Innovative Project Brings Permanent Medical Services to Honduran Mosquitia

By Conner Gorry

November 30, 2006 – When Havana’s Latin American Medical School (ELAM) first extended full scholarships to students from around the world in 1999, there was one condition: graduates had to commit to practice in underserved areas. Though non-binding, the pledge is reinforced by the fact that many of the new doctors come from the communities they will return to serve, where the consequences of inaccessible or low quality health care are a stark reality.

Dr Luther Castillo, a young Garifuna from the remote Honduran Mosquitia who was in the medical school’s first graduating class[1], is taking that commitment one step further, building the region’s first hospital, with community support.

“My dream is that no Garifuna child die of a preventable disease,” Dr Castillo said in a recent interview.[2] To this end, the ELAM graduate founded Luagu Hatuadi Waduheñu (“For the Health of Our People” in Garifuna), a community-driven, culturally-centered health project (medical staff are teams of Garifuna doctors educated in Cuba and Cuban doctors living in the community) that aims to integrate health prevention and promotion with hospital-based medical services.

Easier dream than done.

The hospital in Ciriboya is reached by bouncing over dirt roads, fording rivers and hoping for the best – during our recent trip, this area was under Yellow Alert due to torrential rain and flooding, with several communities beyond Ciriboya completely cut off. Complicating matters is the coastal location that rusts everything from staples to gurneys; infrequent transport by an old school bus that offers little succor to the ailing as they try to reach health centers far from home; a monotonous and precarious diet of bananas and cassava; dodgy drinking water; and when the sun goes down, it’s lights out, as homes don’t have electricity. Taken together, these factors make it extraordinarily difficult to attract (let alone sustain) health personnel to work in these areas, exacerbating the historical determinants that have relegated the Garifuna to an underserved, discriminated sector of society.

Hence the vision to build and staff a hospital by and for the community, with doctors who understand the challenges and needs of that community and importantly, can articulate them in Garifuna. The time for this project is now: by August 2007, the ELAM will have graduated 29 Garifuna doctors, more from this indigenous group than have graduated in the entire history of Honduras.

Luaga Hatuadi Waduheñu is the result of an evidence-based needs assessment carried out during a series of summer projects designed by Garifuna students while they were still at the ELAM. Launched in 1999, the summer project began as a dengue campaign following an outbreak in the Honduran capital and beyond, but blossomed into a comprehensive community health survey launched by Garifuna students, with help from Cuban volunteer doctors and the community itself. While carrying out the survey, the health professionals offered clinical services, medicine and preventive education.

The survey draws the health picture for the Ironia Municipality (population 18,386), where the project is headquartered and where there were previously only two doctors, nine nurses and no technicians or dentists[3]. According to the survey, the most common pathologies include intestinal parasites, gastritis, diarrhea-related illnesses, acute respiratory infections, anemia, malaria, mycosis and high blood pressure. High infant and maternal mortality rates were also found.[4]
In short, the Honduran Mosquitia has a health picture similar to many other poor, difficult to access regions in the world without reliable health care. But armed with a better understanding of the community's health, Dr Castillo and his colleagues went to work devising a rational, practical strategy for improving the health picture, taking into consideration cultural, linguistic and structural factors, as well as clinical ones.

Midwives: Training the Team

Midwives for example, play an important role in the Garifuna community, their knowledge handed down from one generation to the next. But midwives don't always possess the clinical skills, hygienic conditions or diagnostic knowledge to ensure a safe pregnancy and healthy birth. Yet, instead of replacing midwives with specialists, project staff developed an educational module emphasizing skill-sharing between midwives and OBGYNs, including how to take blood pressure, the significance of maternal nutrition, how to sterilize instruments and the importance of cleansing the baby immediately after birth (traditionally neither the Garifuna mother nor child are washed for five days postpartum). For their part, midwives share linguistic and cultural knowledge.

"We have to accept their traditions as valid, because these are their beliefs. After all, this is how their mothers, their grandmothers and great grandmothers gave birth," Dr Enaide Abat, a Cuban OBGYN posted in Ciriboya, told Cuba Health Reports. "But little by little, we introduce scientific methods, working with them to improve indicators and when they see the results, they begin to incorporate these methods as their own."

"Since January 1, 2005, we've had no deaths during childbirth," said Miriam Ruiz, a Ciriboya midwife with a decade of experience. Having a specialist like Dr Abat nearby also provides support in difficult cases, like the delivery by a 15-year-old mother Ms Ruiz attended a few months ago. "This young girl presented complications," Ruiz told Cuba Health Reports. "If that had happened before the Cuban doctors, she would have died, but with Dr Abat's help, we saved her."

Community involvement is also the cornerstone of Luaga Hatuadi Waduheñu as it aims to achieve better basic hygiene, water purification and HIV prevention. The initiative has brought together housewives, church groups, dance clubs, teachers and students, to work in preventive care and health promotion.

Bricks & Mortar

Dr Castillo notes that it became abundantly clear once the summer project was completed that if doctors and staff were going to continue improving their services to the community, they needed a physical structure to do so. Upon graduation in August 2005, he and others started constructing the Ciriboya Model Community Hospital as part of the broader Luaga Hatuadi Waduheñu project. Piece by piece, the building went up in what project designers call Phase I. This includes outpatient care such as gynecological, internal medicine, geriatrics, ophthalmology, and pediatrics services, plus dental extractions.

"We started out modestly, but now see the real need," Dr Castillo told Cuba Health Reports. "We still have to add a small operating room for emergencies, expand the delivery room, put in a small pediatrics ward, establish a physical therapy area and a small diagnostic lab for X-rays and such." Project coordinators are still refining the plan for the hospital's electricity supply, though solar power looks to be the answer.

In addition to Dr Castillo, the Community Hospital counts among its staff three family medicine specialists, a gynecologist, two dentists, a nurse and lab technician – all Cuban volunteers. Complementing the project's human resources needs are rotations of volunteers from the United States, including groups organized by Bill Camp, Executive Secretary of the Sacramento Central Labor Council and other labor leaders, the Birthing Project USA and Honduran ELAM graduates.

Since the founding of Luaga Hatuadi Waduheñu in 1999, these doctors have treated some 12,000 people, free of charge, going house to house and working out of understaffed local health clinics. For example, before Dr Castillo's project and the Cuban volunteers put down roots here, the only medical personnel staffing the health center in nearby Iriona Vieja was a licensed nurse. "The work of the licensed nurses is very valuable," Dr Aida Trujillo, a Cuban family medical specialist working in the Iriona Vieja health center told Cuba Health Reports. "These nurses do it all: they see and treat patients, prescribe and dispense their medicines and do all the administration and statistical gathering. They work well, but it's too much for just one person,"[6] she explained between treating a young man's machete gash and attending a new mother and her six month-old.

As the Luaga Hatuadi Waduheñu project enters Phase II, with more rotations of volunteer health professionals and robust international cooperation with select non-profit organizations, Dr Castillo predicts equitable, accessible healthcare is going to
become a regular part of the Mosquitia landscape.

You can learn more about the Latin American Medical School and Dr Castillo in the feature documentary ¡Salud!, available at www.saludthefilm.net.

Notes & References

1. In ELAM's first graduating class in 2005, there were 9 Garifuna graduates. In 2006, four graduated and in 2007, there will be 16 Garifuna graduates.
2. The Garifuna are an indigenous group descended from a mix of Carib and Arawak Amerindians and escaped African slaves. There are some 300,000 Garifuna worldwide, most along the Caribbean Coast of Central America, with the largest concentration – 100,000 – in Honduras.
4. For 2005, infant mortality for the municipality was 23 per 1,000 live births and maternal mortality was 500 per 100,000 live births, though these statistics, like others, are likely to be underreported. For example, municipal records show Ciriboya's population at 500, but the Cuban and Garifuna doctors there found 800 in their intial community survey. Ibid.
5. In the nine Garifuna communities attended by the Ciriboya-based health team, there are 84 midwives. Author interview with Garifuna midwife Miriam Ruiz.
6. A specific objective of the Cuban cooperation in Ciriboya and surrounding areas is to conduct a comprehensive community survey, including valid and complete population and health statistics.