

BOB-12

WHAT HAPPENED TO PRIMARY CARE SERVICES IN TALAMANCA REGION?

INSTITUTE OF CURRENT WORLD AFFAIRS

Limon, Feb 24, 1994.

Dear Peter,

It's 5:30 in the evening and the emergencies out-patient clinic at Dr Tony Facio Hospital looked busy. A number of patients stood outside the doctor's office waiting for their turn to be called in. Then, the 15 year old Bribri Indian boy walked in into the office of Dr. Ana Argüello. He was holding his left elbow with his right hand and a loop of cloth sling held his left hand to his neck. The elbow joint was fixed in a right angle position by straight pieces of wood which have been tied to the back of the fore-arm and arm. His young face grimaced with pain as tried to sit on the chair opposite to the doctor's desk. He looked tired.

"Que le paso muchacho? (what happened to you, boy?)", the doctor asked him.

"Tuve un accidente en la mañana. Me caí al suelo (I had an accident in the morning. I fell on the ground)", replied the boy.

"Y Como se siente ahora? (and how do you feel now?)", the doctor asked him again.

"Me duele mucho el brazo. Creo que me lo rompi (my arm hurts a lot. I think I broke it)". said the boy in very good Spanish.



Dr Argüello and patient in the clinic

The boy is from Mojoncito, an Indian village far up in the Talamanca mountains. He said there was no doctor in

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Bacete Bwogo is an ICWA fellow studying primary health care delivery in Costa Rica, Cuba, Kerala State in India & the U.S.A.

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Mojoncito. The nearest puesto de salud (health post) is in Shiroles, a small town down the mountain to the east. It takes about three hours of walking through forested mountains and crossing of a river before arriving finally to Shiroles. However, when he arrived to Shiroles the health post was closed. Neighbors told him that there has not been a doctor for two years. The best he could do then was to proceed to Bribri where there is an integrated health clinic run by both the Ministry of Health and the Social Security (CAJA). He was lucky to find a place on a lorry which gave him a lift to Bribri, though the ride itself was quiet rough and uncomfortable (and his arm hurt him) on the bumpy 18 kms dirt road. The public bus available commutes only twice daily between Bribri and Shiroles.



A well-equipped health post in Shiroles sits abandoned without medical personnel.

The doctors at Bribri examined him and after they suspected a fractured arm, it was decided that he be referred to the regional hospital in Puerto Limon (66 kms to the north) where there are X-ray facility and specialist attention. So they put him on another truck to Limon where he turned up at the emergencies clinic. He received the initial treatment for a fractured left arm and was admitted to stay overnight in hospital, the doctor considering the trip he has to make back to distant Mojoncito and the appointment with specialist in the following morning. Though the accident occurred in the morning, it was not until after nearly five-to-six hours that the boy began receiving some reasonable medical attention.

Another health post in the Talamanca Indian reservation is located at Amubri, a settlement on the other side of river Telire. To reach it from Shiroles one has to come to Suretka and cross the river by boat (no bridge built yet). Then take a minibus from the riverside to Amubri which is a 20 minutes drive away. Many Indian homes (with thatched roofs) can be seen on the way.



Crossing the river Telire

The health post in Amubri belongs to the Ministry of Health (MOH), but it is run by two Catholic nuns of the "Hermanas de la Caridad de Santa Ana" (Sisters of Santa Ana Charity) and 3 health assistants (employees) of MOH. It serves a widely dispersed population of about 6,000 and the health center depends on donations to keep its health activities going. Doctors used to visit the health center in the past at least once a month to see patients, but they rarely come nowadays.

Sister Adela Salazar (a registered nurse in midwifery) leads the health team at Amubri. I asked her what are the health problems affecting people in the area? And she had this to say:

"A skin disease known as Cutaneous Leishmaniasis is a very common infection here (many people are affected already). It is caused by a parasite known as Leishmania which is carried by infected sandfly. When an infected sandfly bites a healthy person the parasite enters the skin causing disease. The disease appears first as a small red and painless pimple which may heal by itself after 8-12 months. Sometimes the healing is delayed and a superficial wound may result which could lead to disfigurement,

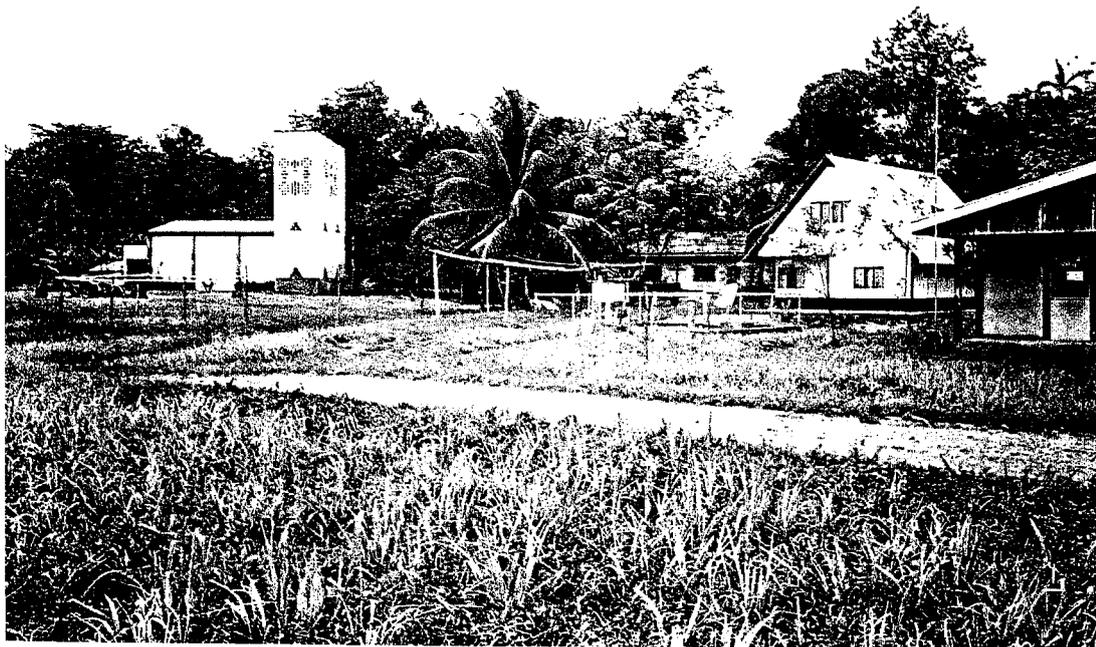
especially if the infection is on the face.

Also intestinal diseases caused by worms, giardia and amoeba are quiet common. Pediculosis and Scabies also exist.

Snake bites are also common. There is a lot of bush around.

Younger children suffer from acute respiratory infections and diarrhoeas. And although some children may be undernourished, the cause is not really lack of food, rather it may be due to an improper used of available food stuffs due to lack of knowledge (of nutrition education) about the nutritional value of certain types of foods used for feeding growing young children. For example, as banana is a main staple in the area many children are weaned on banana puree. Also it is not uncommon that (sometimes) children are fed with diluted coffee drink or even coca cola from feeding bottles as regular meals!

But nowadays alcoholism is a big problem in communities here. People drink a local drink called 'chicha'. It is made from maize. And alcoholism is affecting both sexes and domestic



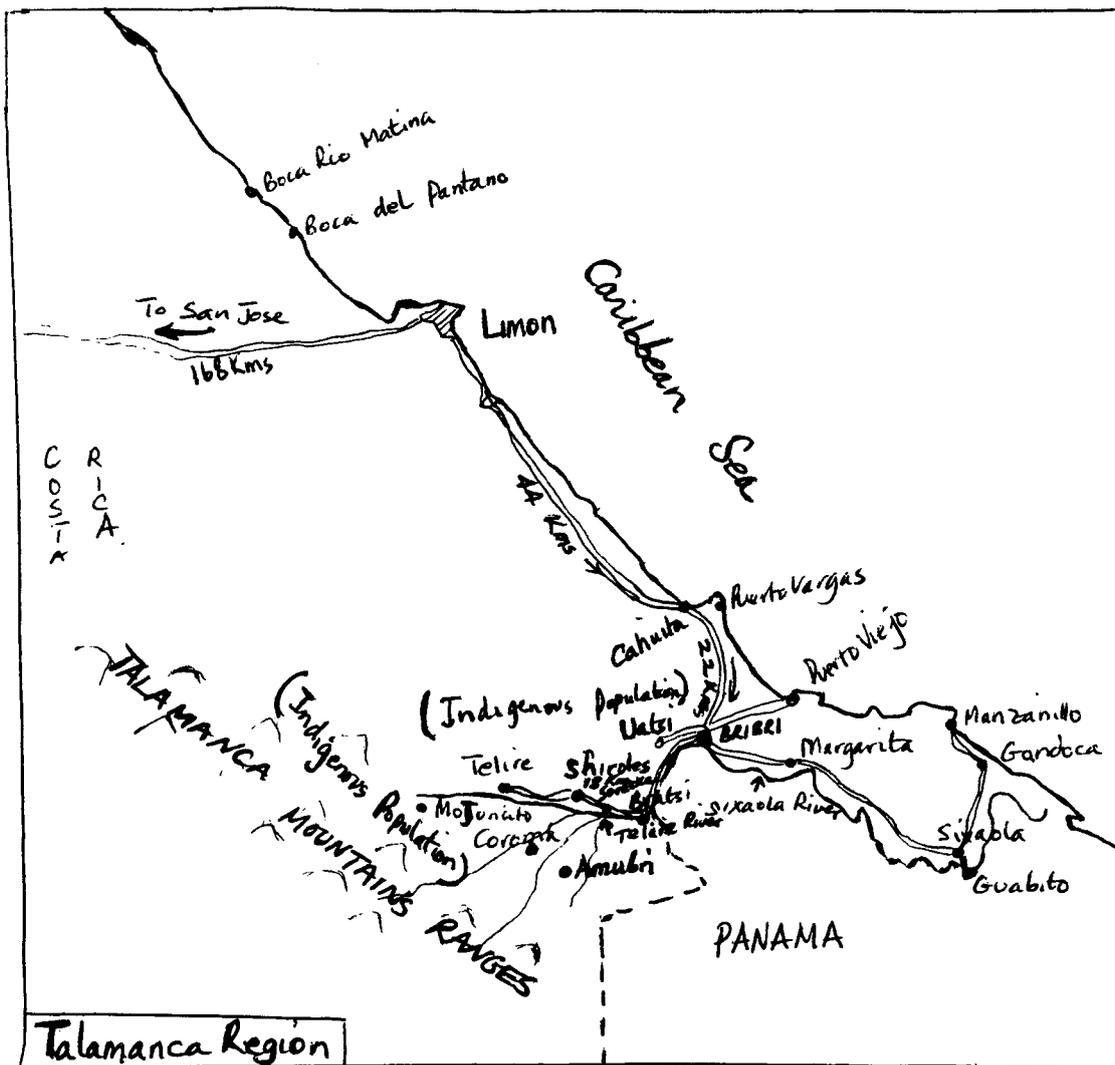
The mission of "Hermanas de La Caridad de Santa Ana"

violence is increasing. It is not uncommon to see people coming to the health post with cut wound injuries due to fights with knives or machetes. We treat minor injuries here, but if the injury is grave, the patient is sent to Bribri and from there Limon. There is a radio transmitter that we operated here and so we can call an ambulance from Bribri to receive the patient in Suretka on the other side of river Telire.

Another problem in communities is adolescent pregnancy. We know of some young mothers who have babies at 13 years of age.

Also some boys become fathers at the early age of 16 years.

The majority of birth take place outside the health center. There is a custom among Bribri Indians that pregnant women give birth to their babies in the backwoods. The customs considers as "unclean" any pregnant woman who has entered into labour! As soon as signs of labour begin, the woman must go to the backwoods and find shelter there for herself where she will stay until she gave birth to her baby. She must first look for broad plantain leaves which are laid down to make the floor on which she will give birth. Sometimes the pregnant woman may be looked after by her mother, though usually it is a do-it-by-yourself process. After child birth, the mother (and her new born baby) must continue to stay in the backwoods until she is "purified" and "certified clean" by the Sukia, the Indian high priest. Only after this act of purification can a woman return to her family. If the Sukia do not come quickly to do his job, the mother and child stay more time in the bush while the blood happy mosquitoes feed on them".



The health situation in Talamanca region is precarious. The reduction of health personnel from the area has affected preventive health care activities. For example, the increased incidence of measles (in children) in isolated far-away communities is said to be the result of poor vaccination coverage since many auxiliary health personnel who use to do the job of vaccinating children have been laid off. Also pre-natal care for pregnant women, growth monitoring, health education and health promotion activities have been affected in these communities. Access to Indian settlements in higher Talamanca is still difficult. There are no roads that reach up there and trips to these places must be made on foot. I am told it may (sometimes) take a whole day to reach destination.

Some health officials think that the reduction of the number of personnel for primary care is due to the declining budget and resources for health care of the Ministry of Health (MOH). The Vice-Minister of health mentioned this problem of reduced budget in a meeting in early February. I was surprised to learn that the total annual budget for the San Juan de Dios hospital (curative care) in San Jose is larger than the annual budget for the MOH (which ~~res~~ responsible for preventive care). The structural adjustment policies of the major international loans-lending banks have also been cited as a possible cause for the reduced budget for public health care expenditure. Other people think that something is wrong with the general orientation of health care service which is more inclined towards curative medicine and less on prevention.

If primary care had been credited before for the good health that Costa Ricans now enjoy, is it then worthwhile to roll back the achievements of primary care? And at what cost?

For it has been said, "that when we move ahead, we must not forget the bridge that brought us to where we are".

Hasta aqui, muchas gracias.

Yours sincerely,



Bacete O. Bwogo