Community Medicine in the Dominican Republic

Alexia Bililies

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________________________ Alexia Bililies
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Approved:

________________________ A. Rivera

________________________ W.A. Addison

Abstract

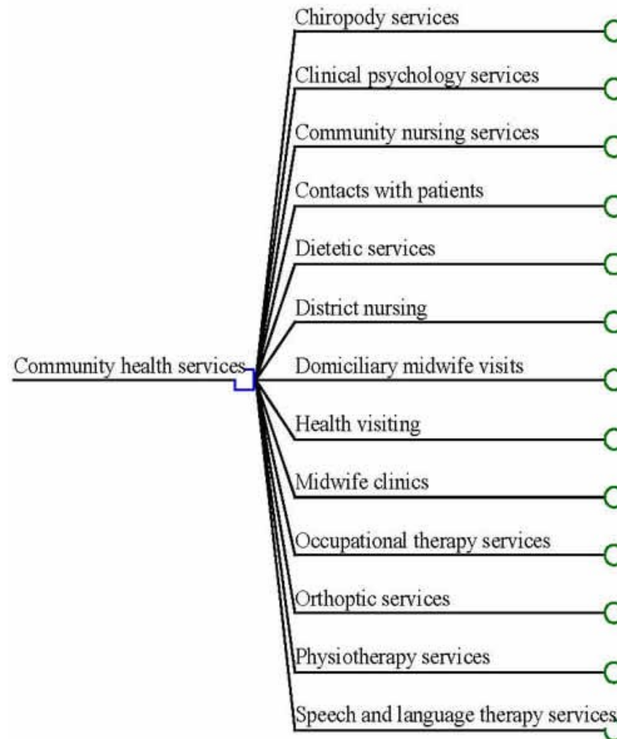
This paper provides an analysis of the community health system in the Dominican Republic. The first section provides a brief history of community initiative health-based projects in the Dominican Republic and the benefits of such endeavors. The second section is an account of various experiences the author had, during her two month research period in Santiago, Dominican Republic, working with Caritas Internationalis. The third section is conclusions and recommendations that the author feels would benefit the organization and the people of the Dominican Republic.

(Una descripción española del proyecto se puede encontrar en el apéndice A).

Introduction: Healthcare in the World and the Dominican Republic

According to the World Health Organization (WHO), "A community or country cannot be graded as developed on the basis of high per capita income, if its people are illiterate, have poor health status and lack necessary infrastructure for a healthy living" (World Health Organization, 2005). Inadequate healthcare has become the central focus for many of the world's leading organizations. The United Nations has incorporated the elimination of health disparities in the Millennium Development Goals for 2015. This study carried out with Caritas Internationalis, in Santiago, Dominican Republic, examines the efforts to improve health care in the Dominican Republic through the use of a community-based health system.

The notion of using community-based health care to provide primary care to rural areas has become very effective in spreading better health care to poor areas around the world, and is now being developed in the Dominican Republic by organizations such as Caritas Internationalis. Using individuals from a community to educate their peers and provide them with medical care has saved the lives of thousands in the developing world (Kidder 2004). By using community members and local health clinics to respond to healthcare needs, people have access to a greater variety of services. Some of these services include:



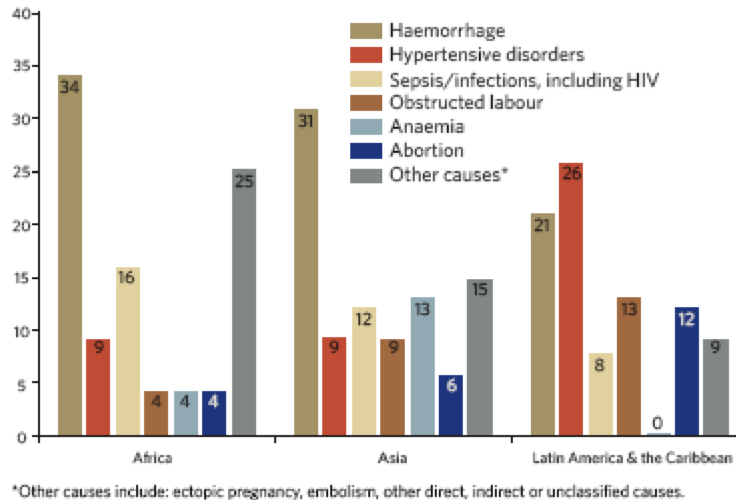
(Statistics Commission, 2008)

Out of the services listed about, Caritas within the Dominican Republic offers community nursing and contacts with patients as well as provides generic pharmaceuticals to the people.

Significant milestones are achieved in healthcare through community-based health initiatives by using a multifaceted approach. According to the WHO, "health can not be achieved in isolation -- many of the determinants of health are outside the domain of the health system" (World Health Organization, 2005). Factors such as water, sanitation, air quality, as well as lifestyle and knowledge of basic nutrition, contribute to the general wellbeing of the community. This is the first step in order to guarantee that a community, as a unit, can progress and break away from impoverished conditions. For instance, as the chart below shows, maternal health needs to be addressed by full community involvement.

No single intervention can address the multiple causes of maternal deaths

Causes of maternal deaths, 1997-2002 (Percentage)



(United Nations, 2008)

Community health workers and health-based initiatives assist in the socioeconomic development, thus significantly reducing financial burdens on the government and taking a holistic approach to disease prevention.

Caritas Internationalis

In the Dominican Republic, Caritas operates pharmacies that supply women from low-income communities with the medications required in order to stock and operate small-drugstores within their rural communities. The benefit of these small enterprises have proven to be a great asset to communities they serve by providing easy access to first-line medications in a timely fashion. Such pharmacies both provided employment for local women and are situated in areas that build trust and communication between patient and the provider of the medicine.

During a two month period, I worked with Caritas as an intern to do research on the People's Pharmacy Project. As an intern, I had the opportunity to observe the distribution of affordable medicine throughout the community as well as observe the activities of a community doctor with patients in her community. The question I was researching while working with Caritas was whether the community- based medicine system was effective and efficient in the Dominican Republic and to see how it might be improved.

The difference between developed and underdeveloped countries squarely lies in the status of their healthcare system. Community involvement is the most powerful tool available to a country in order to advance from one stage of economic development to another. The people of the Dominican Republic have demonstrated their desire to be instrumental parts of this initiative by participating in community efforts that can achieve the goals of improving health and living conditions in the city of Santiago. By providing access to quality health care and reducing health care costs, the Dominican Republic is working towards eliminating health disparities in their society.

Chapter I: Background

The purpose of this chapter is to give the reader a brief background on community-based health projects and their effects, both internationally and in the Dominican Republic. It will also cover topics of health including cultural beliefs and economic effects in this region.

Community-based Health Initiatives

For people in poor, rural areas, making a trip to a major city in order to seek medical attention is unfathomable. Not only do they lack the financial means, but in some cases, they do not have any family capable of accompanying them on the trip. Bringing medical services closer to rural communities has eliminated the need for travel time and made it easier to access care. The urban poor population faces different health problems than other low-income populations because they are often over-worked and under paid, leaving them little time and money to visit a doctor.

World-renowned, Dr. Paul Farmer has inspired community-based health initiatives through a clinic he set up in Haiti that "became the settlement's first community-based healthcare delivery system" (Satchell 2005). People from rural parts of Haiti travel miles to receive services from this clinic, some making the trip on mattresses, dragged by a donkey, because they are unable to walk. The popularity of the clinic is due to the fact that it is closer to rural communities than hospitals in Port-au-Prince, but also that people know they are receiving first-rate care from a clinic operated under American supervision.

Similar community-based initiatives have been implemented in India. In Jamked, 250 miles east of Mumbai, a project emphasizing community participation, used a holistic approach

to improve the quality of life for poor citizens. The project's associate director, Dr. Shobha Arole, was quoted saying, "Community participation is essential because local people must 'feel it's their project'" (Mesce 2007). One of the ways Dr. Shobha has encouraged community participation in health care is by educating the poor, at-risk people on the importance of safe environmental practices, primary health care, and socioeconomic development. This type of community participation, particularly in health care, lies at the base of the Caritas model that is, to minimize the use of the "top-down approach" in community development.

Many of the community-based health initiatives employ community health workers and local citizens to carry out health care duties. When people feel as though they are helping their community or improving conditions in their village, they are more likely to take part in the project. Community-health care thrives on this idea. People, who are familiar with the community and the native language of the people they will serve, empower those most vulnerable to disease and illness to take control of their well-being.

Female Empowerment through Income Generating Activities

According to USAID in 2008, "over 800 million women are economically active worldwide, undertaking critical roles in industry, agriculture, manufacturing, and services, as producers, traders, and owners and operators of micro-and small-enterprises." In the past, women have traditionally had the role of caretakers, being dependant on their male counterparts for economic stability. They have had limited access to market knowledge and lacked the skills to participate in income generating activities. With a self-generated income, women are more likely to use their funds towards their children's food, health, and education, thus improving the overall welfare of the family.

Along with power over financial decisions, women also gain authority over decision-making within their villages. In Ethiopia, women who participated in income-generating activities were able to use their influence to support gender equality initiatives, to reduce high prevalence of harmful traditional practices such as genital mutilation and other forms of gender-based violence (Pathfinder International Ethiopia 6). By not having to rely on a male-dominated society, women are able to take control of their lives and stand up for themselves; hence eliminating harmful traditional practices towards women, raising the status of women, and breaking down caste barriers (Mesce 2007).

Female Empowerment through Income Generating Activities in the Dominican Republic

The Dominican Republic supports female empowerment through income generating activities. The Dominican Association for Women's Development (ADOPEM) has received numerous awards for their mission statement of incorporating "women and their families into economic and financial systems[s] through the extension of credit and training, and in strengthening their position as owners of micro, small and medium enterprises" (United Nations Promoting Gender Equality and Empowering Women 89). The majority of ADOPEM's customers are women who operate businesses within the informal business sector. There are also wage generating employment opportunities within the vegetable and flower industries. Involvement in the business sector has been extended into the area of health care following the ideal of community-based participation in health needs.

Under the supervision of Caritas, 36 pharmaceutical boutiques operate in and around Santiago. Women of all ages, ranging from mid-twenties to late sixties, provide generic medicines to the communities in the areas surrounding the boutiques.

Cultural Beliefs about Health in Hispanic Countries-- Dominican Republic

As a result of strong religious beliefs, Hispanics generally feel that illnesses are caused by a variety of external factors. For example, it is common for people in the Dominican Republic to attribute poor health to:

- psychological states such as embarrassment, envy, anger, fear, fright, excessive worry, turmoil in the family, improper behavior or violations of moral or ethical codes
- environmental or natural conditions such as bad air, germs, dust, excess cold or heat, bad food, or poverty
- supernatural causes such as malevolent spirits, bad luck, or the witchcraft of living enemies (who are believed to cause harm out of vengeance or envy) (Molina, Zambrana, & Aguirre-Molina, 1994).

Although the majority of the population in the Dominican Republic is Catholic, a third of the population believes in folk healing traditions and alternative health care practices. Among these beliefs are those about the origin and treatment of a disease. With a combination of prayer and spiritism, Dominicans believe that their illness will be cured.

Health in the Dominican Republic

Over the past 10 years there has been a dramatic increase in health awareness and prevention in the Dominican Republic. According to the Encyclopedia of Nations, the under-five mortality rate has improved from 56 per thousand in 1996 to 94 per thousand in 1980 (2007). Although people in the Dominican Republic are generally in better health than their neighbors in Haiti, poor living conditions in both rural and urban areas still negatively impact the population. Haitian immigrants living at the border, make up the greatest concentration of poverty in the

Dominican Republic. According to the Pan American Health Organization, some of the unmet basic needs of this population are related to housing, overcrowding, wastewater, solid waste disposal, and access to potable water (2008).

The occurrence of infectious diseases in the Dominican Republic is a concern because of the tropical climate and lack of attention to hygiene. The most prevalent illnesses are food and waterborne diseases such as bacterial diarrhea, hepatitis A, and typhoid fever (Pan American Health Organization 2008). The top two vector-borne diseases are dengue fever and malaria and the top water contact disease is leptospirosis. The outbreak of leptospirosis started in 2007 as a result of Hurricane Noel. There have been 200 reported cases of this disease in the northern part of the country. The immunization program in the Dominican Republic has been very effective over the years, due to international efforts, particularly of the Japanese government and organizations such as UNICEF.

Healthcare in the Dominican Republic

Like many developing countries, the Dominican Republic suffers from an unstable economy due to years of oppression under the regime of Trujillo and turbulent relations with the United States. With a fast growing middle class and a third of the population living below the poverty line, a large percentage of the country is suffering from lack of income generating opportunities and access to proper healthcare.

The Dominican Republic has 51 hospital pharmacies, 1, 937 community pharmacies, 740 popular drugstores, 100 national laboratories that produce drugs, and 682 warehouses for storage and distribution (Pan American Health Organization 2008). Although the Dominican Republic has made tremendous progress in their healthcare systems the past 50 years, they are still struggling to attend to the needs of their populous; the Ministry of Health provides leadership for

the system and provides services to 75% of the population, most of whom are uninsured. The healthcare system in the Dominican Republic consists of two sectors, private and public. Private healthcare is prepaid and for middle to upper class populations. With 42 percent of the population living below the poverty line, the majority of citizens use the public healthcare system. Public healthcare is guaranteed free health care but the quality of care received is not high, resulting in:

- underutilization of health services
- low productivity of human and physical resources, which in turn were caused by poor managerial practices, shortages of medicines, dispersion of the population and the compulsory 1-year rural social service required from all graduating physicians (known as *pasantía* in some Latin American countries and *medicatura rural* in others)
- out-of-pocket health expenditures leading to unnecessary self-referrals and excessive self-medications (Reynolds 1988).

Approximately 70% of medical products are imported to the Dominican Republic, yet there is need for modernized equipment, such as advanced blood pressure machines and access to internet Virtual Health Libraries, to meet the growing needs of the population.

The financial assistance of international organizations such as: PAHO, UNICEF (United Nations Children's Fund), UNDP (United Nations Development Program), UNPF (United Nations Population Fund), FAO (Food and Agriculture Organization of the United Nations), and UNAIDS (The Joint United Nations Program on HIV/AIDS), has provided over $40 million in local and national projects to improve the health care system in the Dominican Republic.

Present Economic Conditions in the Dominican Republic

Like many developing countries, the Dominican Republic is in an unstable economic state. With a population of approximate 8.5 million, and 30% of the population living in the capital, Santo Domingo, the distribution of wealth is inadequate. According to UNICEF, the poorest half of the population receives less than one-fifth of the country's wealth and the richest 10 percent enjoys nearly 40 percent of the national income (Pueblito Canada 2004). With a fast growing middle class and almost half of the population living below the poverty line, a large part of the population is suffering.

The country's financial state is also suffering as a result of over-centralized services that have weakened local-level institutions. The UNICEF Economic and Social Counsel found that, in the Dominican Republic, "10 percent of the national budget is transferred directly to the municipal level, [and] implementation suffers from inadequate local-level capacity, limited transparency and accountability, and limited, albeit increasing, civil society oversight and involvement" (2006). The World Bank and IDB are currently funding two projects related to decentralizing health management.

Economic Consequences of Inadequate Health Care

The economic burden on governments far outweighs the cost-effectiveness of treatment of most common diseases. In a 2007 cardiovascular study conducted in Africa, doctors found, "The economic toll from cardiovascular disease is equally devastating leading to billions of dollars lost due to healthcare costs and reduced productivity from the disabling and fatal outcomes related to diabetes, hypertension, stroke, valvular heart disease, and heart failure" (Gaziano, 2008). Reasonable screening programs and the application of minimal resources have shown that

these diseases are easily preventable. As this study will indicate in the pages below, health care can be very costly if initially treatable conditions are left untreated.

Economic Dependency, Poor Health Care, and the Dominican Republic's History as a Developing Nation

Due to the close proximity of the Dominican Republic to the United States, it is in the US's best interest to keep the Dominican Republic a stable, prosperous and healthy nation. There is a great deal of travel between the two countries for tourism and business; furthermore the Dominican population within the United States is rapidly growing. However, US relations with the Dominican Republic have not always been conducive to friendship between the two.

The United States has worked to improve and strengthen democratic institutions in the Dominican Republic but this has always been seen as a vehicle to improve the environment for US investors and exporters. Recently the US has worked with the government of the Dominican Republic to fight the war on drug trafficking and money laundering to ensure regional stability. Although the United States professes to be concerned about the betterment of the country, the Federal government has also been trying to reduce illegal immigration of Dominicans to the United States.

The Dominican Republic is the United States' seventh largest trading partner in the eastern hemisphere ("Doing Business in the DR 2008). This is a result of the role the United States and sugar played in the Dominican economy from 1916 to 1924. During this time period, the United States invaded and occupied the Dominican Republic, reaping commercial benefits of tobacco, sugar, and cacao. The United States sugar companies began to monopolize the banking and transportation industries, which made them politically unpopular ("Dominican Republic-ECONOMY 2008). The United States Marines left in 1924 shortly before Trujillo became

dictator, yet they still remained very much in control of the sugar industries and Trujillo was used as an unsavory ally by the US in its war against communism in Latin America.

In 1965, shortly after the assassination of dictator, Trujillo, the United States intervened again to end the ongoing civil war between advocates of classical liberal political and economic policies and those who sought a more progressive, nationalist socialist government. During the early 1970s, the Dominican Republic saw economic growth and development through public-works projects, foreign investments, and rising sugar prices ("Culture of the Dominican Republic" 2008). All this changed by the mid-1970s when the price of sugar crashed and the government became destabilized during the 12 year control of President Balaguer, Trujillo's successor. This resulted in the Dominican Republic having a great deal of foreign debt, at one point reaching close to $4 billion dollars to the United States, and social unrest, which is still affecting them today. Under these conditions of economic underdevelopment, health care lagged behind other nations in the Caribbean. "Unemployment rate, illiteracy, malnutrition, and infant mortality rates were dangerously high" in the 1970s and continued to be up until the election of Leonel Fernández Reyna in 1996.

Caritas Internationalis

Nongovernmental organizations have brought a great deal of assistance and improvement to the Dominican Republic. Caritas is an international organization that has embraced the mission of promoting health and income-generating employment for women. The mission of the organization is to "carry out development work in: education health, sanitation, access to clean water, environment, and disaster relief" (Caritas Internationalis 2008). Research into this organization was carried out during my two month stay working with them in the Dominican Republic.

Within the Dominican Republic, Caritas operates a small pharmaceutical warehouse that supplies low-cost medications to women from low-income communities, allowing them to operate small-drugstores within their rural communities both out of their homes and at storefront properties. This benefits the women because they are able to generate income, as well as the people of their community who get easy access to medications. Caritas currently has thirty- six of these pharmacies in the Dominican Republic but intends to expand their People's Pharmacies Project to reach out to an additional twenty communities within the near future.

Conclusion

Like in many other developing countries, there is a lot of work to be done in the health sector of the Dominican Republic. Emphasizing the idea of community-based initiatives with the help of international organizations such as UNICEF and Caritas Internationalis, the Dominican Republic has made a great deal of progress in their overall health and wellbeing over the last 20 years.

Chapter II: Research in the Caritas Clinics and Botica Cooperativa

A health-care researcher has the opportunity to come in contact with patients in many different situations. A community-based system of health care delivery is relatively new in the Dominican Republic, and therefore major data collectors such as UNICEF and WHO have not yet reported on their effects. The research for this project was conducted in a government-run clinic, the Botica Cooperativa Altagracia Pharmacy, the People's Project Pharmacies, and the central office of Caritas. The people I also worked with were a local doctor, pharmacists, pharmaceutical salespeople, and administrators. As the researcher, I was allowed to observe the inner workings of the community health clinics and pharmacies; however I was not allowed to conduct formal interviews with patients or medical personnel. The primary source of the data presented in this chapter is informal conversations in Spanish between doctors and patients that I observed.

Physical Layout of the Clinic and Pharmacies

The government-run clinic was located approximately five miles outside of the center of Santiago. In a concrete building, there were two examination rooms with one room designated to pediatric care. The other room was used on Mondays and Tuesday for prenatal care, Wednesdays for gynecological exams, and Thursdays and Fridays for general medical care. Each examination room was equipped with two chairs (one for the patient and one for the doctor), a filing cabinet with existing medical records, a privacy partition, a scale, an examination table, a device to measure blood pressure, a restroom, a sink, and fan often used to air-dry specimens. Minimal governmental funding is allotted to equip these clinics and therefore the facility is barely functional by US standards.

Patients could also been seen by a community doctor, Dr. Carmen Rodriguez, at the Botica Cooperativa Altagracia Pharmacy. At this facility, patients would have to walk through the pharmacy in order to enter the examination room. In this examination room, there was an examination table, a scale, a desk, two chairs (one for the patient and one for the doctor), a bathroom, and a fan. The equipment in this facility is provided by Caritas and it adheres to a higher standard than that of the government-run clinic. (All photographs below were taken by the author of this report.)

The pharmacies of the People's Pharmacy Project varied in size from home-based locations that would occupy the front room of the house with medications are kept in locked cabinets, to store-front pharmacies that stocked their medications in shelves visible from the street.

BOTICA POPULAR
Cáritas Arquidiocesana
BOTICA POPULAR

Experiences in Community Medicine

I was able to take part in the examination process by observing blood pressure measurement, pain assessment, and general examinations, including gynecological exams. When working with pregnant patients, I was allowed to listen to the heartbeats of both mother and child, measured the woman's stomach to see how far along she was in her pregnancy, and record the weight gain of the woman. I was also present when the doctor reinforced the importance of healthy eating and taking vitamins.

I was allowed to shadow the doctor in order to become more familiar with the practices of the clinic. Many times the doctor used visual aids to explain the condition to the patient. The doctor often prescribes medications that can be purchased at a discounted price in the pharmacy attached to the doctor's office. When possible the doctor distributed samples obtained from visiting pharmaceutical representatives at no cost to the patient. The doctor explained to me that the preferred method of administering medications is by injection because it guarantees that the patient receives a fast-acting, proper dosage of the prescribed treatment. Injections are given for infections, anemia, birth control, constipation and the flu.

While observing the doctor, I found that listening to a patient's story is one of the primary functions of the community doctor. The doctor often said that "many of the people that come into the office just want someone to talk to and to hear their story, a lot of the people that come in have psychological symptoms and not real problems [not physical problems] it is important to hear what they are saying in order to make a proper diagnosis" (Rodriguez 2008). Understanding a patient's living conditions and mental state may be more important to address than giving a pill.

Observed Health Issues

In the areas surrounding Santiago, the majority of health problems stem from poor environmental conditions (USAID 2005). Poor water quality contributes to urinary tract infections that often are left untreated and result in kidney infections. Patients seen in the community clinic complained of middle backache, pain during urination, and frequent or infrequent urination. A simple urine test, requested by the community doctor, confirmed that these symptoms stemmed from an infection. Medication was distributed based on these results. Most of the time, symptoms would dissipate with a treatment of an antibiotic.

In extreme cases, or when the doctor failed to identify the source of the discomfort as reported by the patient, the infection went untreated for an extended period of time and the necessary treatment became more involved and complex. One patient, after three months of procuring treatment at the public hospital, came to the clinic complaining of severe back pain that had progressed to the point where he was no longer able to work. The community doctor quickly recognized his symptoms and while waiting for the return of the urinalysis, prescribed an antibiotic. The results confirmed the doctor's diagnosis and after treatment was completed, the patient's symptoms dissipated.

Air quality issues, both inside and outside of the home, were responsible for many respiratory illnesses presented at the community clinic. Children and adults suffered from asthma, bronchial infections, and pulmonary illnesses (Pan American Health Organization 2008). Excessive smoking, especially in closed areas, was responsible for many of these conditions. The clinic treated a five-year-old boy complaining of shortness of breath and chest pain when exerting himself. In conversing with the boy's parents, the doctor realized that their smoking habits could be responsible for the boy's symptoms. Analyzing the living conditions and using a

more holistic approach to help the child, is an example of the benefits of community medicine. After explaining to the parents the importance of smoking away from the child, the doctor prescribed an inhaler and showed the parents and child how to use it.

The community doctor routinely prescribes vitamins and appetite enhancing supplements in order to compensate for the poor nutritional intake of her patients (The Manoff Group 2008). A six year old boy was brought into the clinic by his parents because they were concerned that he was not eating enough. When the doctor examined him, she found he weighed 40 pounds and was not developing properly for his age. She advised the parents to feed him milk and prescribed a low-cost appetite enhancer called Gelnorex.

Although government and community-based clinics are inexpensive, they are not cheap enough for the worse case situations. A study conducted by the Pan American Health Organization found that there are many who people die each year in the Dominican Republic without medical attention or diagnosis of the cause of death (2008). Although prices in community pharmacies are significantly reduced, purchase of drugs still presents a heavy financial burden that often deters people in the Dominican Republic from seeking medical attention. The cost of a community doctor's office visit was 50 pesos ($1.47); however patients who could not afford this payment presented the doctor with what they considered equitable items such as perfumes, makeup, and food.

I observed a situation when an elderly gentleman, brought in by his neighbor who noticed that he had difficulty breathing and was coughing excessively, was diagnosed with accumulated fluid in his lungs. Further conversation revealed that he was non med-compliant and when asked why he replied, "How am I supposed to take my medication with food when I can not afford to

buy food?" This is just one example of the financial burden that, even reduced medical costs, place on people in Santiago and the Dominican Republic.

Conclusion

As a result of my two month research period in Santiago, I spent approximately 80 hours in the clinic and the pharmacy and witnessed over 100 patients seeking consultations with the doctor or nurses. From my observations in the clinic and pharmacy, along with casual conversation with the medical staff, I was able to discuss the positive and negative aspects of the community health sector and of community medicine in the Dominican Republic. From my research, I have been able to derive some conclusions and make recommendations about the community medicine system in the Dominican Republic.

Chapter III: Conclusions and Recommendation

Doctor-Patient Relations

The community-based health care system in the Dominican Republic is -I believe- successful in providing care to those in need; however the trust and communication between doctor and patient within the Caritas system needs to be enhanced to make the system more effective. Trust and communication are the building blocks upon which a successful doctor-patient relationship is based and must be the cornerstone of the community-based health care system (Stewart 1995).

Unfortunately past experiences where doctors have misdiagnosed patients, often resulting in death, have given the Dominican people reason to be skeptical of organized medicine. This is a greater problem in the entire hospital system than in community-based medicine, where the patient is more likely to have a long term relationship with the doctor; however, this type of skepticism about medical practices has carried over to the community health system. Unfortunately, I experienced first hand, a concerned patient that visited a public clinic and complained to his previous doctor of chest pains and pressure over a period of time. The doctor dismissively told him that he had indigestion and recommended he alter his dietary habits. By the time his heart condition was properly diagnosed, the damage was irreversible resulting in his death.

On the other hand, rumors and incidents being blown out of proportion can ruin the credibility of hospitals and clinics ("Countering False Rumors" 1998). In a conversation that I observed during my stay, between the doctor and a patient's family, the parent said that a "sickness" was going around the children's hospital and "all the children seeking medical attention will leave the hospital sicker than when they came in." This statement was not based on

fact, but on a rumor heard from a neighbor. Although there are, of course, incidents of malpractice in the Dominican Republic as in the United States, the real problem arises from a general distrust of the medical profession that keeps those who are ill from seeking the medical attention they need.

In order to improve the doctor-patient relationship in large hospitals, already established standards of practice need to be better enforced and more transparent. Concerning medical practice in the Dominican Republic, the Pan American Health Organization states, “Standards of accreditation, regulations and good practices have been established for health facilities, laboratories and pharmaceutical companies, although regulatory processes are still needed to improve the quality of care, quality control and bio-safety” (2008). One area of standard practice that must be enhanced, both in public and community-based hospitals, is confidentiality.

Confidentiality Problems

Human Rights Watch found “rampant breaches of confidentiality” in a HIV/AIDS report they were working on in the Dominican Republic (2004). Confidentiality in the medical facilities is an issue, particularly in the government-run clinic. With the exception of when Pap Smears were being conducted, the door to the doctor’s office was rarely locked, allowing hospital staff and other patients to enter the room. This made patients feel hesitant to divulge sensitive and personal information about their health issues.

Patients were seen on a first come first serve basis by receiving a number at check-in. Often two unrelated patients were waiting to be seen in the examination room at the same time so that they would not lose their turn. Because there were few doctors to attend to the large number of people, the opportunity to see a doctor was eagerly sought-after by patients.

In the Botica Cooperativa Altagracia Pharmacy, the walls extended about three-quarters of the way to the ceiling, making it impossible to keep conversations and telephone calls private. The doctor would answer her cell phone during appointments, since the majority of her calls were from other patients. In addition, the doctor would communicate with patients in the pharmacy by yelling through the thin walls.

Confidentiality is perhaps more difficult in this third world setting; however it would require both doctors and patients to work on behavior change to achieve greater privacy. By constructing full-size walls and avoiding interruptions, treatment session could be more productive and patients could feel more comfortable sharing personal information with the doctor.

Deficient Data Collection Systems

Another issue in the community health system was that medical data was not being collected. When I attempted to find out what percentage of the population was being serviced by these medical facilities, resources for such data collection were not available. It is apparent that the personnel dealing with this population is more concerned about the patient's immediate health needs than with medical statistical analysis (Nichols 1984).

The data collection system could be improved by handing questionnaires to patients while there are waiting to be seen by the doctor. These questionnaires would be used for the purpose of collecting data concerning health history, lifestyle, and current health complaints. With this data, doctors could track health problems in certain areas and among certain populations.

Conclusion

Overall the community-based health care system is very effective in the Dominican Republic, allowing people with limited resources to be seen by medical personal and to receive treatment. With small adjustments addressing the issues of greater trust between doctor and patient, greater confidentiality, and a more effective system of data collection, the overall system can be even more successful and reach more of this vulnerable population.

Appendix A: Una Descripción Española del Proyecto

La diferencia entre los países desarrollados y subdesarrollados presenta estadísticas poco confiables con respecto al estado de su sistema del cuidado de salud. La implicación de la comunidad es el instrumento más poderoso de un país para avanzar a partir de una etapa de desarrollo económico a otra. La gente de la República Dominicana ha demostrado su deseo de ser parte fundamental de esta iniciativa participando en los esfuerzos de la comunidad que pueden alcanzar las metas de mejorar salud y condiciones de vivir en la ciudad de Sanitiago. Proporcionando el acceso al cuidado médico de calidad, y reduciendo costes del cuidado de salud, la República Dominicana, gracias a la participación comunitaria está trabajando hacia la eliminación de disparidades de la salud en su sociedad.

Como resultado de mi investigación de dos meses en Santiago, pasé aproximadamente 80 horas en la clínica y la farmacia con más o menos 100 pacientes que buscaban consultas con la doctora o el personal médico. De mis observaciones en la clínica y la farmacia, junto con la conversación esporádica con el personal médico, podía discutir los aspectos positivos del sector de la salud de la comunidad en la República Dominicana y discutir los aspectos positivos y negativos de la medicina de comunidad. De mi investigación, he podido derivar algunas conclusiones y hacer recomendaciones sobre el sistema de la medicina de comunidad en la República Dominicana.

El sistema basado en la participación comunitaria del cuidado de salud es muy eficaz en la República Dominicana, permitiendo que a la gente con los recursos limitados consulte regularmenta al personal médico y que reciba el tratamiento. Con los ajustes pequeños con referencia al tratamiento de los pacientes, mayor confianza entre el doctor y paciente, mayor

confidencialidad, y un sistema más eficaz de la colección de datos, el sistema de cuidado de salud puede ser aún más acertado y alcanzar a más de esta población vulnerable.

Bibliography

Caritas Dominicana. 2008. Caritas Internationalis. <http://www.caritas.org/worldmap/latin_america/dominicanrepublic.html>.

"Countering False Rumors." Population Reports (1998).

"Culture of the Dominican Republic." 2008. <http://www.everyculture.com/cr-ga/dominican-republic.html>.

"Doing Business in the DR." 2008. US Commercial Service. <http://www.buyusa.gov/caribbean/en/40.html>.

Dominican Republic: Applied Nutrition Education Project (ANEP). 2008. The Manoff Group- Effective Behavior-Centered Programming for Health and Nutrition. <http://www.manoffgroup.com/prog_domrep_anep.html>.

"Dominican Republic Health." Encyclopedia of the Nations. JRank.

Dominican Republic. 2008. Pan American Health Organization and World Health Organization. <http://amro.who.int/english/dd/ais/cp_214.htm>.

Dominican Republic. 2004. Pueblito Canada. <http://www.pueblito.org/programs/dr/dr_country.html>.

"Dominican Republic- ECONOMY." 2008. Mongabay.com. <http://www.mongabay.com/reference/country_studies/dominican-republic/economy.html>.

Draft Country Programme Document Dominican Republic. Economic and Social Council, United Nations. 2006.

Enhancing the value of health statistics: User perspectives. Rep.No. 21. Statistics Commission. 2008.

Kidder, Tracy. Mountains Beyond Mountains: The Quest of Dr. Paul Farmer, a Man Who Would Cure the World. Random House Trade Paperbacks.

Millennium Development Goals. United Nations. 2008.

Mesce, Deborah. "Lessons Learned From a Community-Based Health Care Project." Population Reference Bureau (2007).

Molina, C., R. Zambrana, and M. Aguirre-Molina. The Influence of Culture, Class, and Environment on Health Care. 1994.

Nichols, Francine H. "Health Status of Children in Rural Areas of the Dominican Republic: Policy Implications for Nursing Practice and Nursing Education in Third World Countries." Journal of Community Health Nursing 1 (1984).

Promoting Gender Equality and Empowering Women. The Millennium Development Goals in Latin America and the Caribbean, United Nations.

Reynolds Whyte, Susan, and Sjaak Van der Geest. The Context of Medicines in Developing Countries: Studies in Pharmaceutical Anthropology. 1988.

Rodriguez, Carmen. "Caritas People's Pharmacies Project." Personal interview.

Satchell, Michael. "Wiping out TB and AIDS." USNews.com 31 Oct. 2005.

Stewart, M. A. "Effective physician-patient communication and health outcomes: a review." Canadian Medical Association Journal, 152 (1995).

Sustained improvement in the Health of Vulnerable Populations in the Dominican Republic. 20 May 2005. USAID. <http://www.usaid.gov/dr/health.htm>.

A Test of Inequality: Discrimination Against Women Living With HIV/AIDS In The Dominican Republic. July 2004. Human Rights Watch. <http://www.hrw.org/reports/2004/dr0704/1.htm>.

"Women's Economic Growth." USAID Women in Development. 2008.

Women's Empowerment in Ethiopia. Pathfinder International Ethiopia. 2007.