

International Health Track Report on El Salvador 2006

Proposal

My trip was arranged through a pediatrician from San Salvador that I met at the Rainbow Babies and Children Complex Humanitarian Emergency Course in June 2005. While speaking with him at the conference we discussed the possibility of me visiting El Salvador for a brief educational rotation. When I contacted Dr. Ricardo Henriquez about coming down for a visit in the winter of 2005, he responded enthusiastically, and offered to set me up with an NGO, FUSAL, working in El Salvador.

The plan laid out was for me to split time working in rural areas with FUSAL during the week, as well as to spend time with Dr. Henriquez in San Salvador at one of the teaching hospitals, as well as with him at his private clinic.

The Goals of my trip were:

1. To work with an NGO doing public health work, as well as medical care of people living in poverty in rural areas.
2. To experience time in a major teaching hospital in a developing country
3. To understand the health system that exists for the citizens in a Central American country
4. To improve my Spanish.
5. To develop relationships with medical professionals in El Salvador that may lead to a lasting relationship, or further visits to the country.

FUSAL Experience

Dr. Henriquez introduced me by email to Dra. Florencia Garcia prior to my arrival in El Salvador. Dr. Garcia and I discussed what would be included in my trip, and what my goals were and what it was possible for me to do in terms of medical practice.

FUSAL is an organization started in the 80's after a large earthquake during the civil war. The organization was started because the government at the time was unable to fulfill its role in disaster relief. It has grown into an organization that works on public health, health and nutrition education, primary care and prenatal care.

I arrived in El Salvador on 2/25. I spent my first several days with Dr. Henriquez and his family. I started my experience with FUSAL on 2/28. Dra. Garcia introduced me to the headquarters in San Salvador, which is located across the street from the US embassy. The main building houses a supply warehouse which FUSAL uses to supply their many medical teams, as well as clinics around the country. They are also involved in donating supplies to hospitals, as well as supplying disaster relief when necessary. Prior to my visiting in November of 2005, a volcano erupted in the country, and FUSAL was the main supplier of disaster relief in the first few days after the eruption to the communities affected. They delivered supplies to 23,000 people immediately after the eruption. This took place until the federal government was able to organize a relief effort. The also at the main building is conference space which is used to generate money for the organization.

Dra. Garcia gave me a tour of several areas of the country in which FUSAL works, also showing me different aspects of the mission they are working on. We visited medical clinics that they run in conjunction with the Ministerio de Salud (ministry of health) in the country. We also visited a shelter for displaced persons from the recent volcano eruption, which they were in the process of developing a plan to assist them return home, or to more permanent housing. At the end of the day I was dropped off at a home in Sonsonate, a large town approximately one hour by car away from San Salvador. There are two health teams stationed there. These teams consist of one physician, one nurse, and one nutritionist. They go to different Cantones (similar to counties) each day and set up clinic, as well as nutrition education, and vaccinations each day. The community health worker living in each community organizes this. The teams are aware of all pregnancies, as well as all the children and their immunization status in each community.

While there I visited communities in the mountains with both health teams in Sonsonate. The visits included medical care for anyone in the community needing to see a physician. This included anything from the common cold to chest pain, and life threatening dehydration for children with diarrhea. The physicians had only recently finished medical school, and had not completed residency training, although they had completed one post graduate social service year. Both of the doctors I worked with appeared competent with the tools they had available. The main goal appears to be preventative care for the women and children in the communities, which they do very well.

I also visited a program called Libras De Amor (pounds of love), which is the main push of FUSAL at the present time. It is a program working in the poorest communities of the country, working with those that are the most malnourished in the country. Each area has a five year program which starts out by providing education on nutrition, cooking, using the food available for healthy diets. At the beginning of the five years the communities are provided with food as long as they continue to come to classes on nutrition, and promise to keep their children in school. The goals of the program are to improve nutrition and preventative health, as well as to have an economic plan in place at the end of the five years for the communities.

The Libras de Amor site I visited was on a coffee plantation, where a man in the family typically works 4-5 months/year picking coffee beans. He will make around \$40-50/month for his work. When the coffee season is over, the income is over as well. There is usually no other work for the people in these communities. They often live in shelters/houses/steel shacks set up on the plantations. There is often no plumbing or running water, and access to clean water and health care is poor. While I was in El Salvador, a child died in one of the community I visited with Libras De Amor. Dra. Garcia told me that the mother took the child 2 hours by foot to see a bruja (literally witch, but meaning healer in this case) rather than take the child to see the person in the community who had oral rehydration salts, or to the local health clinic. She felt this showed the extreme need in the rural communities to educate the people about simple illness, and what they can do to both prevent things like diarrhea, as well as what they should do to treat them. The most troubling thing about this case was that the mother had been educated, and new what the plan was if there was a very ill child, however she chose to take the child to the traditional healer rather than the medical community.

The last experience with FUSAL was an assessment trip to the area around the volcano, which had recently erupted. I went with a team including 2 physicians, a nutritionist, a nurse and community health worker to evaluate the people living in the area around the volcano. The area is supposed to be evacuated because the volcano is still active, but there are several families still living in the area. The team was going door to door on the mountain, finding families still living there, and checking the height, weight, vaccination status, medical history of all of the children there. They were also gathering information on where the food is coming from, what other families are in the area, etc. The plan is then to set up a Libras De Amor program in this area as the people are cut off from the outside as no food/deliveries etc. are allowed into the area since it is supposed to be evacuated.

San Salvador Experience

While living with Dr. Henriquez in San Salvador, I had the opportunity to go to several different sites. The main area we went was the main public hospital, which doubled as a teaching hospital. The hospital named Hospital Nacional de Zacamil, has all specialties in the public arena. All the people of the country are able to come to this hospital for care. About 80% of the country uses the public hospital system, while another 15% use the social security system, which is reserved for those who work and pay into the system with their taxes. The social security system reputedly has better care, or at least more rapid care, and more privacy in the hospitals etc. There is also another 3% who are insured by the education ministry, they work as teachers etc. And lastly there is 2% who pay out of pocket for private care. They have access to the best physicians and hospitals on par with those in the developed world.

Despite Zacamil being a public hospital, it appeared to me that the people there received very good care by very good, well trained physicians who have all completed residency either in El Salvador or somewhere else in Latin America. The patients stayed in wards, with perhaps 7-8 children per room, and adults a higher number in some cases. Serious cases, such as the hemorrhagic dengue fever case I saw in a toddler, were given a private area with a monitor on the child. Lab services were available on site, as was radiology. There were medical students and residents in the hospital, much as there would be in a US teaching hospital. It did appear that the students in their 4th year had a fair bit more responsibility than students in our system are given.

While in Zacamil, I was present on rounds in the NICU, the general pediatrics ward, the nephrology service, and I was able to work in clinic with an ENT surgeon. This all occurred in the mornings, and in the afternoon I would travel with Dr. Henriquez to his clinic offices where he would see his private patients. It seems this was something all the physicians working in the public hospitals had to do to make money, as they make very little working in the public system.

Also while staying with Dr. Henriquez and his family, I was lucky enough to be able to go with his church group to a town called Cacho de Oro (horn of gold) where a group of physicians and volunteers were setting up a regular charity clinic as the town has no easy access to medical care. The town was about 2 hours outside of San Salvador, and the group brought nutritional supplements, free medicine, and the physicians set up clinic, seeing about 100 patients the first

day there. Their plan is to make this trip approximately once per month and to things like provide vaccinations, and preventative health care.

Conclusions

In regards to my goals for the trip, I'd say most were accomplished with great success. I had a wonderful experience working with the different teams from FUSAL. Having the opportunity to see in action what we have been learning about in the International Health Track was very beneficial for me. It really cemented the lessons we've been learning about what the important areas of international health are. I also believe that I got a good understanding of the disparity in health care in a developing country. This disparity is based on many things, mainly location which provides access to more experienced physicians, better hospitals and health care. As in most places, these things are more readily available in the urban rather than rural areas. And, as in most places, there is the disparity in the care that the poor receive compared with those with more resources. This was driven home to me when I visited a private pediatrics hospital and was able to compare it with the public hospital.

Watching the progress that FUSAL seems to be making with their organization in the rural area gives hope to those people living in those areas. They seem to be running a textbook outreach program, working with people living in the communities, and trying to empower those people to be in charge of their lives, and their health care.

On a personal level, I believe that I was successful on building relationships with people that I would like to keep in touch with and possibly work with again in the future. My Spanish, as expected improved immensely in the two weeks I was there. Given a couple of more weeks I believe it would have gotten much better....perhaps on my next trip.

Lastly, I would like to thank Drs. Luis Ricardo Henriquez and Florencia Garcia for all of their work and generosity that made my trip possible. I learned a lot from both of them and look forward to keeping in touch with them. Most importantly, I would like to thank Dr. Morikawa here on my end. His generosity, dedication, and time over the past three years have contributed so much to my education, both on a clinical basis here in Cleveland, but also in regard to our international health track. I believe this to be a unique program that exposes our residents to much more training than is available in other programs and I think we are better for it. It is Dr. Morikawa's dedication that is responsible for this.