MABUHAY- A business-trip to North Samar /Philippines

Mabuhay means welcome or long life.

Both fit to the health center in Bugko / North Samar, which I visited with my boss in June 2016.

Samar is the third largest island of the Philippines, located South East of Manila, and is one of the poorest regions of the Philippines. To get there, you have to fly from Manila to Catarman, the capital and provincial government of North Samar. Bugko is a coastal village with about 7000 inhabitants.

Especially the East of the Philippines is often being hit by typhoons. In December 2015, half a year before our visit, a typhoon melted over North Samar causing serious damages.

Local people live mainly from agriculture and fishing. Their income is often insufficient. The population has little access to any medical care or cannot afford it. That’s the reason why there is the health center in Bugko, which was established eight years ago by a German nurse from Bonn and a Philippine Franciscan Sister. About 12.000 patients a year are treated there for free. They provide health care in emergency cases and for chronically ill patients and make health provision as well. The health center has a small pharmacy and a laboratory. Additional voluntary help is provided for some weeks during the year by doctors from abroad, e.g. surgeons, orthopaedists, general practitioners and dentists. Our visit was the first visit of an ophthalmologist in this area. There are ophthalmologists in Manila and one in Borongan / South Samar; both are too far away and it is too difficult to get there for the people living in Bugko.

The health center is supported by local helpers. They also helped us with our work. We had no idea what was waiting for us there. Our main intention was to get an impression about the situation and the ophthalmological need in this area.

We instructed our local helpers to do vision checks, to ask for an anamnesis, how to write it down as well as the handling of a slit lamp and a Schiötz tonometer.
During the ten days which we stayed there, we checked about 650 patients.

For six days I went to two local schools to do vision screening, especially checking the younger students (preschool and first graders), as I could not check them all due to the huge number of students. The examination included vision testing (Lea-Test 3m), a stereo test (Lang Test), an orthoptic examination (Cover Test, motility), and if needed a Brückner-Test. When the vision was lower than 0.7 the children had to come to the health center for a detailed examination.

Among our patients there were also strabological cases like Moebius syndrome, paralysis caused by a tumor, esotropia and exophoria with double vision.

The health center received lots of used spectacle frames from opticians in Germany. When people needed glasses we wrote down the values and they could choose a spectacle frame to bring it to the local optician. They are able to produce spherical glasses, however it is more difficult for them to produce cylindrical glasses.

Due to a low surgical and hygienic standard we were only able to perform simple ophthalmological surgery like the removal of pterygiums. Pterygiums occur more often over there than in Germany because of different environmental conditions.

The health center is constantly expanding. At the moment they are planning to build up a new surgery room in order to do Cataract surgery. Additional equipment is needed as well. Being able to do Cataract surgery would be a great improvement in this area and would prevent many people from blindness.

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