

# Short on supplies

## Tijuana hospital can't meet patient's needs

TIJUANA, Mexico (AP) — The 64 doctors at Tijuana General Hospital are among the best-trained in Mexico, but for want of basic medical supplies like surgical gowns and syringes, they are practicing little medicine.

From the outside, Tijuana General is eight stories of concrete and glass, among the most modern buildings in the developing Tijuana River area.

Inside, however, only emergencies are handled, and some 40 patients a day are turned away. Two life-threatening emergencies at once present a dilemma because the hospital has only one working monitor for vital signs.

Only two oxygen valves work in the emergency room, and autopsies can't be performed because refrigerators for preserving bodies are broken.

Private hospitals treat those who can pay or are covered by social security, but the federally funded hospital is the only source of medical care for the teeming border city's estimated 1 million poor.

It is also the hospital where Americans injured in accidents in northern Baja California are taken.

Tijuana General has been vastly undersupplied since it opened four years ago. But the problems have grown worse as a series of peso devaluations and falling oil prices have sunk Mexico deeper into debt.

"It's tough to see a patient that needs treatment and not be able to do anything," said Dr. Jaime Perez Mendez, a urologist and secretary of

the hospital's medical association.

Until mid-June, doctors brought their own supplies to the hospital. Because of this, Perez said, the government in Mexico City paid only lip service to repeated requests for

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equipment and supply requests. When the doctors stopped donating from their private practices, elective operations and consultations were halted.

The Mexican press called the action a strike, but Perez denied that.

"We are going to wait until the equipment is here," Perez said. "It's not that we don't want to work. We don't have the equipment to work."

Only half of the 250 beds are in service. A shortage of orderlies and nurses forces medical students to move patients from floor to floor.

Medical students from Mexico City are sent to Tijuana General for training.

"In two years, they are going to be out working like general surgeons," Perez said. "But they are not general surgeons. They do not have the right training because we do not have the equipment."

Throughout the hospital, the story is repeated.

In the intensive care unit, Dr. Jorge Astorga has little to do but see that bedding is changed and patients are made as comfortable as possible. The one monitor for vital signs in the ward is outdated and doesn't work.

Tijuana General has a CAT scan unit and an ultrasound device, both donated by San Diego hospitals, but neither works and the hospital has no money to get them fixed.

"We are getting help (from the United States)," Perez said. "But they send us things we don't need."

Perez stopped short of calling Tijuana General a dumping ground for such equipment, but he said he resents that the American hospitals receive a tax write-off for donating unusable equipment.

"It's not what we need," he said. "We need the basics."

An average of five or six Americans a month are hospitalized at Tijuana General, said Charles Neary, vice consul in the American Citizen Services section of the American Consulate in Tijuana.

Americans are afraid because they are in a strange environment, he said.

"They often refuse treatment and say they want to go home," Neary said.

Through an agreement with Mexican officials, he said, 90 percent of injured Americans are returned to the United States without hassle.

## 'Bridge to nowhere' surprises Oregon city

ASTORIA, Ore. (AP) — Critics dubbed it "the bridge to nowhere," a \$24 million, 4.1-mile boondoggle that would drain the pocketbooks of Oregon and Washington taxpayers for decades.

Twenty years later, however, more than a million vehicles annually traverse the Astoria Bridge over the Columbia River to reach somewhere, and the toll span is well on its way to paying for itself.

The bridge on U.S. 101 is regarded today as an important economic asset to this recession-plagued town at the mouth of the Columbia, and to the smaller towns to the north

that dot the Long Beach peninsula in southwest Washington.

"It has proven to be much more successful than they expected," says Jean Hallaux, who retired recently as a city planner for Astoria. "It's hard to criticize now."

The bridge, which filled the last gap in the scenic coastal highway between Mexico and Canada, replaced two ferries that slowly carried traffic between Astoria and Point Ellice, Wash.

The span was called the bridge to nowhere because it didn't connect Astoria to any like-size town on the north side of the river. The nearest

town as big as Astoria, population 9,800, is Aberdeen, Wash., about 60 miles north.

The moniker didn't sit well with most Astorians or residents of the Long Beach peninsula, many of whom saw their quiet coastal towns as unrealized tourist destinations.

Today, tourism has surpassed timber, fishing and shipping as the leading industry in Astoria during the summer, thanks in large part to the bridge, Bugas maintains.

In addition to more tourists, it has brought more Washingtonians, who are attracted by Oregon's lack of a sales tax.

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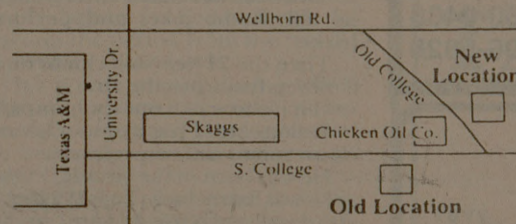
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