Cotacachi's Health Matters

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(This issue is VERY long. Please take your time and enjoy the complete contents)

This issue of "Cotacachi's Health Matters" is dedicated to Lee Ann Rice. Lee Ann was a beloved member of the expat community here in Cotacachi. She lived her life at warp speed, and to those of us left behind, that seems to be how she died. I know I wasn't the only one who was charmed by her *joie de vivre*. She was well loved and will be missed. Please consider this poem as our small memorial to her.

Do not stand at my grave and weep. I am not there I do not sleep.I am a thousand winds that blow. I am the diamond glints on snow.

I am the sunlight on ripened grain. I am the gentle autumn rain. When you awaken in the morning's hush I am the swift uplifting rush

of quiet birds in circled flight. I am the soft star-shine at night. Do not stand at my grave and cry. I am not there-- I did not die.

Attributed to Mary Frye

Lee Ann's death brings into focus the need to assess the level of health care service here and our expectations in the expat community. She had certain advantages over many of us here in that she had a caring extended family, some of whom are bi-lingual.

Lee Ann's untimely passing raises questions about the overall effectiveness of health care services in Cotacachi; this would be true no matter if this event was in the US or any other developed country.

In this issue and subsequent ones, we address questions that may apply to you right now. It is our intention to present reliable information that may help to avert a crisis before it happens. One purpose for this newsletter is to provide you with information about forms of alternative health care you may be unfamiliar with as well as educate you about more mainstream choices here in the local area (Ibarra - Cotacachi - Otavalo) and how to access them.

We hope you enjoy the process. Please don't hesitate to contact us or the contributors who choose to make themselves available to you if you have questions. Lezley

And the Survey Says…….

Mary Grover

In the last issue we published the first survey, which had to do with health insurance in Ecuador. There are 160+ people on the email list and we received 7 survey responses. Here is a summary of the response information:

Do you have health insurance? no – 2 yes - 2

"I do not have health insurance right now and there are a couple reasons. One is financial. The other reason is that the cost of care here is so low that I am hoping I can cover any necessary expenses relatively easily myself."

"It's not really in my budget right now."

"I do have Medicare in the US, but I have no insurance that covers me in Ecuador"

"Catastrophe" insurance.

"I have kept my Medicare in the US."

Type of insurance – Cruz Blanca –

Cost: Under age 65 - $48.00 per month
Over 65 - $135.00 per month

Drawback: Can only use in Quito at the moment, but they might be building an office in Ibarra in the future. The first several years of coverage you are only covered for the most basic procedures. Coverage increases with the length of time you've had the insurance.

Positives: "It is quite inexpensive and if something serious happens, a "catastrophe" for example, I want to be in Quito, not Ibarra."

If you knew more about the available options, would you purchase health insurance?

"Might get it after I get my visa.

"I would be interested to know more about other insurances available in Ecuador. We used to have IESS insurance and after an incredibly horrific experience with them, we quit!"

"Not right now."

"I do not have health insurance, mostly because medical care seems so inexpensive and I have not gotten around to spending more than a few moments researching insurance. I do plan to purchase insurance."

"No"

"I would be very interested in finding out what would be available to me here in EC."

I hope this survey data is food for thought! If you have comments about this survey or would like to suggest topics for future surveys, send a message to CotacachisHealthMatters@gmail.com

For those of you interested in obtaining IESS health insurance, Dan Delgado is someone who can help walk you through the process that can at times be cumbersome and complicated. Dan can be reached at dandelgado86@gmail.com

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"IF YOU DON'T TAKE CARE OF YOUR BODY WHERE WILL YOU LIVE?"

Lezley Suleiman

ANONYMOUS is the well known author of the above quote. (I wish I could claim it.) It speaks to a dilemma many of us face. Answers abound. Among them: *"my doctor says"; or "Obamacare will..."; or "my kids think..."; or "I could move to Ecuador where I hear they would be happy to take care of me".* These responses are inadequate, and avoid the real question(s). They dispose of the responsibility too conveniently. A common presumption is to think, *"Someone else will take care of me somewhere."*

In an age when taking personal responsibility for your own health can be seen as 'self- diagnosing' or (heavenly days!!) 'self-medicating', we are encouraged to believe only those in authority (ie. our doctors and medical system) are qualified to understand our bodies.

WWII marks the era when we switched from holistic treatments to drugs and knives. This has emerged alongside the rise of the AMA. The results are mixed. Many are confused by the ever - morphing and challenging information that surfaces regularly regarding diet, exercise and drugs among other conundrums. Chaos reigns!

How do we determine the best path through the maze of mis/dis information?One route is to consider your body your best friend; one who has innate wisdom. Don't disregard that. It's self - defeating to constantly chastise, criticize, and dominate it.

Learn to love where you live...begin with your body!In closing, we advise against being *Clueless in Cotacachi!!*

Emergency Medical Services in Cotacachi;

A Primer for Expats

Russ Reina

About forty-five years ago a quiet revolution began in the United States. At that time people were dropping dead on the streets, getting involved in horrendous accidents or suddenly finding themselves in excruciating distress and without anyone to turn to but untrained neighbors and family.

Emergency medicine at that time was practiced in a few University hospitals. Equipped with only a stretcher and an oxygen bottle, ambulances were no more than slightly modified hearses. If, with luck, anyone arrived at the scene of an accident or medical emergency to help, it was likely just an “ambulance driver”, untrained to provide anything but the most rudimentary of interventions.

What changed is that the US, along with most of the “developed” world, deemed it a good thing for non-physician lay people or nurses to be trained in First Aid to be able take action in an emergency. The American National Red Cross (ANRC) spearheaded a move to teach First Aid basics to the general population. Often, the application of very simple techniques can make the difference between life and death.

It was out of this movement that the Volunteer Ambulance Corps grew, which formed the backbone of emergency medical transportation in the U.S. Scattered about were municipal services, hospitals, and Armed Forces facilities. Within just a few short years standardization of services and education became the norm and ambulance services of all types sprang up. Few communities remained uncovered.

By 1980, through most of the U.S., you could dial 9-1-1 and have an ambulance with a highly trained crew at your door within 10 minutes. You would then be stabilized at the scene and carefully transported to a nearby facility equipped to handle almost any life-threatening emergency.

That was thirty-three years ago, in 1980. We have yet to see that quiet revolution happen in Cotacachi.

The picture I’m trying to paint, without disparaging the local services here

which I'll report on shortly, is that <u>you had better start thinking about your emergency medical preparedness right now</u>. If you wait until something happens it's possible you will be traumatized beyond your injury.

I was one of the first Mobile Intensive Care Unit Paramedics in the U.S. and lived through the transition from 'nobody knows nothing' to 'there's always someone here to help!' (1973 to 1985). As such there's something important I have to share with you: How the precious minutes surrounding the onset of an emergency are handled by people and caregivers on the scene can make the difference between a prolonged, painful recovery and a smooth path to the restoration of health. That recovery includes support for the loved ones trying to offer proper help as well.

Here, in Cotacachi, it is YOU who must take responsibility for the initial emergency care of your loved ones. This is not because there are sub-standard services here but because, like Forest Gump's box of chocolates, you never know what you're going to get.

If a country does not have nationwide standards of emergency care, no segment of it can be accused of being sub-standard. Comparing EMS in Ecuador with the U.S. is completely unfair. Let's put emergency care in Cotacachi in perspective in terms of the differences you can expect. You have to start with the overall system, beginning with medical training.

In Ecuador, this is the training that physicians go through: *In the first two years, basic sciences. In the third and fourth years, the clinical phase, a combination of theoretical and practical classes. The fifth year is called* Externado*, because you have classes outside and inside the hospital and work there. The sixth year is called* Internado Rotativo*, and you are called an* intern*. That is because you are practically living in the hospital. You are hired by the hospital, receive a salary and are considered hospital staff.* (paraphrased from http://globalmedicine.nl/issues/issue-7/studying-medicine-in-quito-ecuador/)

From there you are assigned to a Rural Hospital (Public Health Sector), which includes the facility here in Cotacachi. There are no "permanent" assignments which means the system here has a moveable cast of characters manning the fort. At some hospitals it cannot be guaranteed that a physician will be on duty 24/7.

According to *Andean Health Development*, an educational center seeking to raise the standards of care in Ecuador (http://www.andeanhealth.org/about-2/page-

3/residency-nurse-training-program/) “Physicians and nurses working in the public sector are generally hired straight from medical school with little or no hands-on training. It is AHD’s vision to transform this system of medical training.”

During their last year (in some cases more) in training the medical student’s exposure to emergencies is typically limited to a short-term rotation through the emergency room. The new doctor is assigned to the hospital as a whole and will not pursue a specialty in emergency medicine until after their Public Health service.

Cotacachi does have experienced doctors on staff. In town there is an OB/GYN and also a Surgeon. Their hours actually AT the hospital, however, are varied and limited and they are not always in town. Sometimes, the Public Health doctor will have more experience than recent graduation from medical school, and there are usually experienced nurses on duty at the hospital. The important thing to consider, however, is that you cannot count on a consistent level of trained personnel available to you in the event of an emergency.

BEFORE YOU GET TO THE ER

Actual treatment of emergency situations does not start at the hospital, however. That is the end point. Getting to the right hospital, especially in Ecuador, is of utmost importance, yet, **how** you get to the highest level of treatment available can literally make the difference between life and death.

Back “home” (generically describing most expat’s point of origin, the “developed” world) you had a series of safety nets designed to provide you maximum support in the event of a medical or traumatic emergency. You could usually access services within seconds. Here are some contrasts between what was available to you at home vs. what is available to you in Cotacachi.

#1) NO functional/dependable/universal Central Dispatch here.

At home, dialing 9-1-1 would get you to trained personnel who could identify the problem and the appropriate agency to send to help you. If you were in a critical situation the Dispatcher would be able to help you by ‘talking you through’ the crisis until help arrived. If you weren’t sure from whom you needed help, Dispatch would figure it out.

The Dispatcher would locate the nearest appropriate crew and send it to your location from the Police, Fire or Medical units available depending on the circumstances. In medical emergencies, most often the closest unit would be a

Fire Dept. vehicle with personnel trained to intervene on a basic level until the arrival of an ambulance with its advanced level of intervention.

Although there is a 9-1-1 system by name, it is not really functional here yet. Many emergency vehicles come through here with “Dial 9-1-1” stickers on them which leads you to believe you have access, but as far as Cotacachi goes, THERE IS NO CENTRAL DISPATCH!

There is no one trained to talk you through an emergency. If you need assistance you need to know that it is either fire related, of a medical nature or needing Police intervention and call the agency **directly** yourself. If you think you’ll luck out and get someone on the line who speaks English you are living in Fantasyland. **If you have a serious, ongoing medical condition, get its details translated into Spanish, printed out and easily available now.**

Here are the phone numbers for emergency help in Cotacachi:

1. FIRE (BOMBEROS): 2915-102 Cell-062915102 Fire is for Fire only: They cannot provide medical assistance or protection. THEY NO LONGER HAVE AN AMBULANCE AT THEIR STATION. It is now at the hospital.

2. HOSPITAL: 2915-118 CELL: 062915118 The Hospital is who you call for an Ambulance for emergency transportation to the local Hospital or Ibarra. You do have the choice. (More below).

3. POLICE: 2914-400 Cell-062914400 If you register your cell or home phone and location at the Police Station, by just hitting “5” the Police are immediately dispatched to your HOME. (More on this next month)

#2) Don’t expect the ambulance to be able to find you.

Don’t know if you’ve noticed but a house-numbering system for Cotacachi is inconsistent at best.

It is important to minimize delay in the event of a medical emergency. Post a card or sheet of paper, using DETAILED INSTRUCTIONS IN SPANISH WITH LANDMARKS WHEREVER POSSIBLE, of how to get from the hospital to your location. This will need to be read slowly to the appropriate agency AND THEN REPEATED BACK TO YOU. Be sure it is in open view in your house or apartment.

#3) Count on Ambulance personnel for TRANSPORT only, NOT intervention

Back home when an ambulance is called, either there is one cruising in the area or there are numbers of sub-stations placed around the county where medics await calls. The typical goal of Emergency Medical systems is to have an ambulance at the scene within about 6 to 8 minutes of receiving the call, MAXIMUM!

Systems are set up such that if a town's ambulances are tied up on calls, a neighboring town's ambulances will be "moved up" to a position where both towns can be covered. If the ambulances in Cotacachi are busy, there is no backup.

At home, when the ambulance arrives on scene it is staffed by trained professionals and fully equipped to handle up to an advanced level of emergency stabilization of medical or traumatic emergencies prior to transport to the hospital. Most U.S. based systems also send fire trucks which arrive on scene first. Usually, the medics will take the time to begin treatment on scene and once the patient is stable, move on to the hospital.

In Cotacachi, if you find it necessary to call for an ambulance you must first call the hospital. I've been told that there are "quarters" at the hospital for a Chofer to sleep. However, it has been reported to me that in at least one recent urgent case (3 a.m.) an ambulance was in the ER parking lot but there was no Chofer available to drive it. Therefore the people concerned had to make arrangements on their own.

I was not able to ascertain if these personnel are all uniformly trained in basic First Aid, to open the airway or stop bleeding. I would imagine some are. My point is, you shouldn't count on it.

If one ambulance is tied up, theoretically there is a Chofer on-call. The ambulance is in the parking lot of the hospital. The Chofer is at home or wherever he is (I am not aware of female personnel), on call. He has to get ready (out of bed at night), leave home, get to the hospital, unlock the gate, hop in the ambulance and respond to your location.

My guess is if you set your sights on a one-hour response time you may actually find yourself pleasantly surprised. I have heard of faster response times, but all in all it's a function of having all the proper elements fall into place at the right time.

#4) You MAY find a Physician and Nurse responding to your emergency and other plusses!

I'm relaying as best I can what you can count on, but let's just say anything could happen with EMS response here.

The system has an interesting PLUS to it. If there is more than one physician on duty at the Cotacachi Hospital and one is available, he/she will go to the scene of a true emergency with a nurse and the ambulance Chofer.

The large, new van here in town is equipped with some advanced technology that the M.D. can use if necessary along with basic intervention equipment. Once again, it is highly limited and there is only that one ambulance in town so equipped.

It's fair to say that you cannot expect a doctor and/or nurse to show up at your emergency. The immediate needs of the hospital will come first. The appropriate thing to do would be to call and ask if a doctor, nurse and ambulance are available.

You DO, however, have the option to request transport directly to the province's primary facility in Ibarra or any of the private hospitals there. To the best of my knowledge, if you enter the country-supported services the ambulance ride is free and the same holds true for any of the Ibarra hospitals. I'm not sure about clinics there.

It is my suggestion that you do a little personal research (ask around) and have a Destination ER chosen in advance for your loved ones.

#5) Don't expect more than one person to respond and anticipate access to only the most basic of equipment for intervention.

Back home, a bare minimum of two trained personnel in an ambulance would be dispatched to emergencies. Functioning on at least an Emergency Medical Technician level, they would also likely have a lot of cross-training in such things as scene management, extrication, moving the distressed patient safely. You are not likely to have that luxury here. You have no idea what a difference it makes to have two trained people available to work with you in an emergency unless you've done the work.

You will have an extra set of hands to work with and a vehicle to move you and not much more unless there happens to be more highly-trained staff available at the time of your crisis.

My point is you need to start preparing now to consider such things as who

amongst your circle will take responsibility to be the Eagle Eye, the Watch Dog and the Scene Manager to make sure the stricken person is handled properly and transported safely.

Another important point: The Ambulance from the Bomberos is now being used by the hospital. It is a small van. If it is the only unit available to send to you and you're a tall gringo you're not going to be comfortable on the ambulance gurney (wheeled stretcher). This lack of space for movement significantly limits the ability of the medics on board to intervene in multiple-patient incidents as well.

You'll need two people to lift the gurneys used here. One on either side, squat grab and lift it into the back of the ambulance. Once again, this is something you have to be ready to face. You'll need to arrange for people to help you on-scene.

OF UTMOST IMPORTANCE: The primary (new) ambulance here IS equipped with an AED. AEDs are Automated External Defibrillators (http://en.wikipedia.org/wiki/Automated_external_defibrillator).

IN THE EVENT OF A LOVED ONE LOSING CONSCIOUSNESS WITH NO BREATHING OR PULSE -- WITH OR WITHOUT SIGNS OF HEART ATTACK:

A) Make sure the patient's airway is open and not obstructed

B) Call the Hospital IMMEDIATELY and have an ambulance dispatched to your location

C) BEGIN CHEST COMPRESSIONS, do not worry about breathing for the patient

D) DO NOT THROW THE PATIENT INTO A CAB OR CAR AND TRANSPORT YOURSELF. WAIT FOR THE AMBULANCE (and AED) TO ARRIVE

E) After application of AED and/or continued compressions or even upon the patient's regaining consciousness BRING THE PATIENT TO THE LOCAL HOSPITAL FOR STABILIZATION (explanation below)

I would also like to suggest that you do your own personal research on the use of Aspirin immediately in the event of a person showing signs and symptoms of heart attack or stroke and have it on hand.

<<I have an Insider's Secret for you. In all the years that EMS has been around in the U.S. as I described it, the ONLY intervention in the event of

sudden cardiac arrest that has been clinically proven to make a substantial difference in survivability (not the drugs, not the O2, not the CPR, etc.) has been Defibrillation. That is where a heart rendered ineffective due to disrupted electrical activity is literally electro-shocked back into a functional rhythm.

The fact that the ambulance here has an AED is a literal Godsend. Don't turn down the gift! But I must caution you, there's no guarantee they will work or the ambulance that arrives has one.>>

Anyone, even a child, can apply an AED. They are designed to interpret the electrical activity of the heart, decide if it's critical and then issue the appropriate shock to the heart through electrodes and repeat if necessary.

MAKE SURE YOU DO NOT SHY AWAY FROM USING THE SERVICES HERE IN A CRITICAL EMERGENCY IF YOU ARE NOT PREPARED TO HANDLE IT YOURSELF.

#6) The local emergency room is highly limited.

Here, I will speak in terms of "off-hours". That is to say out of the realm of 8:00 a.m. to 6:00 p.m. The reality is, however, that there is no such thing as regular operating hours. For example, the only physician on duty could be part of a critical ambulance transport to Ibarra. In addition, the Nurse left on-duty has no emergency experience, or the needs of a patient in the hospital take precedence. This could be any time of day!

Ours is a 16 bed hospital. Functionally that means staffing is highly limited. There are a number of local doctors (specialists) on call but they would have to respond from their homes or offices. There is an Operating Room but no Intensive Care Unit. Any sort of advanced diagnosis goes on at the Regional Hospital in Ibarra for anything needing more than minor care. This means that the emergency room does NOT have extra personnel to draw from on-site if a rash of medical or traumatic injuries develops.

A person walking into the emergency room from the outside goes to a waiting room and sits until someone comes through the heavy door to usher him/her in. There is no 'triage' (reception/ evaluation /admission) desk. You don't know if anyone is there, who they are, if they can help or when they'll even come through the door.

On admittance to the small three gurney room with curtained dividers between

them, you will be evaluated and treated within their resources. Count on excellent care for run-of-the-mill emergencies such as falls, cuts needing stitches, eye-washes etc. The hospital is set up to handle you for an overnight stay.

In rural areas like Cotacachi, the goal of emergency treatment is to use available resources to stabilize the patient for transport. Options include on scene treatment or transporting to the closest facility though the resources may be at a minimum. The next phase of treatment could be a transfer to a better equipped facility, possibly in Quito. If you can avoid bouncing the patient around without jeopardizing his/her stability, do so.

Here is a review of the level of emergency care available in Cotacachi in the event of a cardiac related episode.

You cannot count on the level of experience of the doctor on duty. You do not know if the equipment will work in the moment of your need. Even in a best case scenario our local hospital is equipped with what are called '3-lead' cardiac monitors only.

These were what I used in my ambulance in 1980. They allowed me to review an image of the electrical activity of the heart as recorded from three different angles. They allowed me to see the broad electrical activity of the heart and any 'dysrhythmias' or disruptions in electrical activities that were treatable by drugs I carried, or by defibrillation. Whereas the monitors I used had a "print-out" function, where I could read and measure the heart-beat complexes (allowing me to provide the ER doctor with information regarding the choice of drugs, for example), the monitors here only show fading complexes on a screen.

Three-leads were used in the field for essential, immediate intervention in life-threatening rhythms but were useless for diagnosis and management. The next step up from that were '12-lead' electrocardiogram machines through which the physician could diagnose the problem and the damage, anticipate other complications and more easily set a long-term recovery plan. The hospital my ambulance served was set up for all of this.

The Cotacachi hospital has 3-lead monitors, no 12-lead machines and, once again, it is difficult to anticipate the doctor's ability to interpret the info. They do have pain medications that can be administered, which could have an effect on the comfort level of the patient en-route to another hospital.

At home your emergency rooms are equipped with what are called 'Crash Carts'. They are typically wheeled Craftsman ™ Tool Cabinets standing five feet tall and

three-feet wide. They hold drawers and cabinets packed with emergency gear. You'll find monitors and fifty + different drugs and airways and oxygen advanced intravenous equipment along with everything you need to begin surgery NOW! They also stash more drugs and 'Bag Masks', suction machines and essentially anything that you need on hand immediately to handle the secondary aspects of life and death situations (after initial treatment by ambulance personnel) whether traumatic or medical.

In the Cotacachi emergency room I was shown a four drawer (each personal fishing tackle box sized) cabinet, one of which held about fifteen different drugs, most in vials; a second held intravenous equipment and IV fluids; the third laryngoscopes and endotracheal tubes; and the fourth more airways and a "Bag-mask". There is also an AED, ready to go (but not always!). This is less than half of the equipment I carried in my ambulance back in 1980, and everything I had I was able to use.

The value of a fully-equipped Crash Cart is that "one size fits all" does not apply to emergency situations. In critical moments you need many options to choose from whether it be the drugs you can use or the size of an airway or IV. Remember, this ER is equipped to handle the needs of the Native populace, not the expats who differ physically from them.

CONCLUSION

You must be prepared to manage all the details surrounding the immediate stabilization of the patient directly after the insult and make sure they get to the appropriate emergency room safely. It can involve the local ambulance but be prepared to take a cab to Ibarra-- one-half hour or more away!

CRITICAL INFORMATION: There is ZERO value to speeding from here to the hospital. You are seeking "Steady and Smooth" to minimize further trauma to the patient. The amount of time saved between here and there would be no more than a few minutes and the risk – especially on these roads with local drivers – is not worth it. It has been statistically shown there is negative benefit to speeding and in the U.S., for the most part, even ambulances don't speed any more.

If you draw an experienced doctor in Cotacachi you may receive care comparable to a Paramedic Ambulance back in the States. However, a transition will still need to be made to move the patient to a better equipped

facility in Ibarra.

If there is any doubt whatsoever that the patient would survive a half-hour trip to Ibarra (or you're not ready to take that responsibility) the next level of care after the incident would be right here. But if the emergency can wait even an hour without jeopardizing your patient, go for Ibarra.

In anticipation of a potential medical/traumatic emergency, the time to figure out the steps you'll take to get a stricken individual safely from the scene to an appropriate hospital is NOW.

(NEXT INSTALLMENT: Medical information gathering, organization and translation and using alternate forms of transportation)

Russ Reina has been a resident (jubilado) of Cotacachi since May. He is a writer/artist/performer/musician who has majored in the healing arts since 1969. He was one of the first paramedics in the United States and spent a substantial chunk of his life articulating his experience which can be found in his non-fiction account of working on the edge of life and death: **Moments in the Death of a Flesh Mechanic…a healer's rebirth** available through Amazon and at http://www.russreina.com

In the event you are amidst a medical or traumatic emergency and need help deciding on the next step to take, do not hesitate to call Russ at 098-175-1683, knowing he is NOT a licensed physician, has no Ecuadorian certifications and can only provide advice up to the level of his experience.

This is the first installment of what will be a series of articles covering various aspects of available emergency services here in Cotacachi and adjustments expats may need to make to living in Ecuador.

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Friendly Bacteria

(The author of this article wishes to remain anonymous but adds that he/she is board certified in Holistic Medicine, practiced alternative medicine, homeopathy and energy medicine.)

"Everyone has a doctor in him or her. We just have to help it in its work. The natural healing force within each one of us is the greatest force in getting well. Our food should be our medicine. Our medicine should be our food." -- Hippocrates

Dangerous toxins surround us and have doubled in the last 6 years. Almost

everything that we breathe, eat, drink or wear can contribute to toxic buildup in our bodies. Man- made toxicity has become epidemic and includes: nuclear radiation, vaccines, antibiotics, non-polar fats, fungal toxins in grains, body care and cleaning products. Solvents form web like cocoons in our tissues. Pharmaceutical and body care products cause chronic toxicity and inflammation. Radiation fallout from Fukushima's nuclear power plants has spread across North America and aging nuclear power plants in the USA are leaking tritium into water tables. This has caused sick seals, polar bears, tainted seaweed and fish, mutations in dandelions, fruits and vegetables. Toxicity is much worse in the northern hemisphere, but we all carry significant toxic burdens and experience symptoms of liver and gallbladder dysfunction.

So, detoxification programs have become a mainstream vehicle to restore health. But, why are the results inconsistent, and often lead to an increase in symptoms and a decline in quality of life?

The answer: friendly bacteria.

Genetic analysis shows that our GI tracts are home to more than 100 trillion individual micro-organisms; but more than 90% of the cells in our bodies are non-human. These are predominantly friendly bacteria that form a diverse and complex eco-system. We are actually hybrid super-organisms. Friendly bacteria are critical to human health, food digestion, human cell nourishment, and without a sufficient supply, organ detoxification is impossible.

Human cells get their primary nourishment from friendly bacteria that function as nutrient factories. A reduction of friendly bacteria in both soil and human eco-systems through the use of chemicals and antibiotics has led to unhealthy digestion, loss of natural fermentation, deficient human cell nourishment, and a buildup of toxins. This causes chronic inflammation and a cascade of symptoms/diseases from chronic fatigue to cancer. Environmental manmade chemicals have a toxic positive ionic charge that cause nonstop inflammation and chronic immune dysfunction that leads to cancer, fibromyalgia, insomnia, anxiety, brain fog and depression.

Since friendly bacteria outnumber human cells 10 to 1, meaning only 10% of cells in a human body are human cells, they play a critical role in our health. Without friendly bacteria we are unable to nourish our human cells, digest our food, maintain immune function or produce enough bile to package up all the toxins that we ingest, and try to eliminate through various detox programs that involve cleanses, fasts, juicing, herbs and dietary changes.

Liver cells cannot make ample bile when our good friendly bacteria cells are killed by chlorine and fluoride in tap water, pesticides in food, air pollutants, fake sweeteners,

GMOs, antibiotics, prescription medications and mold in grains. The result of reduced bile production is depression, mood swings, and anxiety.

Thus, we need to view friendly bacteria as close allies that nourish and detox human cells. This vast network of cells produces a goldmine of nutrients, anti-toxin, anti- infective, anti-inflammatory and anti-cancer agents. Our goal should be to restore and nourish friendly bacteria in our GI tracts and improve bile production to prevent reabsorption and mobilization of toxins into deep lymphatic channels.

Human health may improve with the following:

4. Restore friendly bacteria after any antibiotic treatment and before starting any other detoxification program.

5. Buy foods low in mold, rancid fats and irradiation.

6. Probiotic supplements – this is a complicated topic as many of the commercial yogurts and health food store supplements have inadequate amounts or improper ratios of friendly bacteria.

7. Consume fermented whole foods such as sauerkraut, cultured vegetables, milk kefir, kombucha, miso soup and tempeh. www.immunutrition.com

8. Avoid bottled and tap water.

9. Consume organic raw salads to cleanse the bowel and restore friendly bacteria habitat.

10. Avoid sweets, processed fruit juices and sugar as they reduce bile flow and detoxification.

11. Avoid toxic body care products, fragrances, GMO foods, food additives, and refined foods.

12. Eliminate pasteurized dairy, margarine and commercially prepared mayo.

Take these steps slowly, poco a poco. You are more likely to stick to any new regimen the more gradually you incorporate it into your life. You are also less likely to experience the (almost) inevitable ‘healing crisis’ which is the feeling that your health is actually getting worse as your body starts to dump toxins into your bloodstream for elimination. That can be a discouraging result of your body actually healing itself. Here in Cotacachi we are blessed with good resources for alternative information to support you in your quest for better health. And the climate is such that wonderful healing fruits and exotic veggies abound.

Guanabana is one example. And while good organic produce isn't an automatic, it is available with a little research. Right now is a good time to start. If not now, when?

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Chiropractic—Science in Service to Humanity; Humanity in Alignment with Nature

Tom Pool

Imagine a huge textile mill in the Carolinas. Like a scene from Norma Rae, there are thousands of spindles, hundreds of looms, miles of wiring and steam pipes and scores of people working around the clock making cloth.

Now imagine a repair crew slipping in to replace every brick, every board, every pipe and pane of glass—one at a time—while the factory continues to turn out bolt after bolt of fabric. The factory never closes down and the neighbors never notice that, at the end of a year, the entire factory is brand new.

Deepak Chopra wrote in Quantum Healing, "…98% of the atoms in your body were not there a year ago. The skeleton that seems so solid was not there a year ago...the skin is new every month. You have a new stomach lining every four days, with the actual surface cells that contact food being renewed every five minutes. The cells in the liver turn over very slowly, but new atoms still flow through them, like water in a river course, making a new liver every six weeks."

Throughout all those changes, and without your awareness ever being engaged by the fact that there are changes happening, YOU remain. If you change your clothes, if you change your address, if you change your cells, you are still you. The reason this year's model looks so much like last year's can be summed up in one word—intelligence.

Somewhere there is something that KNOWS who and what you are and makes sure that the work crews put all the right parts in all the right places as they continuously and completely reconstruct you.

Every cell in your body is alive and intelligent. That intelligence manifests in those cells' ability to process food, perform cellular activities (stomach cells producing acid; heart cells contracting rhythmically; bone cells processing calcium and other minerals into hard, weight-bearing matrix, etc.),

reproduce…and communicate their needs and status to each other.

I don't know if it is still true, but no more than 20 years ago most of the research being conducted on cancer around the globe was being done using the cervical cells of a woman who died in the '50s. There is an award winning book about her called The Immortal Life of Henrietta Lacks. Even though she has been out of circulation for more than half a century, the individual cells are still doing their thing.

My teachers and mentors insisted that the difference between a living person and a non-living one is the organizing intelligence in each of us that coordinates and oversees that intercellular activity and communication. Chiropractic has always referred to that overseer as Innate Intelligence.

Like every communication system, a clear signal to and from both ends is essential for proper function. If your cell phone is breaking up during a call with a friend, you may find yourself at the wrong restaurant on the wrong day. Or rushing to your friend's place only to discover she said she was making stew, not suffering from the flu.

Chiropractic claims that miscommunication between mind and body creates lack of coordination among the parts that can lead to dis-ease and suffering. It is the chiropractor's job to locate areas of breakdown in communication, and restore the parts' connection to the whole, to Innate Intelligence.

Researchers like Dr. Candace Pert, the discoverer of the opiate receptor in the brain and author of Molecules Of Emotion: The Science Between Mind-Body Medicine, have demonstrated a communication channel among the mind (psyche), the nervous system (neuro) and the immune system (immuno) that creates one overarching network of control and coordination (and a new field of study known as Psychoneuroimmunology, usually referred to by the abbreviation PNI) within each of us.

Chiropractic sees the nervous system as the most "solid" part of that PNI network, therefore the most easily accessed to correct communication errors within the mind-body. Since the spinal column is the most likely place for interruptions in communication to occur, that is where chiropractors focus their attention.

Just over a century ago, D.D. Palmer adjusted a misaligned vertebra in the spine of Harvey Lillard, and the art and science of chiropractic was born. What many people don't realize is that Mr. Lillard didn't suffer from low back pain or headaches—he was deaf. The result of the treatment was that he regained his hearing.

Chiropractic is concerned with “unkinking” the wiring—not just straightening the spine-- but alignment with Innate Intelligence.

Watching commercials on television could lead us to believe Innate Intelligence isn’t capable of taking care of us, that we cannot be healthy or happy on our own, and only through the miracle of pharmacology, can we be young, strong and beautiful. (I actually heard a researcher insist we should be thankful we were born in an age of pharmaceuticals and technology—that previous generations were doomed to horrible deaths because they were born too soon!)

We are told that our problems stem from antacid deficiency or antidepressant deficiency—or that our children are dealing with Ritalin deficiency, and we get headaches because of aspirin deficiency. Steven Pressfield, author of The Legend of Bagger Vance, formerly worked as a copywriter in an ad agency. Pressfield says his boss encouraged him to invent a disease because “we can sell the hell out of its cure”.

It is chiropractic’s contention that our major problem is “intelligence deficiency”, and that restoring the connection of the parts with the whole is a viable way of restoring wholeness.

After all, the English root of the word “health” is the same as for the words “whole”, “holistic”, “ and “holy”.

Chiropractic is a way for you to become and remain in contact with the full organizing power of the Intelligence that created you and the universe; the Intelligence that mends your broken bones or your broken heart; the Intelligence that gets you (and keeps you) in line with your purpose; and creates pain, symptoms and dis-ease when you get out of alignment with it.

Tom Pool is a retired chiropractor currently living in Cotacachi.

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Physical Therapy Services in Cotacachi

Mary Grover

If you are ever in need of physical therapy services, there is an office beside the public pool that is located to the left of the Municipal Soccer Stadium at the top of the hill on 10 de Agosto. After your health care provider writes the order for physical therapy, simply take the written order to the physical therapist’s office and they will set up a plan of care for you. The first appointment costs $5.00 and all subsequent appointments cost $2.00. The order doesn’t have to be written by

someone from Cotacachi. Your doctor can be in Ibarra or Quito and you can get your physical therapy here. This physical therapy office is one of the services offered by the municipal government. Please keep in mind that the office staff does not speak English.

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My Emergency Room Experience

Mary Grover

Several Sundays ago I cut my finger while working in my garden. It was a small cut, but it was deep and it was a gusher. I knew immediately that I'd need a few stiches, so off to the emergency room of Hospital Asdrúbal de la Torre (the Cotacachi Hospital) I went! Although I was a Peace Corps volunteer there for 2 ½ years, I had never had reason to avail myself of their services.

When I arrived at the ER waiting room, there were 3 or 4 other women waiting ahead of me. They told me that someone would be out soon to get me checked in. After waiting for about an hour the door finally opened, someone slipped out and left the door open. I took this opportunity to enter and see if there was someone I could tell that I was there. After waiting another 10 minutes or so, a nurse saw me sitting at the desk. I told her I had a cut finger and she immediately waved me back to the treatment area. (In the interest of complete transparency, I have to say that the nurse was someone I knew from being a hospital volunteer.) I told her that there were other people waiting who had been waiting longer than I had, but she said my cut had priority. The emergency room doctor had been dealing with a very sick infant at the time and that is why they hadn't been attending to the people in the waiting room.

Within the next 20 minutes or so, they assessed my finger, injected local anesthesia, sutured the wound, gave me Ibuprofin and antibiotics (that I ended up not taking) and I was on my way.

All in all it was a good experience, as far as ER experiences go! For something minor, like a cut finger, I can recommend the local hospital instead of making a trip to Ibarra. It is a place to go for **first aid**. If you ever have reason to go there, just make sure you knock/pound on the door to let them know you are there! The ER is located around the side of the hospital on Calle Luis Moreno between Pedro Moncayo y Bolivar . The ER is open 24/7.

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Ecuador's Healthcare System…A Primer for Expats. By Donald Murray

This article, which has a similar title to Russ Reina's article that is presented above, was recently posted on the Cotacachi Expats Facebook page. (The similar titles are a complete coincidence……great minds think alike!) Some of you may have seen it there. The article deals with Ecuador's healthcare system and upcoming changes. The author, Donald Murray, has given his permission for a link to the article to be included in this issue. Donald lives on the coast of Ecuador in San Vicente. Please click on the following link to go to the article that is posted on Donald's webpage:
http://donaldmurrayecuador.com/ecuadors-healthcare-systema-primer-for-expats

Cotacachi's Health Matters: Who Are We?

Mary Grover – Mary worked for many years in the US as a Family Nurse Practitioner and a Certified Nurse Midwife. She came to Ecuador in 2009 as a Peace Corps volunteer and was a Community Health Volunteer in the Cotacachi Hospital until 2012. She decided to stay in Ecuador!

Lezley Suleiman - Lezley has been studying alternative health for 30 years. This includes growing and drying herbs in endless gardens, creating teas, taking classes in alternative therapies, making tinctures and using her kids as guinea pigs! They were always the healthiest kids in the neighborhood despite the nasty stuff they swallowed. They have since graciously forgiven her.

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We would like to include an apology and a correction to the last issue of CHM. Nelly Solarzano is the co-owner of Prana with her husband, Xavier. I mistakenly referred to her as Minnie. I don't know where I came up with that one! I'm so sorry. Lezley

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We are always looking for contributing authors as well as comments and suggestions about the newsletter. Contact us at CotacachisHealthMatters@gmail.com **We love email !!!!!!**
Thanks to everyone who made this issue a possibility!