krutko clinic.

The tables below show the common illnesses that I had observed over a period of 3 days (March 14-15-17) at the Bri-Bri clinic.

The total number of patients observed was 76. Of these, 35 were children 0-15 years, that was 46.1% of total number of patients who received treatment. Out of these 35, 22 were children 0-5 years (62.8%) and 13 were children 6-15 years (37.1%).

Adults constituted 53.9% of patients.

Most common illnesses in all age-groups (general population)

Sore throat	14
Tonsillitis	12
Urinary Tract Infections	7
Skin Leishmania	6
Hypertension	6
Asthma	4
Diarrhea	4
other skin problems	3
Muscular pain	3

Most common illnesses in children 0-5 years

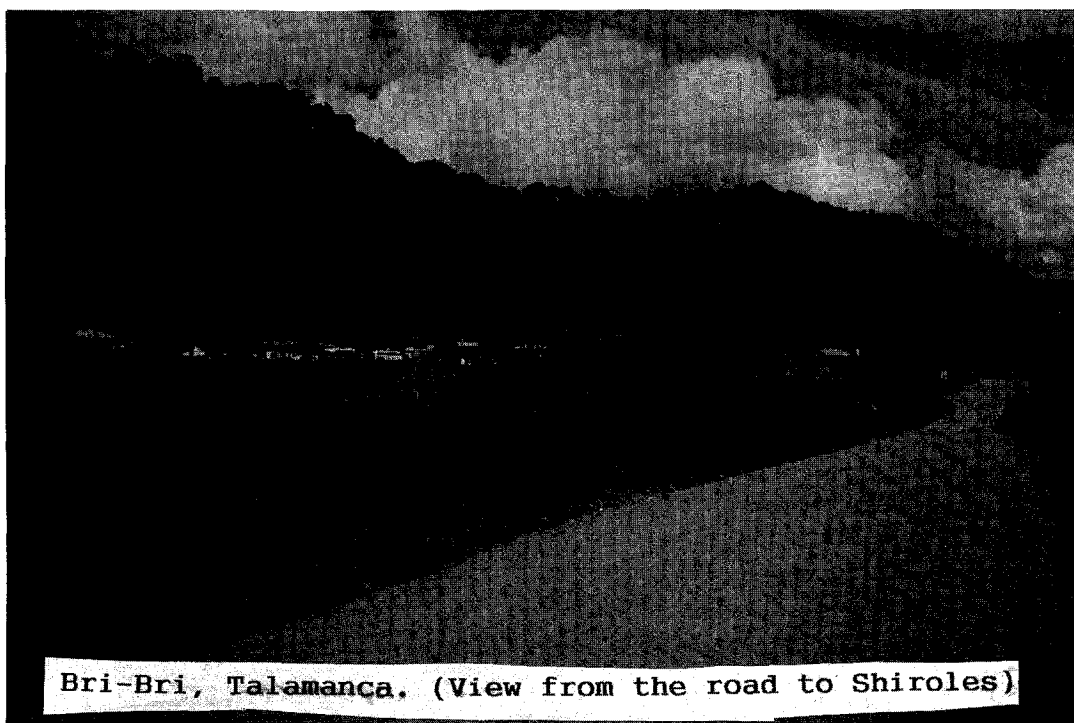
Sore throat	6
Diarrhea	6
Tonsillitis	4
Skin Leishmaniasis	2

Children 0-1 year of age

<u>Type of illness</u>	<u>No. of cases</u>
Sore throat	3
Diarrhea	3
Tonsillitis	1
Skin Leishmaniasis	1
Common cold	1
Ear infection	1
Neonatal jaundice	1
Scabies	1
Measles	1
Ingrowing nail	1
Genital problem (Phymosis)	1

Children 1-5 years of age

<u>Type of illness</u>	<u>No. of cases</u>
Sore throat	3
Diarrhea	3
Tonsillitis	3
Skin Leishmaniasis	1
Acute nasal sinus infection	1
Amoeba	1
Asthma	1
Anaemia	1
Urinary tract infection	1
Intestinal worms	1
Trauma	1



Bri-Bri, Talamanca. (View from the road to Shiroles)

Commentary about the experience

Bri-bri clinic did not have an ambulance. I was told it was under repair. No lab services. I was wondering how it was possible to run a tropical medical clinic without a lab and there were many parasitic diseases. The center did not have a mid-wife and it looked like all emergencies were sent to Limon.

The clinic closed at 4:30 pm and there was no night services. Any person falling sick in the night must wait till the next morning. No X-ray facility.

There was a long waiting time and patients must pay out of pocket money for travel to clinic and many of them were very poor. Many patients lived very far from Bri-Bri, sometimes they had to come a day ahead and they must spent additional money for overnight stay in a house or motel.

I realized that people on the Panama side of the border came to seek medical treatment in Bri-Bri.



Also the presence of many foreigner doctors in Talamanca was remarkable. I had met many Costa Rican doctors at Limon hospital but not in Talamanca. Doctors who worked in rural areas also moonlighted at Limon hospital. I found out that some doctors from Batan, Bri-Bri were moonlighting at Limon working night-shifts and, they were well paid, I had been told. The money motivation was clear. But wouldn't it have been better to pay doctors some extra money to be able to give care to the poor campesinos in the rural areas instead of them (doctors) travelling to urban centers where the need was relatively less compared to rural areas where health care was in poor shape?

While doctors moonlighted at Limon hospital, the rural clinics and health centers remained closed and no doctors were available at night to help in case there was an emergency.

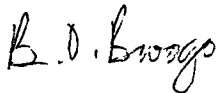
Some medicines are not available at the clinic and patients must buy them from private pharmacies. The Social Security clinic (Caja) clinic did mostly curative work, but with what results? It was expected that it would provide integrated care of prevention and cure. It appeared to me that in many instances doctors were not familiar with the patients being treated. Before health workers could screen for cancer of the cervix in women in Talamanca, did they ask themselves why was it that measles and other preventable diseases were on the increase in Talamanca? Perhaps it would have been more useful if money spent for such activity were made available for prevention of communicable diseases in young children by vaccination of children, supplying clean drinking water, enough food to eat and good nutrition education.

Some patients were seen for the first time by some doctors though these patients had personal files with medical records in the clinic. In such cases continuity of medical care was doubtful and it was difficult to monitor patient progress. Also it was possible that patients were seen by different doctors in the course of the same disease.

Other patients were wondering why they were receiving medical treatment especially when they did not feel sick or even suffered from disease symptoms. Wouldn't it been wiser if health workers concentrated their efforts on eliminating diseases of poverty than preventing disease of affluent societies? Talamamaca was a poor area.

Como siempre, mucho gracias.

Yours sincerely,



Bacete O. Bwogo

