EL SALVADOR

CULTURAL COMPETENCY AND TUBERCULOSIS CONTROL

A Practical Guide for Health Professionals Working with Foreign-born Clients
GEOGRAPHIC LOCATION

- El Salvador is located in Central America.¹
- The capital is San Salvador.¹
- The country is bordered to the north and east by Honduras, to the north and west by Guatemala, and to the south by the Pacific Ocean.¹
- The country is divided into 14 departments (departamentos).¹
- **Departments:** Ahuachapán, Cabañas, Chalatenango, Cuscatlán, La Libertad, La Paz, La Unión, Morazán, San Miguel, San Salvador, San Vicente, Santa Ana, Sonsonate, and Usulután.¹

Note: The information provided within is an introduction only and does not characterize all individuals from this country.
OFFICIAL LANGUAGE(S):

- **Official language:** Spanish

- **Other languages:** In addition to Spanish, there are three other spoken living languages: (1) Kekchi (or Quecchí, Cacché) is a language of Mayan origin spoken by roughly 12,000 Salvadorans; (2) Lenca is spoken in the town of Chilango, located in the southeast region of the country. This language is nearly extinct and speakers are shifting to Spanish; (3) Pipil (or Nahuat, Nawat) is a nearly extinct language of Aztec origin spoken among the Pipil Amerindians. The Pipil originally lived in Western El Salvador.

ETHNIC GROUPS:

- **Majority:** 90% Mestizo (people of mixed Amerindian and European ancestry)

- **Minority:** 9% White, 1% Amerindian

DOMINANT RELIGION(S) WITHIN THIS COUNTRY:

- 57% Roman Catholic (2003 estimate)

LITERACY OF CITIZENS: Defined as persons ages 15 years and older that can read and write.

- Total population: 80.2% (2003 estimate)
  
  Male: 82.8%
  
  Female: 77.7%

MEDICAL SYSTEM:

- The Salvadoran health care system consists of three parts: The public health network is managed by the Ministry of Health (MOH):
  
  The public health system is responsible for providing services to approximately 85% of the country’s population, including those without steady employment. This system operates on three levels: (a) primary care delivered through health houses/units; (b) general hospitals; (c) specialty hospitals.

- The Social Security Salvadoran Institute (SSSI):
  
  The SSSI serves approximately 10% of the population, mostly those with steady employment.

Note: The SSSI is required to adhere to MOH guidelines.
(3) Private hospitals and clinics:

The private network serves those citizens (approximately 3% of the population) who are wealthy enough to pay for services out-of-pocket or who pay through private, individual, or general insurance.\textsuperscript{15,37}

\textit{Note: Approximately 2\% of the population receives health care through nongovernmental or charity organizations.}\textsuperscript{37}

- Many physicians work in the public sector part of the day and the private sector the remainder of the day.\textsuperscript{17}
- Salvadorans may prefer specialist care and will pay to consult specialists.\textsuperscript{15,23}
- TB services in El Salvador are predominately provided by the Ministry of Health and the social security system.\textsuperscript{18} The National Tuberculosis Program (NTP) is under the jurisdiction of the MOH.\textsuperscript{12,15}
  - Prior to 1996, TB patients in El Salvador were the responsibility of chest referral hospitals.\textsuperscript{15}

\textbf{MAJOR INFECTIOUS DISEASES WITHIN THE BIRTH COUNTRY:}

- \textbf{Vector borne:} malaria, dengue fever\textsuperscript{1-3}
- \textbf{Food or water borne:} hepatitis A, typhoid fever\textsuperscript{1,3}

\textbf{FERTILITY RATE OF WOMEN RESIDING WITHIN THE BIRTH COUNTRY:}

- 3.04 children born/woman (2008 estimate)\textsuperscript{1}

\textbf{RELEVANT HISTORY:}

- El Salvador experienced a civil war from 1980 until 1992; this war led to the displacement of 2 million citizens. Consequently, many Salvadorans immigrated to the United States or fled to refugee camps in Honduras.\textsuperscript{16,20}
- Today, approximately 30\% of the Salvadoran population lives abroad as a result of the civil war and natural disasters (i.e., earthquakes, hurricanes) that occurred throughout the 1980s and 1990s.\textsuperscript{16,19}
According to 2007 Immigration and Naturalization and US Homeland Security Data, individuals who became naturalized citizens from this country indicated the following top 10 states as their intended state of residence.

The percentage of the total number of legal permanent residents by state:

1. California – 47.4%
2. Texas – 12.4%
3. New York – 7.8%
4. Virginia – 5.0%
5. Maryland – 4.4%
6. New Jersey – 3.6%
7. Massachusetts – 2.3%
8. Florida – 2.3%
9. Nevada – 2.1%
10. Georgia – 1.3%

THE ESTIMATED NUMBER OF INDIVIDUALS FROM THIS COUNTRY EMIGRATING ANNUALLY TO THE UNITED STATES:

- According to data collected in 2000 by the US Census Bureau, approximately 655,165 individuals originating from El Salvador reside in the United States.4
- 21,127 persons from El Salvador obtained legal permanent resident* status within the US during fiscal year 2007.5
- The average number of persons from El Salvador who have obtained legal permanent resident status annually (1998-2007): 24,616.5

*Legal permanent residents are foreign nationals who have been granted the right to reside permanently in the United States. Often referred to simply as "immigrants," they are also known as "permanent resident aliens" and "green card holders."

THE ESTIMATED NUMBER OF INDIVIDUALS FROM THIS COUNTRY EMIGRATING ANNUALLY TO CANADA:

- 421 persons from El Salvador were granted permanent resident status within Canada during fiscal year 2006.7
- The average number of persons from El Salvador who became legal permanent residents of Canada annually (1997-2006): 467.7
- In 2006, Salvadoran immigrants granted permanent residence in Canada accounted for 1.2% of all immigrants originally from South and Central America and the US.7

THE ESTIMATED NUMBER OF INDIVIDUALS FROM THIS COUNTRY EMIGRATING TO COUNTRIES WITHIN THE EUROPEAN UNION:

- Statistics available through Eurostat (2006) indicate that the majority of Salvadoran immigrants to the European Union have migrated to Spain, Sweden, and Germany.8
### Tuberculosis Epidemiology

**Estimated Burden of Tuberculosis (2006):**
- **Incidence:** 50/100,000<sup>9</sup>
- **Prevalence:** 64/100,000<sup>9</sup>

**Reported Cases of TB (2006):**
- 1,644<sup>9</sup>

**Estimated Burden of HIV Infection (2007):**
- Estimated prevalence: 0.8%<sup>10</sup>
- **Low estimate (adults):** 0.6%<sup>10</sup>
- **High estimate (adults):** 1.5%<sup>10</sup>

*The WHO estimates 24,000-72,000 persons in El Salvador are living with HIV.*

**TB/HIV Co-Infection* (2006):**
- **Estimated co-infection:** 11%<sup>9</sup>

*HIV prevalence among incident TB cases

**Adults ages 15-49 yrs:**
- **Incidence:** 5/100,000<sup>9</sup>
- **Prevalence:** 3/100,000<sup>9</sup>

**Level of MultiDrug-Resistant TB* (2006):**
*Multidrug resistance is defined as resistance to at least Isoniazid and Rifampicin.

- **0.3% of new TB cases are multidrug-resistant.**<sup>14</sup>
- **7.0% of previously treated TB cases are multidrug-resistant.**<sup>14</sup>

**Standard TB Drug Treatment/TB Medications Readily Available for the Treatment of TB in This Country:**

- **R or RMP or RIF =** Rifampicin or Rifampin
- **H or INH =** Isoniazid
- **Z or PZA =** Pyrazinamide
- **E or EMB =** Ethambutol
- **S or STM or SM =** Streptomycin
- **Et =** Ethionamide
- **CIP =** Ciprofloxacin
- **P or PAS =** p-aminosalicylic acid

In El Salvador, the National TB Program uses the following regimens:<sup>37,38</sup>

- **Category 1:** 2HRZE/4H3R3
  - For new smear-positive cases, new smear-negative cases with chest X-ray abnormalities, persons with severe HIV disease, and severe extra-pulmonary TB.
• **Category 2:** 2HRZES6/1HRZE6/5HRE3  
  – For persons with previously treated smear-positive pulmonary TB (including relapse, treatment failure, and patients who return after defaulting from treatment).

• **Category 3:** 2HRZ/4HR3  
  – For persons with smear-negative TB and less severe extra-pulmonary TB.

**TB CONTROL/DOTS COVERAGE:**

- According to the World Health Organization, 100% of the country’s citizens are covered by DOTS (2006 estimate).  
  – In 1997 when the DOTS strategy was initially implemented in El Salvador, specialist physicians who managed TB patients were reluctant to follow NTP guidelines, primarily due to disagreement with NTP recommendations and lack of awareness of the DOTS strategy.  
  – The DOTS strategy was gradually extended and has now reached 100% of patients since 2001.  
  - El Salvador has achieved a 92% cure rate, according to data drawn from a review of El Salvador’s MOH national health reports, bilateral and multilateral international organizations, and nongovernmental organizations working in El Salvador (2000-2006).

**TB MEDICATION AVAILABLE AT NO COST THROUGH TB PROGRAM:**

- Yes  
- No  
- Information Not Found/Unknown

**TB MEDICATIONS AVAILABLE ONLY THROUGH NATIONAL TB PROGRAM:**

- Yes  
- No  
- Information Not Found/Unknown

**TB MEDICATIONS AVAILABLE THROUGH PRIVATE PHARMACIES WITH A PRESCRIPTION:**

- Yes  
- No  
- Information Not Found/Unknown

**USE OF BCG VACCINE:**

- Yes  
- No  
- BCG is administered at birth.

**Approximate percentage of the population that is covered by the BCG vaccine:**

- 78% coverage (2007 estimate, WHO/UNICEF)

**NICKNAMES/COMMON NAMES FOR TB:**

*Note: No nicknames or common names for TB were found in the literature.*
COMMON ATTITUDES, BELIEFS AND PRACTICES RELATED TO TUBERCULOSIS

GENERAL COMMENTS:
• Between 1990 and 2001, most TB patients in El Salvador were from the districts with the largest cities: San Salvador, Santa Ana, and San Miguel.  
• In El Salvador, TB treatment default is common. Factors influencing adherence and treatment default include: prolonged treatment regimens, multiple medications, medication side effects, and patients’ misunderstandings of the need to continue medications when they are no longer symptomatic.  
• In some areas of El Salvador, MOH workers (public health system workers) are not well trusted or respected. This mistrust stems from: (1) a lack of basic medical equipment and an inconsistent supply of medications; (2) limited hours of operation; (3) lack of adequate staff; (4) short training periods for staff; (5) a perception that public health workers only provide care for children and pregnant or breastfeeding mothers; and (6) a perception that staff favor their friends and relatives with medication and care.  
• Salvadorans believe well-being and good health are influenced by family, supportive friends, religious groups, work opportunities, as well as good air, sleep, and a balanced diet.

Common Misperceptions Related to TB Etiology/Cause:
• TB is caused by life’s desarreglos (“disruptions”).  
• Misperceptions of health and illness in general:  
  – In rural areas, Salvadorans tend to view health and health outcomes (living vs. dying) to be “in God’s hands”.  
  – People from rural areas may be superstitious and often blame illness on being “witched” by an enemy.

Common Misperceptions Related to Disease Transmission:
• Sharing food  
• Sharing clothes with a TB patient  
• Shaking hands, touching, or hugging a TB patient

Note: These misperceptions are becoming less common in El Salvador.

Misperceptions Related to Diagnostic Procedures:
Note: No information concerning misperceptions specific to the procedures or tests used to diagnose TB was found in the literature.

CURES/TREATMENTS THAT MAY BE USED:
• For a productive cough/bronchitis, Salvadorans may use steamed eucalyptus leaves.
• To treat a dry cough, rural Salvadorans may ingest a syrup made from boiled mango leaves, ginger, anise, and eucalyptus.25

• To treat illnesses in general, persons from El Salvador may seek cures from:
  – Leftover medications from previous illnesses23
  – Herbal teas23
  – Religious or cult practices23

Note: Salvadorans do not tend to challenge a physician’s diagnosis; however, patients may use home remedies to complement physician prescribed treatments. Physicians in El Salvador are generally accepting of this supplementation.16,25

MISPERCEPTIONS RELATED TO TREATMENT/MEDICATIONS:
• When individuals self-treat an illness, antibiotics are often viewed as essential.23
  – In El Salvador, antibiotics are widely available for purchase, and leftover antibiotics obtained to treat previous illnesses are often used.23
• Salvadorans perceive most medications to be more readily available at health centers and hospitals as well as less costly, in comparison with local pharmacies.23

USE OF TRADITIONAL HEALERS:
• Curanderos (spiritual healers)16,24,25
  – Curanderos practice the Indian tradition of brujería (natural healing) and are considered to have mystical powers. Curanderos may perform rituals or prescribe the use of spices and herbal teas.16
• Gente que soban (massagers)16,24,25
• Salvadorans in rural areas may seek out “witches” to cure them of spells.36

Note: Salvadorans, especially those in rural areas, tend to supplement Western treatments with cures/treatments available from traditional healers. Physicians in El Salvador generally do not oppose a patient’s use of these treatments as supplements to prescribed treatments.16,25

STIGMA AND STIGMATIZING PRACTICES SURROUNDING TB IN THIS COUNTRY:
Note: No information concerning stigma or stigmatizing practices specific to TB was found in the literature.

IMPORTANT TUBERCULOSIS EDUCATION POINTS:
• Assess clients’ knowledge of TB; prepare to provide basic/general information.
• A number of Salvadorans immigrate without following proper legal procedures. Assure patients that a diagnosis of TB is not a cause for deportation. Discuss confidentiality policies.
• For persons who might be reluctant to undergo PPD testing because of having been vaccinated with BCG, explain how the BCG vaccine is different from other childhood vaccines and why a person with BCG can still become ill with TB, prior to placing the skin test.
• Emphasize the need for, and reasons why, TB medications must be taken even when symptoms resolve.
  – For persons diagnosed with LTBI, emphasize the rationale for preventive therapy, despite the absence of symptoms.
• Assure patients and family members that the care and services available through the clinic are good, and that the staff members are well trained to help them.
• Salvadorans consider well-being and good health to be influenced by family, supportive friends, religious groups, work opportunities, as well as good air, sleep, and a balanced diet. When explaining the importance of treatment adherence and DOTS, it may be helpful to acknowledge the benefits of fresh air, rest, good nutrition, and social support.27

COMMON ATTITUDES, BELIEFS AND PRACTICES RELATED TO HIV/AIDS

GENERAL COMMENTS:
• In El Salvador, sexual contact is the predominant route of HIV transmission. 84% of HIV cases are sexually transmitted, and 76% are the result of heterosexual exposure.24
• Counseling and HIV testing are available in El Salvador, but these services are primarily concentrated in the capital San Salvador.29
• In 2002, El Salvador expanded the provision of antiretroviral therapy. Approximately 86% of ART coverage for adults is provided through the social security system, and 11% through the MOH.29
• According to a WHO report published in 2005, the first-line antiretroviral drug regimens employed in El Salvador are:29
  – For adults: zidovudine + lamivudine + efavirenz (or nevirapine)
  – For pregnant women: zidovudine or nevirapine
    Second-line regimen for pregnant women: zidovudine + lamivudine + efavirenz (or ritonavir)
  – For children: zidovudine + lamivudine + efavirenz (or ritonavir)

COMMON MISPERCEPTIONS RELATED TO HIV/AIDS ETIOLOGY/CAUSE:
Note: No information concerning common misperceptions specific to the etiology/cause of HIV/AIDS was found in the literature.
COMMON MISPERCEPTIONS RELATED TO DISEASE TRANSMISSION:

- Kissing on the forehead
- Kissing on the mouth
- Shaking hands with someone
- Donating blood
- Being bitten by a mosquito

Note: These misperceptions are more common among the elderly, less educated persons, and persons living in rural areas.

MISPERCEPTIONS RELATED TO DIAGNOSTIC PROCEDURES:

Note: No information concerning misperceptions specific to procedures used to diagnose HIV/AIDS was found in the literature.

CURES/TREATMENTS THAT MAY BE USED:

Note: No information concerning cures/treatments that may be used for HIV/AIDS was found in the literature. For general cures and treatments, see "Cures/Treatments that May be Used" in the "Common Attitudes, Beliefs and Practices Related to Tuberculosis" section.

STIGMA AND STIGMATIZING PRACTICES SURROUNDING HIV/AIDS IN THIS COUNTRY:

- In El Salvador, HIV/AIDS is associated with “inevitable death, homosexuality, and punishment for immoral behavior”.
- People living with HIV/AIDS may be called *una sidosa* (a bearer of AIDS).
- In El Salvador, the HIV/AIDS epidemic is somewhat concealed. Family members of someone who has died of AIDS may keep the diagnosis secret, for fear of negative repercussions.
- HIV-infected individuals in El Salvador may be socially isolated by others. For example, they may be shunned or cut off by neighbors, lose their jobs, or their children may be expelled from school.
- In some Salvadoran hospitals, AIDS patients may be identified with a “Patient with AIDS” sign hanging over their bed. Family members of a person who dies from AIDS may be forced to clean the body themselves, before being given permission to remove the body from the hospital.

IMPORTANT HIV EDUCATION POINTS:

- Assess clients’ knowledge of HIV/AIDS; prepare to provide basic/general information.
- Discuss stigma and concerns related to discrimination.
- Surveys conducted in El Salvador indicate many women have limited knowledge related to reproductive health. Be sure to discuss family planning and reproductive health.
CULTURAL COURTESIES TO OBSERVE:

• Shaking hands is the most common way of meeting and greeting in El Salvador.33
  – Rather than offering a firm handshake, a light grip is customary.
  – Customarily, handshakes in El Salvador last longer than handshakes in other countries.
  – Rather than shaking hands, some individuals from El Salvador may merely nod upon
    meeting a person.

Men Greeting Women

Men should wait for a Salvadoran woman to extend her hand first.33,34

What to Say

• Buenos días (good morning) and buenas tardes (good afternoon) are proper greetings
  while shaking hands.16

Note: Salvadorans tend to dislike when people speak loudly, so be sure to speak softly.33,34

• Titles denote respect and are very important to individuals from El Salvador. Titles
  should be used particularly when addressing an elderly person. Address people by their
  title and last name unless invited to do otherwise.33
  – Señor (Mr.)
  – Señora (Mrs.)
  – Señorita (Miss)

• A Salvadoran professional may be addressed by a title alone, for example:33
  – Doctor (physician or PhD)
  – Abogado (lawyer)
  – Profesor (teacher)

FAMILY:

• In El Salvador, most people live with extended families of two or three generations,
  especially in rural areas.16

• In some rural areas of El Salvador, marriage — while considered a religious sacrament —
  is not practiced. Long-term partners are referred to as compadres (partners).16
The country's civil war and high unemployment rate have changed the traditional Salvadoran family. Men often leave the country in search of work. Entire families may also move to find seasonal work. Each member has a vital role in supporting the family.16

**NAMES:**

- Similar to many Hispanics, Salvadorans use their father's surname followed by a surname from their mother; however, only the father's surname is used when addressing a person.33

**CULTURAL VALUES:**

- People are generally punctual for medical appointments.24,36
- The manner in which physicians or other healthcare professionals address a patient can convey either respect or disrespect. Immediately initiating a physical exam, or writing a prescription after asking only one or two questions, may be perceived as disrespectful of the patient.
  - Greetings generally involve making inquiries about a person's health and his or her family. A brief greeting may be interpreted as disrespectful or thoughtless.33,34,35
  - If possible, allow time for friendly conversation during encounters with clients from El Salvador. Polite topics of conversation include family, jobs, and culture.
- To get a conversation started you might discuss;16
  - El Salvador's tropical vegetation, which includes more than 200 species of orchids.
  - Popular sports, especially *el futbol* (soccer), basketball, and baseball.
  - In El Salvador during holidays or festivals, city streets are closed and artists decorate the streets using dyed sawdust, colored salt, and flowers.

*Note: Avoid mentioning El Salvador's civil war (1980-1992) or the current political situation in El Salvador.*16,33,34

- Appearance is important in Salvadoran culture. A well-groomed appearance and neat clothing (i.e., ironed, clean) make a good impression.16,33

**COMMUNICATION PATTERNS (VERBAL AND NONVERBAL):**

- Salvadorans are expressive – using body language, hand gestures, facial expressions, and enthusiasm in order to complement their verbal communication.16,33
- In business situations, good eye contact is important.33,35
- To beckon someone, Salvadorans will extend their arm while wiggling their fingers with the palm of their hand facing towards the ground.33

The following gestures may be considered inappropriate or offensive to a patient from this country:

- It is considered impolite to raise your voice to someone during a conversation: doing so may be interpreted as a sign of anger.35
Avoid standing with your hands on your hips: doing so may also be interpreted as a sign of anger.\textsuperscript{34}

Avoid pointing your fingers at someone.\textsuperscript{33}

Yawning in public is considered rude, especially during conversation. If you must yawn or cough, cover your mouth.\textsuperscript{33,34}

\begin{itemize}
\item Diet and Nutrition:
\item Popular Salvadoran foods include rice, beans, tortillas, \textit{tamales} (a type of corn dumpling wrapped in banana leaves), \textit{pupusas} (corn tortillas stuffed with either meat, cheese, or beans), eggs, fried plantains, and a variety of tropical fruits.\textsuperscript{16,24,36}
\item Generally Salvadorans eat three meals a day. The main meal is \textit{almuerzo} (lunch) and usually includes soup, rice and beans, a meat dish (chicken, pork, beef, fish, seafood), salad and fruit. Dinner is similar to lunch but with smaller quantities.\textsuperscript{16}
\item Preferred drinks include coffee, hot chocolate, fruit drinks, and \textit{borchata} (a drink made from ground cocoa, cinnamon, sesame seeds and Morro seed). Common alcoholic drinks include light beers and \textit{Tic-tac}, a type of \textit{aguadiente} (liquor made from sugarcane).\textsuperscript{16,36}
\end{itemize}

\begin{itemize}
\item Miscellaneous:
\item Salvadorans tend to have a high tolerance for pain and discomfort.\textsuperscript{24}
\end{itemize}

\textit{Note: When providing patient education, be sure to clearly explain which medication side effects and symptoms should be reported without delay to TB program staff. Explain who to contact as well as how to contact these staff members.}

\section*{Translated Educational Materials Available Through the World Wide Web}

\textbf{Tuberculosis Specific Materials (Titles Provided in English)}

\textbf{Brochures and Fact Sheets}

\textbf{General disease information}

\begin{itemize}
\item Active TB Disease:
\texttt{http://www.health.state.mn.us/divs/idepc/diseases/tb/factsheets/activespan.pdf}
\end{itemize}

\textbf{Diagnostics}

\begin{itemize}
\item The Tuberculosis Skin Test:
\item The TB Skin Test (Mantoux):
\texttt{http://www.health.state.mn.us/divs/idepc/diseases/tb/factsheets/tstspan.pdf}
\item Instructions for collecting a sputum sample for diagnosis of TB:
\texttt{http://www.health.state.mn.us/divs/idepc/diseases/tb/factsheets/sputspan.pdf}
\end{itemize}
Explanation of contact investigations

• **TB Contact Investigations:**

Treatment

• **Pills to Prevent TB for You and Your Family:**

• **Treatment for Latent TB Infection (LTBI):**

TB/HIV

• **TB & HIV: A Dangerous Partnership:**
  http://www.healthyroadsmedia.org/spanish/Files/pdf/SpaTBHIV.pdf

• **What’s the TB/HIV Connection?:**

Audio visual materials

• **You Can Beat TB:**
  http://www.doh.state.fl.us/disease%5Fctrl/tb/Educational-Materials/AV/avgen.html

• **TB and HIV Connection:**
  http://www.doh.state.fl.us/disease%5Fctrl/tb/Educational-Materials/AV/avgen.html

• **The Facts About TB:**
  http://www.doh.state.fl.us/disease%5Fctrl/tb/Educational-Materials/AV/avgen.html

• **You Can Prevent TB:**
  http://www.doh.state.fl.us/disease%5Fctrl/tb/Educational-Materials/AV/avgen.html

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**HIV/AIDS SPECIFIC MATERIALS (TITLES PROVIDED IN ENGLISH)**

BROCHURES AND FACT SHEETS

• **HIV Facts:**
  http://www.health.state.ny.us/diseases/aids/docs/hivfactsspanish.pdf

• **Reasons to Get an HIV Test:**
  http://www.health.state.ny.us/diseases/aids/docs/0233span.pdf

• **What you need to know about HIV & STDs:**
  http://www.health.state.ny.us/diseases/aids/docs/0248span.pdf

• **100 Questions about HIV/AIDS:**
  http://www.health.state.ny.us/diseases/aids/facts/questions/docs/100questionsspanish.pdf

*Please note that this resource list is not exhaustive and does not represent all the resources available for this subject. Additional TB educational resources may also be found at www.findtbresources.org*
REFERENCES


37. Dr. Francisco Castillo, National Program for Tuberculosis and Respiratory Infections, Ministry of Health and Social Security. (Personal Communications May 9, 2008 and September 16, 2008).

Staff–to–Staff Tips and Insights
Do you have experience working with clients who were born in this country?
Share your insights with your colleagues.