

Experiences in Popular Education in Sandinista Nicaragua

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When I arrived in Nicaragua, I found a health system based on the integration of the people into both health care management and operations. Somehow I felt I at home. I came from the town of Corrientes, Argentina. In Corrientes I was used to seeing people whose expertise in health care was socially accepted despite the fact that it did not come from scientific research or a university career.

In my hometown of Goya, I knew the bone setter and the healer of stomach-cramps. They were both accepted members of the community and offered their services freely. They saw them as gifts. Later, as a doctor in the swamps of Ibera, I learned to work with people who had similar characteristics. Usually well regarded in their own community, they were always at risk of being persecuted since their healing activities took place outside of the law. To my great surprise when I arrived to Nicaragua, these healers were not harassed for the knowledge they possessed. Rather, it was quite the opposite; they were encouraged to better their skills. Thus, it did not seem strange for me to share my healthcare duties with volunteers and midwives. I would like to relate some of these very beautiful and personally enriching experiences.

The first contact I had with a midwife in Nicaragua was in 1980, at a workers' campsite on the "La Fundadora" coffee plantation. At that time the finca, once owned by Somoza, had been reclaimed as public property. One night I was called upon to attend a young woman at the campsite who was about to give birth to her first child. There were complications.

The local midwife was caring for her. The shed was really nothing more than a wooden box in

which the coffee pickers were sheltered. Here, by the light of a flickering candle, I saw the midwife who told me:

"Now that you've here, I'll be off."

I answered quite naturally:

"But why? Between the two of us we'll make a better job of it."

I then observed the massages and remedies she used while, almost at the same time, I went through the necessary medical maneuvers. The child was born, mother and son were tucked in together, and I sat down to talk with the midwife.

Later that year, and the next year, and the one after that, I participated in training courses conducted by the more experienced midwives. Healthcare personnel taught them about asepsis, antisepsis, and vaccination against neonatal tetanus. But what they taught us was much more than what we could teach them.

The courses were practical and took place in the atmosphere of a social gathering. We used rag dolls to simulate newborns. In these reunions we shared information about the use of herbs, massage, and infusions to relax the mother-to-be. Many of the midwives told stories of the children they had helped bring in the world. Many of these children were to die later, victims of poverty or the war.

I felt accepted by these women who lent their services without charge. The Ministry of Health designed a clinical chart and a referral system for these midwives. It was based purely on drawings and used plates with illustrations these women helped design. They showed, for example, a pregnant woman with swollen feet or vaginal bleeding. Each picture exemplified a pathology that both doctors and midwives were well acquainted with.

When a pregnancy under the watch of a midwife

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encountered some difficulty which required the presence of professional or a visit to a health center, the midwife generally remained with the woman. She would also take along the image corresponding to the problem so that it could be included in the clinical record of the case.

When the military situation, the mines, and the fighting allowed it, we met once a month with the midwives around Cua Bocay. These were large meetings, involving between 20 and 50 women. We discussed the problems and experiences that had occurred in their practices. Since the women came from different areas, we shared news. We always began the meeting with a presentation prepared in advance with the midwives and health teams. By the afternoon there was some dramatization or a drill to practice what had been discussed. It was common that these meetings lasted two days. They ended at dusk with an energetic singing of the revolutionary FSLN anthem and the swapping letters or other items for neighbors of nearby townships. Sometimes we used holidays (July 19, November 8th) for these meetings. If they took place on a weekend, the reunions became opportunities for the people around the area to come into the town and celebrate. One night we would host a dance. The Ministry of Health paid for the travel and food expenses and if we needed to stay overnight we found a way to arrange it. However, it wasn't easy to host these reunions. Cua was a small village without any comforts. There was no running water, for example. Moreover, transit was made difficult by land mines and permanent combat in the area. Simply finding a mattress was already a complicated business.

The health promoters (*brigadistas de salud*) were, like the midwives, members of the local community who engaged in volunteer work. They were not required to have previous healthcare experience. However, one could easily ask: "What is not related to health?" Health promoters were members of cooperatives. The cooperative had commissions for health, work organization, and education. When there was a training course for health promoters — to participate in the National Vaccination Campaigns, for example — an invitation was sent to the cooperatives and they

decided who would attend the course. The courses lasted for a month and the trainees needed be in Cua. Usually they could visit their homes on the weekends, the military situation permitting. It was the cooperative's responsibility to support the promoter's family and take over any chores of production as well as defense. The month was intensive but when it was over, the work did not finish. Promoter also had a monthly meetings and a 15 days intensive training every four months.

The preparation of health promoters was more complex and demanded more effort on the part of the trainers. The trainee might be a man or a woman, aged anywhere from 12 to 100. What mattered was their commitment to the community and to the revolution. Many of these promoters had just learned to read. They wrote in large, clear letters, often incorporating pictures. The training sessions drew on their own experiences, life circumstances, even their dreams. We talked a lot about land reform; they were all from lands recently nationalized. The teaching was always related to practical matters, everyday life; games were a usual part of the learning process, the use of the body, dramatizations, singing, more singing, and a lot of dancing.

I dealt with the midwives and promoters as an equal. We used the same codes. We wanted the same things. We had different background knowledge but we shared what we knew.

The four priorities of the revolution were: healthcare, schooling, land reform, and an agricultural bank where the farmers could receive credits. As representatives of the revolution, health care workers were targets for the "contra". In the zone where I worked, El Cua - Bocay, there had been 38 rural teachers killed. Twelve health care workers also died: promoters, nurses, doctors and midwives.

The priority of the government was to create health clinics throughout the territory and make the health care system accessible to all. The main problem was how to operate health centers given the lack of doctors and nurses. At that time 50 doctors per year graduated from the University of Leon. Thus, it became necessary to create nursing schools in the capital of each province as well as new

medical schools and universities. But more importantly, it was also necessary to modify the mentality of those healthcare professionals who hadn't migrated because of the revolution.

When I arrived in 1980 to the VI Regional Office, many doctors from the fincas held positions as regional officers. They told me that during the Matagalpa insurrection all the medics went up on their roofs and fought there using their modern hunting weapons. These doctors represented the upper middle classes who wanted Somoza out. They thought that once the dictator was expelled they would have a government dominated by the bourgeoisie which would look after *their* interests. While a few things might change, everything would pretty much stay the same. When the FSLN (*Frente Sandinista de Liberación Nacional*) won, at first, it was all smiles. But, by the time I arrived the situation had changed. A doctor, whose last name was Padilla, approached me. He was a white, tall man who had studied in Argentina; the people from Matagalpa referred to him as *Che*.

"Look here... They go around saying that the workers and farmers will take power! And they believe it! Afterwards, they are going to start demanding things."

He was, of course, one of the doctors who left for the USA.

The most common diseases in the region were diarrhea, malaria, malnourishment, tuberculosis, and childhood diseases such as bacterial pneumonia, tetanus, polio, and measles. Suddenly a disease appeared which was familiar to everyone. It is typical of jungle-inhabiting peasants: leishmaniasis. Over night there were thousands of cases. It seems that during the Somoza regime there was no leishmaniasis – by decree. Anyone coming to a health center looking for leishmaniasis treatment was assumed to have been in the mountains or in the jungle. Somoza's National Guard controlled the distribution of medicines. People with leishmaniasis were considered guerrillas and imprisoned. People treated themselves as best they could. Sometimes they were able to stop the infection and cauterize the wounds with a hot rod. Or they would burn the lesions with gunpowder. Sometimes the disease would progress and leave irreparable damage. Such

was the state of things until the revolution set up new health centers. Omar Cabezas speaks of this situation in his book "The Mountain is Something More than a Green Steppe."

The region's diseases were easily preventable. In 1980 a huge vaccination program began. Initially it was staffed by health care professionals. Later it would involve the participation of local promoters. From 1980 until 1990 my home in Matagalpa was a neighborhood vaccination center during these campaigns. They were organized through a CDS (Sandinista Defense Committee). In spite of my absences during the times I was in the war zone, the Vaccination Center still functioned. It was staffed by my neighbors whether I was there or not.

Promoters were trained in the health centers to carry out the first National Health Campaigns of 1981/82. This involved three vaccinations: diphtheria/tetanus/pertussis (*la triple*), polio and measles. In Matagalpa the promoters trained at the "Che Guevara" epidemiology laboratory and in various places such as schools, health centers, associations (such as AMNLAE, the Luisa Amanda Espinosa Nicaraguan Womens' Association), etc. Trainings took place each year before the campaigns. Each year there were more participants. Each year the campaign had to be rethought, given the fact that the country was at war.

All the health campaigns were fun. But this was particularly so for the campaign against measles and the consciousness raising campaigns. Benjamin Linder, one of the internationalists, was not only a professional engineer, he was a professional clown. We would paint red dots on him and then dress him in a sheet made up to look like a cape. He would ride around town on a unicycle pretending to be the measles monster. It was a great draw for both children and adults.

The promoters used the teaching materials we had prepared for each campaign, studying the handouts we provided. We had to base ourselves on the resources of the community because the health care system did not have much in the way of personnel. Besides, in the new society the idea was that the community should participate in health management.

It was unpaid, volunteer work. And doing it

required training. Trainings took place throughout the country: in schools, cafes, the FSLN training school. All were possible venues. The revolutionary government provided the study materials, beautifully illustrated guidebooks printed on newspaper stock, appropriate to the reality of the moment, well written, and printed with a font similar to that used in the literacy classes (in which many of the promoters just participated). In the mountain the training of the promoters lasted for a month. After that monthly meetings took place, where doubts and problems were shared and solutions found. This was a strategic change that took place in the war zone. A promoter could be anybody from age 12 to 100 but he was only accepted if he'd been chosen by his community for the purpose, be it a neighborhood in a city, a township, or a cooperative. Those who elected the promoter took into account his or her involvement with the community and their reputation. Each community had several promoters who carried their tasks out within the community. Novel strategies had to be developed to implement health programs; it was quite challenging to carry out these tasks in the middle of a war zone.

One of these programs dealt with tuberculosis and I later tried to implement it in Argentina. One of the worst things that can happen to a person convalescing from tuberculosis is to run out of medicine; it can lead to resistant tuberculosis. Before 1986 we trained popular leaders, not necessarily sandinistas, but those who had a clear influence on the community.

We would tell them:

“Look, when you get home to your town, there are three people who have tuberculosis. Take responsibility for the care of these compañeros.”

And thus we created supervised treatment:

“Visit them, making sure they take their medicine. Be their companion and tell them all you know about their disease. Give them hope.”

The war got in the way however. Patients could not get to the health center. The promoters could get to the center when there was a break in the fighting. Those who lived near the center could bring (sputum) samples to the center for analysis. A lot of care and responsibility was involved. The disease had to be defeated even in the midst of the war. The same was done with the leishmaniasis patients. And with those suffering from dengue or malaria. Between 1980 and 1990 the whole country was involved in the “Campaign to Control of Malaria.” I remember seeing a woman at the Jinotega Hospital who died because of hemorrhagic dengue.

That's how life was there. Death came by disease or in an ambush. That was everyday life during the war. I remember those years as ones of constant labour. But since I worked throughout Region VI, some of my memories are from here and others from someplace else.



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