

A day's work with Indian Patients in the Hospitals of Salta

It's 6.30 in the morning, Monday, 15th December, and you can find me in the public hospital named after Dr. Arturo Oñativia. I am waiting for the arrival of Indian patients from the small town of Santa Victoria, more than 500 km. away on the banks of the R. Pilcomayo, which marks the frontier between Argentina, in the south, and Bolivia and Paraguay to the north.

One of the patients who arrives is Liliana. She has been diagnosed as having Diffuse Hypothyroidism and now, at 7.15 a.m., she has had a blood sample taken to test her TSH. It is over a year since she has had her last test and she has been more than 3 months without medication. The doctor who is attending her has asked for new tests to establish the correct daily dosage of Levotiroxina.



Cristina Vargas

The situation of Liliana is typical and reveals a whole series of problems that the Indians face and the public health service finds hard to resolve:

In the first place, the local hospital of Santa Victoria, with limited facilities, doesn't arrange for the patients with chronic pathologies to have the regular medical check-ups in Salta that they need.

Secondly, the local hospitals are unable to provide the necessary medication.

Thirdly, no provision is made for the patients' transport from Tartagal to Salta, more than 500 km. away, with some 120 km. of dirt roads.

Once in Salta, the Indian patients, amongst the poorest inhabitants of Argentina, require lodging and food for the time that it takes for the tests and appointments that they require. The results of the tests in Liliana's case will take another 5 days before they are ready and can be taken to the consultant.

On top of these practical difficulties are all the cultural ones faced by the Indians who arrive from their small villages in the forest in a huge city, where no one speaks their language and everything is strange and imposing. For many it is all very traumatic and little consideration is given to their situation.

So it is hardly surprising that most of the Indian patients require help and friendly company, which is what I try to provide, as well as assistance in going through all the red tape and paperwork required so that they can receive state medical care.

I have explained all these difficulties to the endocrinologists and they have authorized that patients come just twice a year for their checkups and that I be allowed to collect their medicines from the hospital chemist and send them off to the respective patients. Unfortunately, this does not always work out as the supply of medicines depends on the hospital's resources. So, when the hospital can't supply the medicines, we in the church step in and buy them to ensure that the treatment isn't interrupted. This is a last step measure, since our policy is always first to pressurize the state to fulfill its obligations in caring for the poor.

So, to make sure that the medical appointments happen, I often have to arrange them myself. With regards to transport (to Salta and back again to the Indian village) and board and lodging, this has to be arranged with the State Institute for Indian Peoples (IPPIS), once the appropriate papers have been presented both from the local hospital and also from the consultant doctor in Salta. Always I have to ensure that patients, along with whoever is accompanying them (usually a close relative), have the necessary medical certificates since otherwise they are not eligible for any support from the government for transport, board and lodging. When patients don't have the correct certificates, or IPPIS says it doesn't have the funds, once again ASOCIANA has to stand in and foot the bill, rather than let the patient return home without treatment.

Liliana also has an appointment with the general physician. She is suffering from pains in her hands, hips and knees. The other patient who came from Santa Victoria is Sara who was operated on 4 years ago in Tartagal for stones in her gall bladder. She continues to suffer from gastrointestinal pains and headaches.

I now have to arrange for the patients' admission and treatment free of charge and in the process discover that Liliana is covered by a state social security scheme (called PROFE) that provides for those persons who receive a state pension for incapacity, for mothers of 7 children, and also for the over 70s. Instead of being an advantage, this turns out to be a problem, as it requires me going off to an office on the other side of town to fill in another complete set of forms. So I request an interview with the Head of the appropriate Department in the Hospital to explain that Liliana hasn't received any benefits from PROFE and that she isn't even signed up on the scheme. Even if she were to have signed up there and then, it would still have taken 3 months more before she would be permitted to make use of the scheme. For her next appointment I will have to make sure that all the relevant papers have been filled in and signed up, otherwise the hospital won't receive her!

While we wait for the doctor's appointment I take the patients to the café to have breakfast as they haven't had anything to eat since leaving Tartagal last night. I tell them to wait for me there, while I go to another hospital, San Bernardo, less than a kilometer away, to check up on another patient, Elisa Ramón, 42 years old and from the remote forest community of El Traslado, also some 500 km. from Salta.

Like many of the Indian women of the Wichí people, she can only speak a few words of Spanish and the dramatic change from forest to city can be quite traumatic. Elisa was sent to Salta 15 days ago from the public hospital in Tartagal and is now in the traumatology ward. Tests are being carried out on her to arrive at a diagnosis, although the doctors suspect she has a malignant tumour in her left leg, above the knee. A hard lump, with a diameter of some 30 cm., is growing rapidly on the inner part of her leg. They have already taken X-rays of her abdomen, thighs and pelvis and on the last one appeared a large tumour-like shadow.

I talk with the Head of the ward who tells me that I must do all the relevant paperwork as soon as possible to request authorization for a magnetic nuclear resonance scan. The Head of the ward promises to present the request so I then take all the relevant documentation of the patient to Social Services to prepare the forms for requesting financial support from the Department of Medical Aid.

The Department of Medical Aid is an office of the Provincial State (comprised of a team of medical auditors and their administrative support) that receives requests from throughout the Province for financial support to cover various medical costs of patients who lack health coverage or the personal means to pay those costs. The team obviously assesses the request before approving or rejecting a grant.

So, off I go to the Department of Medical Aid, where I am asked to wait while the grant request for Elisa is given priority treatment. After an hour's wait I am informed that the grant has been approved. Overjoyed at the news I thank Our Lord and also, of course, the team of doctors. From there I head off to the State Clinic that will do the scan where I present the authorization and request an appointment. Taking into account the grave state of the patient, the appointment is arranged for the same day, at 4.30 p.m.. So I shoot off back to the hospital to let the head nurse know so that the staff can prepare Elisa and suspend all food since she must not eat anything for 6 hours before the scan. It's still only 9.30 in the morning!

After seeing the Head nurse I look for Elisa's doctor to let him know the news and so that he request the ambulance to take her to the clinic. I still have to see to all the red tape for the ambulance and leave the relevant papers in Emergencies.

Now it's back to Oñativia Hospital and the appointment with the doctor there. Once she has checked and talked with both patients, she explains as simply as possible that, in the case of Liliana, the

deformation of the bones in her hands and the pains in hands, hips and knees are all the result of Rheumatoid arthritis, for which there is no cure, but treatment can be provided to relieve the pain. The doctor requests X-rays of all the mentioned parts of the body, as well as of the spinal column, and also blood and urine tests. She prepares a prescription for calcium pills with vitamin D and Ibuprofen for the pains. The medicines will be supplied by the hospital, but only 10 pills per patient!

The doctor requests more tests for the other patient and for the time being recommends a strict diet. We'll have to come back when we have got the results of the tests.

The endocrinologist has also seen to Romanda, a Wichi patient from Rivadavia, near the R. Bermejo, in a completely different part of the Chaco region. She had been sent for an operation on her gall bladder, but the doctors of San Bernardo Hospital had wanted to consult with the doctors of this hospital as the patient had shown signs of hypothyroidism and they needed a specialist's opinion. The results of the tests confirmed the diagnosis and so Romanda is now being treated for this problem and must wait till her condition is more stable before she can be operated upon.

Once all the medical appointments are completed, I see the patients back to their temporary lodgings, in this case the hostel run by the Diocese. From there I head off to the Children's Hospital, where several Indian children are hospitalized with different ailments related to malnutrition. The two in the most delicate condition are Luciana Miranda and Kevin Vellejos. Luciana is only 3 months old and is in a very weak state. She comes from the community of Pacará, some 50 km. from the town of Tartagal, and she has been in intensive care practically since she was born. When only 8 days old she was operated on for Diaphragm paralysis and is now in an artificial respirator as well as suffering from chronic malnutrition, congenital Chaga's disease and tuberculosis of the lungs. The doctors have requested she be returned to Tartagal as there is now nothing else they can do for her. Her mother and father are quite overwhelmed and exhausted, having three other children, of whom Marcos, who is just 1 1/2 years old, is also being treated for tuberculosis.

The other child, Kevin, is 6 and comes from the Indian village of Carboncito, 30 km. from the town of Embarcación. He is in the infectious diseases ward, but so far all the medical tests are negative. The Head of the ward is extremely worried because the child is very weak and generally in a very poor state with both his pancreas and spleen swollen. The doctor has requested the patient be referred urgently to a hospital in Buenos Aires with a presumed diagnosis of Non-Hodgkins Lymphoma. On this basis authorization is given for the child to be taken to Buenos Aires in the medical plane and I accompany the mother with all the paperwork. In the ward they prepare the boy for the flight, along with all the medical reports that must go with him.

Ten days later I receive the sad news that Kevin has died in the Gutierrez Hospital in Buenos Aires with a diagnosis of visceral leishmaniasis. For the public health service in Salta this is bad news, since everyone is left asking why this had not been detected in Salta. It obviously also means "red alert" for the health services in the area of Embarcación.

From the Children's Hospital I got myself to the Milagro Hospital. Bruno Girón, a young Wichi man 20 years old, from Morillo, is staying in the Hospital for physical rehabilitation, having previously had his board and lodging authorized by the Ministry of Health. He is going to have a month of rehabilitation therapy in a private clinic with the costs covered. Bruno was left paraplegic in September 2006 as a result of a knife wound in his backbone inflicted by a 15 year-old drunk. Despite being wholly handicapped he has as yet received no government support. His case is typical: he handed over all his personal documents to a local politician, who supposedly was going to arrange a grant for him, but to this day nothing more has been heard! So our programme (Asociana) took up the case and we have put in an application for a disability pension and are now awaiting a reply.

The doctors who are going to see Bruno believe that he may be able to walk again with the help of a walking frame and orthopaedic aids, so we had prepared the relevant papers and presented the request to the Department of Medical Aid. Thankfully I have just received the news that the grant for the walking frame and the orthopaedic aids has been approved and that I should collect the grant as soon as possible and take the patient to the Orthopaedic Service to measure up the orthopaedic aids. This is

truly wonderful news, and I am more than thankful. When I tell Bruno he is, needless to say, greatly pleased, as also is his father.

Having finished all this, I need to return to ASOCIANA's office to have a bite to eat before accompanying Elisa for her scan. When I arrive at the clinic I find that she is very frightened and I have to explain to her in as simple terms as possible what is involved and then sit with her and we pray together. I stay beside her all the time until the doctors see her. One of the doctors is a priest who knows me and knows that I work with Indian patients. With great patience and care he then prepares the patient and I am asked to wait outside the scanning room. Two hours later I am told that they cannot continue with the scan because Elsa is in too much pain. The ambulance is called for and I accompany her back to the hospital and to her ward where she is given a sedative. Tomorrow I'll have to talk with her doctor to let her know what has happened and see what should be done.

I now go back to the ASOCIANA office where I find Ceferino Barrozo and his family waiting for me. He is also from the distant Pilcomayo river and has come for a regular check-up, since 3 years ago he was operated on for an osteosarcoma on his right leg. Thankfully the surgeons were able to save his leg, although it was left 10 cm. shorter after extracting the tumour along with part of the bone, and inserting a splint. So far there are no signs of metastasis and Ceferino feels well enough.

His problem now is that he has got no cash for his return trip to his community, San Luis. IPPIS has granted a permit for his bus tickets from Salta to Tartagal, but then how does he and his family (wife and 2 children) get the 160 km. back to San Luis on the Pilcomayo? And how is he going to feed himself and his family, since the whole trip is likely to take up to 24 hours? It is now 6 o'clock in the evening and no help can be expected from any government office and he has nowhere to stay.

I ask Ceferino to give me a few minutes to see if there are still funds available to help him out. Fortunately, after checking the accounts I am able to tell him that ASOCIANA can provide the funds he needs for the journey from Tartagal to Santa Victoria and for some food. With this settled they can take the midnight bus to Tartagal and so I arrange for a taxi to collect them from the office and take them to the bus station. I say goodbye and off they go, thankful and relieved for the small help we could provide.

It is the end of a day's work. I am physically exhausted, but return home satisfied for what we have been able to do and with a deep sense of thankfulness to Our Lord.

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