

A CALL FOR COURAGE AND CAUTION

For health workers to stand up for the interests of the poor and to work toward changing the social causes of poverty, hunger, and poor health clearly involves a certain risk. The degree of risk will vary from country to country, and even from village to village.

For this reason, the openness with which health workers work toward social awakening and change, and the methods they use, need to be adapted to each local situation. For example, some of the village theater productions led by the Project Piactla team in Mexico (see Ch. 27) have resulted in attempts by local authorities to close down the villager-run health program. But in certain other countries in Latin America, health workers have been tortured and killed for doing less.

Unfortunately, countries where the health needs of the poor are greatest are usually the same countries where repression and violation of rights by those in control is most severe. These are the countries where leaders of the poor and those who work for social change are in greatest danger.

We urge planners and instructors of health workers, as well as health workers themselves, to move forward with their eyes wide open. Evaluate the possible benefits and risks of any approach or activity you consider, especially if it involves confrontation or conflict of interests. The risks of taking any particular step toward change need to be weighed against the risks of not taking that step: "How many people may suffer from repression if we take a stand on this issue? How many children will continue to die of hunger-related diseases if we don't?"

Before training health workers in a people-centered approach, be sure that both you and they carefully consider the range of possible consequences.

We have had to struggle with these same questions in making the decision in this book to speak openly about social issues affecting health. We know we are taking a chance—both for ourselves and for others who care about people as we do. We hope and believe that in the long run the benefits will outweigh the costs. But each person needs to consider the balance and make his or her own informed decisions.

We urge those planners and officials who share the vision of a healthier, more self-reliant future for the poor to welcome criticism and suggestions from those working at the village and community level. If you are involved in a nationwide program to train health workers, help to defend and preserve those small, independent, community-based efforts that already exist. Learn from their strengths and weaknesses, criticize them and seek their advice and evaluation of your own program. Variety is essential for comparison and improvement.

At the same time, we urge those working at the community level, whether in government or independent programs, to look for ways to help the 'voiceless poor' be heard and take part in decision making at the central level.

If those of us who share the vision of a more fully human future join hands and work together, perhaps 'health for all' will, in fact, someday be possible.

LIST OF ADDRESSES FOR TEACHING MATERIALS

To obtain a more complete list of addresses for ordering health education materials, write to the Hesperian Foundation or to TALC. Explain which health subjects, countries, and languages you are interested in.

For other publications mentioned in this book, see pages **5-2, 11-28, 12-4, 12-15, 13-1, 13-9, 16-3, 16-13, 18-2, Part Three-8, 22-20, 25-20, 25-25, 25-29, 26-32, and 26-36.**

The Hesperian Foundation.
1919 Addison Street, Suite 304
Berkeley, California 94704 USA

Health books in basic language, ***Where There Is No Doctor, Where Women Have No Doctor, Disabled Village Children***, and others, in English and Spanish. Also ***Hesperian Foundation News and Women's Health Exchange*** 4 times yearly.

APHA / Clearinghouse
1015 15th Street, N.W.
Washington D.C. 20005 USA

Mothers and Children, a quarterly health information newsletter in English, Spanish, and French.

World Neighbors / 4127 NW 122 Street
Oklahoma City, OK 73120-8869 USA

Soundings, a newsletter on rural development communications; many filmstrips and teaching aids in English and Spanish.

PAHO / 525 23rd Street, N.W.
Washington D.C. 20037 USA

Various materials in English and Spanish.

Save the Children Fund
54 Wilton Road, Westport, CT 06880 USA

Teaching materials in English and other languages.

International Women's Health Coalition
24 East 21st Street, 5th Floor
New York, NY 10010

Training course, teaching materials, and slides.

Teaching Aids at Low Cost (TALC)
P.O. Box 49, St. Albans
Herts., AL1 4AX, UK

Slide sets, weight charts, aids for weight charts (flannel-boards, etc.), free list of materials in English, French, and Spanish.

AHRTAG / 1 London Bridge Street
London SE1 9SG, England

Diarrhoea Dialogue, a newsletter about prevention and treatment of diarrhea. Other teaching aids about rehabilitation.

WHO / 1211 Geneva 27, Switzerland

Health Learning Materials newsletter, and other materials in English, French, and Spanish.

World Council of Churches \ CMC-Churches'
Action for Health

150, route de Ferney, C.P. 2100
1211 Geneva 2, Switzerland

Contact, a newsletter concerned with appropriate health care in English, French, Spanish, and Portuguese, and selected issues also available in Kiswahili and Arabic.

Freedom from Hunger Campaign
FAO/Action for Development
00100 Rome, Italy

Ideas & Action, a newsletter exploring problems and solutions found by rural development programs working at the local level. In English, French, and Spanish.

Kahayag Foundation /121 University Avenue
Juna Subd., Matina

Davao City 8000, Philippines

Slide shows and information about health and development problems; ***Mushawarah***, a women's newsletter in local Muslim language.

Voluntary Health Association of India (VHAL)
Tong Swasthya Bhavan

40 Institutional Area, near Quatab Hotel
New Delhi 110016, India

Flannel-board sets, books, flip charts; ***Where There Is No Doctor*** adapted for India, in English and local languages. List available.

Yayasan Indonesia Sejahtera

Unit PPSDM: P.O. Box 242

Jl. Tanjung No. 96, Karangasem Laweyan
Solo 57145, Indonesia

Vibro newsletter, in English.

Community Health and Integration Project
Dept. of Health Services,
Kathmandu, Nepal

Illustrated book, ***Community Health Leader Training-cum-working Manual***, available in local language and English translation.

Centre pour le Promotion de la Sante
c/o Dr. J. Courtejoie

Kangu Majumbe, Republique du Zaire

Excellent materials for village use in French; also some in English and local languages.

Atelier de Material Didactique

Busiga, B.P. 18, Ngozi, Burundi

Good flip charts and teaching plans in French and local languages.

ENI Communication Centre

Box 2361, Addis Ababa, Ethiopia

Educational packages and visual aids about child health and nutrition.

ENDA - COORCOM

54, reu Carnot, B.P. 3370,

Dakar, Senegal

Where There Is No Doctor in French.

Rotary Club of Dar Es Salaam

P.O. Box 1533, Dar Es Salaam, Tanzania

Where There Is No Doctor in Swahili.

African Medical & Research Foundation

Box 30125, Nairobi, Kenya

The Defender, a newsletter with ideas for health education methods, and an excellent series of rural health books in English.

Editorial Pax-Mexico

Av. Cuauhtemoc, 1434

Mexico 13, D.F., Mexico

Donde No Hay Doctor; other books and photonovels on nutrition, midwifery, family planning, in Spanish.

SEPAC

Apartado 57, Cd. Netzahualcoyotl,

Edo. Mexico, Mexico

Books and pamphlets on literacy, awareness raising, health, cooperatives, etc. In Spanish.

CIDHAL, A.C.

Apartado 579, Cuernavaca, Morelos, Mexico

Pamphlets in Spanish on basic nutrition, growing and cooking soybeans, women's health, sexuality, and menopause.

Maria, Liberacion del Pueblo

Apartado 128, CIVAC, Jiutepec, Morelos,

CP62500, Mexico

Monthly newsletter in Spanish written by local women. Topics include local and international politics, nutrition, recipes, women's rights.

ASECSA

Apartado 27, Chimaltenango, Guatemala

El Informador newsletter, pamphlets, posters, books, and filmstrips on health subjects and teaching methods in Spanish.

CEMAT

Apartado 1160, Guatemala, Guatemala

Pamphlets on many health subjects, latrines, medicinal herbs, acupuncture, in Spanish.

CISAS

Apartado 3267, Managua, Nicaragua

All types of excellent educational materials about health.

Centro Amazonico Limoncocha

Casilla 5080, Quito, Ecuador

Pamphlets on literacy, education, health, and agriculture, in local Indian languages.

Centro Andino de Comunicaciones

Casilla 2774, Cochabamba, Bolivia

Posters, flip charts, and books (**Guia de la Madre, Huertos Familiares**) in Spanish and Quechua.

Instituto de Estudios Andinos

Apartado Postal 289, Huancayo, Peru

Fine books on family gardens and nutrition.

Instituto Linguistico de Verano

Casilla 2492, Lima 100, Peru

Excellent books, pamphlets, posters, flip charts in local languages.

INCUPPO / Rivadavia 1275, 3560 Reconquista, Santa Fe, Argentina

Accion newsletter and various pamphlets on first aid, nutrition, and diarrhea, in Spanish.

Paulus Editora / Rua Francisco Cruz, 229

04117-091 São Paulo, SP, Brazil

Where There Is No Doctor in Portuguese.

Caribbean Food and Nutrition Institute

U.W.I. Campus, P.O. Box 140

Kingston 7, Jamaica, West Indies

Cajanus, a nutrition bulletin; other materials in English for the Caribbean.

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About Project Piaxtla and the authors:

Many of the ideas in this book came from a small community based health program in the mountains of rural Mexico called Project Piaxtla. This health program has been run and controlled by local villagers, some of whom have worked with the program since it began in 1966. The project has served over 100 small villages, some of which are 2 days by muleback from the training and referral center in the village of Ajoya. This mud-brick center has been run by a team of the more experienced local health workers, who trained and provided support for workers from the more remote villages. This book discusses details of selection, training, follow-up, and referral of the 2-month training course developed in Ajoya (see the Index).

Project Piaxtla began in an unlikely but very natural way. In 1964, David Werner, a biologist by training and a school teacher by trade, was wandering through the Sierra Madre observing birds and plants. He was impressed by the friendliness and self-reliance of the mountain people, but also by the severity of their health problems. Although he had no medical training, he felt that his scientific background and the people's resourcefulness and skills might be combined to meet health needs better. So, after apprenticing briefly in a hospital emergency room in the U.S., and painting bird pictures to raise money, he returned. David stayed for 10 years, until he was no longer needed. It seemed that the most helpful thing he and the other outsiders could do to allow the program to evolve further was to leave. So in 1976, the program changed and was run entirely by the local villagers, with no ongoing presence of outsiders or professionals.

In its focus of action, Project Piaxtla evolved through 3 stages: curative, preventive, and social. It began with curative care, which is what people wanted. In time, the central team gained a high degree of medical ability. Although most of the group had little formal schooling, they were able to effectively attend (or help the people attend) about 98% of the health problems they saw. Because of the difficulties in getting good care for persons they referred to city hospitals, the team made efforts to master a wide range of medical skills. These included minor surgery (including superficial eye surgery), delivery of babies, and treatment of serious diseases such as typhoid, TB, leprosy, and tetanus. (With the help of village mothers, who give the babies breast milk through a nose-to-stomach tube, they have been able to save 70% of the newborns with tetanus.) For severe problems beyond their capacity, the team slowly developed an effective referral system in the nearest city (see page 10-18).

The health team, having been trained by a visiting radiologist, was also able to take X-rays using an old donated unit. A basic clinical laboratory for stool, urine, and blood analysis was run by Rosa Salcido, who had never been to school. Several village 'dentists', headed by Jesus Vega, would clean teeth, extract, drill and fill cavities, and make dentures—at a fraction of what these services cost in the cities.

Even as curative needs were being met, however, the same illnesses appeared again and again. So people became more concerned with prevention. The team began programs of vaccinations, latrine building, nutrition classes, child spacing, and community gardens. But in time the people began to realize that even these measures did not solve the root causes of poor health—those relating to land ownership, high interest rates on loans, and other ways that the strong profit from the weak. So little by little, the focus of the health team became more social, even political. Examples of actions they took are discussed in the introductory section (Why This Book Is So Political) and elsewhere in this book.

The health team came to feel that its first job was to help the poor gain self-confidence, knowledge and skills to defend their just interests. But this was not easy. Among other things, the health workers had to re-evaluate their own approaches to teaching and working with people, to develop new methods that help persons value their own experience and to weigh critically for themselves what they are taught and told. Many of the learning methods and materials discussed in this book have been developed by the team and student health workers through this process.

Project Piaxtla's relationship with the government was mixed. When the village team became increasingly effective in helping people deal with illegal land holdings, high interest rates, corruption of local officials, and abuses by health professionals, local authorities made repeated attempts to weaken the program or close it down.

But Piaxtla also had its strong supporters—even within the government. Although the Health Ministry, in many ways, opposed the villager-run program, those in other ministries appreciated its value. The Ministry of Agrarian Reform contracted with the village team to train its first group of community health workers. The Ministry of Education—which has considered making 'Health' a full-time school subject—sought the advice of Martin Reyes, the Project Piaxtla coordinator. CONAFE, a government program that set up basic skills libraries in villages throughout the country, employed Pablo Chavez to help train village 'cultural promoters' in the use of ***Where There Is No Doctor***. (Pablo is the health worker who helped illustrate this book.)

Also within the Ministry of Health, Project Piaxtla had its friends. For years, the malaria control and vaccination programs cooperated with the village team. At first, things were more difficult with the tuberculosis program. The district chief refused to provide the health team with medications for those living too far away to make regular trips to the city health center. So a leader of the village team, Roberto Fajardo, went to Mexico City and convinced the head of the national program to give an order to the district chief to supply the team with medicine for proven cases of TB. In this way, the Project Piaxtla team began to affect government policy, making it more responsive to the needs of the rural poor.

The Ajoya team valued economic self-sufficiency. The part-time health workers from outlying villages also achieved this in their work. They earned most of their living by farming, and charged a small fee for services. Self-sufficiency proved more difficult for the team of coordinators in the training and referral center. However, they experimented with a number of income-producing activities: hog raising, chicken raising, vegetable gardening, fruit orchards, and bee keeping. These activities not only brought in funds, but helped improve local nutrition and provided examples of improved small-scale production. The team also charged a modest fee for services. Persons unable to pay could send a family member to help with the farming instead.

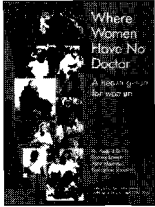
The village team came to feel that health workers from different programs and countries have much to share and learn from each other. The team was active in a regional Committee for Promoting Community Health in Central America. The committee's third international meeting was held in Ajoya. In this meeting, the number of professionals and outsiders was strictly limited, so that the health workers themselves could lead discussions and participate more easily. The Ajoya team also conducted a series of 'educational exchanges', inviting village-level instructors from health programs in Mexico and Central America to meet together and explore educational methods and materials. These 'exchanges' were valuable for gathering and testing many of the ideas in this book.

Project Piaxtla has evolved through trial and error, learning from both mistakes and successes. It struggled through many difficulties, many of which grew more severe as the team became active in defending the rights of the poor. The future of the project is as uncertain as is the future of the poor in Latin America.

Bill Bower, a North American who grew up in Venezuela, joined Project Piaxtla in 1974, just before outside volunteers were phased out from ongoing participation. Bill has a degree in human biology. He received training in community health in a special course taught by former Piaxtla volunteers, and also attended an alternative health training program in Mexico City. He helped the Ajoya team plan and organize health worker training courses and educational exchanges between programs. He played a leading part in preparing both the English version of ***Where There Is No Doctor***, and the revised Spanish edition.

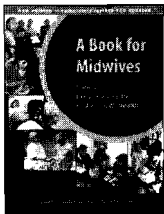
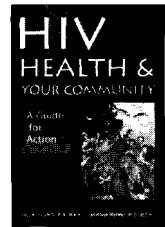
OTHER BOOKS FROM THE HESPERIAN FOUNDATION

Where There Is No Doctor, by David Werner with Carol Thuman and Jane Maxwell. Perhaps the most widely used health care manual in the world, this book provides vital, easily understood information on how to diagnose, treat, and prevent common diseases. Emphasis is placed on prevention, including cleanliness, diet, and vaccinations, as well as the active role people must take in their own health care. 512 pages.



Where Women Have No Doctor, by A. August Burns, Ronnie Lovich, Jane Maxwell, and Katharine Shapiro, combines self-help medical information with an understanding of the ways poverty, discrimination, and cultural beliefs limit women's health and access to care. An essential resource on the problems that affect women or that affect women differently from men. 584 pages.

HIV, Health, and Your Community: A Guide for Action by Reuben Granich and Jonathan Mermin is an essential resource for community health workers and others confronting HIV/AIDS. This clearly written guide emphasizes prevention and also covers virus biology, epidemiology, and ideas for designing HIV prevention and treatment programs. Contains an appendix of common health problems and treatments for people with HIV/AIDS. 245 pages.



A Book for Midwives, by Susan Klein, Suellen Miller, and Fiona Thomson, completely revised in 2004, is for midwives, community health workers and anyone concerned about the health of women and babies in pregnancy, birth and beyond. An invaluable tool for training as well as a practical reference, it covers helping pregnant women stay healthy, care during and after birth, handling obstetric complications, breastfeeding, and includes expanded information for women's reproductive health care. 544 pages

Helping Children Who Are Deaf, by Sandy Neimann, Devorah Greenstein and Darlena David, helps parents and other caregivers build the communication skills of young children with difficulty hearing. Covers language development and how to foster communication through both sign and oral approaches, how to assess hearing loss, causes of deafness, and more. 250 pages.

Disabled Village Children, by David Werner, covers most common disabilities of children. It gives suggestions for rehabilitation and explains how to make a variety of low-cost aids. Emphasis is placed on how to help disabled children find a role and be accepted in the community. 672 pages.

Helping Children Who Are Blind, by Sandy Niemann and Namita Jacob, aids parents and other caregivers in helping blind children develop all their capabilities. Topics include: assessing what a child can see, preventing blindness, moving around safely, teaching common activities, and more. 192 pages.

Where There Is No Dentist, by Murray Dickson, shows how to care for teeth and gums, and prevent tooth and gum problems through hygiene, nutrition, and education. Includes detailed, well illustrated information on using dental equipment, placing fillings, taking out teeth, and more, and material on HIV/AIDS and oral health. 237 pages.

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