

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, which began in 1966, was run and controlled by local villagers. The project served over 100 small villages, some of which were 2 days by muleback from the training and referral center in the village of Ajoya. This mud-brick center was run by a team of more experienced local health workers who trained and provided support for workers from 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 US, 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 p. 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 dental technicians 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 throughout 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 were developed by the team and health workers-in-training 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 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.

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.