

Galvez Picon

Planning and Arrival

Voce e ben vinda! This is how I was greeted when I arrived to a fragrant rainy dawn in the jungle. In my rusty Portuguese, I misunderstood it as “voce e ben linda”- Were my hosts telling me how beautiful I was? The next day, I realized that it meant WELCOME. Many giggles later, I appreciated that I had learned my first of many lessons I was to learn in international health! Patience and humor remained my friends through my trip.

I designed this elective to develop my international health skills specifically, cultural competency, public health, and tropical medicine. I was honored to receive the American Academy of Pediatrics International Travel Grant. I was also full of anticipation and excitement about exploring a new part of the world, rich in natural diversity and of profound ecological significance to our planet while I volunteered at Fundacao Esperanza in Brazil’s northern Amazon region.

City and Facilities

Santarem is located midway along the Amazon River. Development and the environment are the greatest issues for the population of about 250,000. Deforestation concerns are counterbalanced by the city’s desire to develop through a large highway and other important infrastructure projects. The region is poor, with a per capita income of less than US \$2000 annually – about one third of Brazil’s average. Water is scarce in much of the city and there is no waste disposal or sewer system. Public vaccination coverage is inadequate. It is not surprising that infant mortality is high. There are about 90 private physicians in the city, and only 90 permanent hospital beds. Pharmacies are abundant, but not necessarily run by pharmacists. Most physicians working at the foundation also have other outside practices.

Fundacao Esperanza is a nonprofit organization that has provided low-cost medical and dental treatment and community preventative health resources in Santarem since the 1970’s. The foundation has a clinical laboratory, plain radiology facilities and a low cost pharmacy. Annually about 60 volunteers assist at Fundacao.

Clinical Experience

I spent each morning at the children’s center, which follows patients 0-8 years old enrolled in the program. Nurses monitor growth, provide immunizations and triage sick patients to the medical center. Failure to thrive, with likely parasitic or other malnutrition etiology is frequently seen. Yellow Fever and BCG vaccines are standard and no pneumococcal vaccines are available. I saw mostly gastrointestinal problems. Ascariasis, giardia, and entamoeba became old hat after a few days. The fee at the center is 7 Reals (R\$7), with free related follow up visits. When no volunteer is present there, sick patients are seen at the medical center for a fee of R\$14. This is still only half the price of a private physician’s office visit and the waiting time is only a fraction compared to the national public health system. The nurses were astonished that I enjoyed drying off by a fan when I was sopping wet from my occasionally rainy walk to the center in what they perceived as cold (76 degree) weather.

I also learned many lessons during my afternoons at the General Medical Clinic, where I saw children of all ages. I saw patients with seizure disorders, cerebral palsy, and Down's syndrome. Other "developed-world" diagnoses included tinea capitis and corporis, tinea versicolor, otitis media and an occasional Strep. pharyngitis. I took an interesting history about a head trauma, which had occurred in an isolated region of the rainforest more than 6 weeks prior. I also saw cases of measles, larvae migrans, and vaginitis. I especially enjoyed counseling adolescent patients about abstinence, STD's and safer sex. My patients were impressively reliable – some patients traveling several days by riverboat to be seen at the clinic. One parent returned for appointments with her son and later brought her nephew and daughter to see me as well. It was rewarding to connect with these individuals and appreciate some continuity of care.

My responsibility increased when a Dengue outbreak began. It was estimated that I would see 6-10 patients each half day; however when the medical director, a pediatrician, was homebound with Dengue I was called upon to see many more patients. Public awareness was swift, not only at a professional level but also through mass media. Radio announcements were frequent, and the current soap operas integrated story lines with mosquito control lessons and warnings about the use of aspirin.

Conclusions – O mundo e ben lindo! The world is beautiful

I am delightfully satisfied to have fulfilled my learning objectives: to increase my knowledge of tropical medicine, medical Portuguese, and cultural competency, and to provide pediatric care in the developing world. I can also apply these skills to my future practice in the United States. Despite its great wealth, our country has a "third world" within its borders. Immigration patterns are challenging pediatricians to communicate with patients from a variety of cultural backgrounds and to be aware of illnesses that may not be common domestically. After residency, I plan to practice in an under-served urban community in the United States. Volunteering internationally in my senior year of pediatric residency not only deepened my knowledge of medicine and strengthened my confidence, but also rewarded me with the satisfaction of volunteerism where both the volunteer and the recipient are truly blessed with great lessons and benefits. In addition, this elective in the developing world contributed to my training as a child advocate in our global society. I will remember patience and humor as I embark on my pediatric career, as a citizen of our beautiful global village!

Muito Obrigada! Thank you very much!