# 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 Piaxtla 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 sources for health education materials, write to Hesperian Health Guides or visit our website, **www.hesperian.org.**

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.

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Community health books in English and Spanish: *Where There Is No Doctor, Where Women Have No Doctor, A Community Guide to Environmental Health, Disabled Village Children, Where There Is No Dentist,* and others. Also materials in many languages, online library of images, and other resources available on the website.

**African Medical & Research Foundation**
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Fax: 254 20 609518
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www.amref.org
Excellent series of practical manuals and training curriculum in English.

**Arab Resource Collective (ARC)**
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Fax: 961 1 742077
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**ASECSA**
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www.asescaguate.org
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**Caribbean Food and Nutrition Institute**
University of the West Indies Campus Mona,
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Kingston 7, Jamaica
Tel: 1 876 927 1540
Fax: 1 876 927 2657
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http://new.paho.org/cfni
*Cajanus*, a nutrition bulletin; other materials in English for the Caribbean.

**CEMAT**
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Fax: 502 2364 0422
E-mail: cemat@intelnet.net.gt
www.cemat.org
Pamphlets in Spanish on many health subjects, including latrines, medicinal herbs, and acupuncture.

**Centre pour la Promotion de la Santé**
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Democratic Republic of Congo
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E-mail: berps_kangu@yahoo.fr
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**CIDHAL, A.C**.
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1951 E. Florida
Springfield, MO 65803 USA
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**International Women's Health Coalition**
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Tel: 1 212 979 8500
E-mail: info@iwhc.org
www.iwhc.org
Training courses, teaching materials in English, French, Portuguese, and Spanish.

**Kahayag Foundation**
121 University Avenue
Juna Subdivision, Matina, Davao City 8000, Philippines
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Slide shows and information about health and development problems; *Mushawarah*, a women's newsletter in local language.

**Pakistan Medical Association**
PMA House, Garden Road
Karachi, 74400 Pakistan
Tel: 92 21 223 1534
Fax: 92 21 223 1534
E-mail: shershahsyed@hotmail.com
*Where There Is No Doctor, Helping Health Workers Learn, Where Women Have No Doctor,* and other books in Urdu.

**Pan American Health Organization (PAHO)**
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www.paho.org
Various materials in English and Spanish.

**Rotary Club of Dar Es Salaam**
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Dar es Salaam, Tanzania
Tel: 255 22 51 22931
shamo@intafrica.com
www.clubrunner.ca/Portal/Home.aspx?cid=5412
*Where There Is No Doctor* in Swahili.

**Save the Children**
54 Wilton Road
Westport, CT 06880 USA
Tel: 1 800 728 3843
E-mail: twebster@savechildren.org
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**Teaching Aids at Low Cost (TALC)**
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Books, weight charts, and other materials in English, French, Spanish, and Portuguese.
*Where There Is No Doctor* in Portuguese.

**Voluntary Health Association of India (VHAI)**
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Fax: 9 11 26853708
E-mail: vhai@vsnl.com
www.vhai.org
Books, flip charts; *Where There Is No Doctor* adapted for India, in English and local languages. Also publishes *Health for the Millions*, a journal about low-cost health care.

**World Council of Churches**
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www.oikoumene.org
*Contact*, a newsletter concerned with appropriate health care in English, French, Spanish, and Portuguese, and selected issues also available in Kiswahili and Arabic.

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1211 Geneva 27, Switzerland
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Fax: + 41 22 791 31 11
E-mail: info@who.int
www.who.int
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**Yayasan Insan Sembada**
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Solo 57145, Indonesia
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Fax: 62 271 727862
www.yis.or.id
Vibro newsletter, in English.

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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 'dentics', 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.

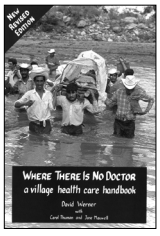
The Ajoya team valued economic self-sufficiency. The part-time health workers from outlying villages also achieved this in their work. They earned most of their living by farming, and charged a small fee for services. Self-sufficiency proved more difficult for the team of coordinators in the training 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.

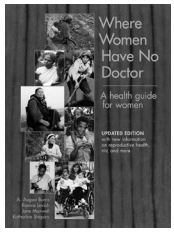
Project Piaxtla has evolved through trial and error, learning from both mistakes and successes. It struggled through many difficulties, many of which grew more severe as the team became active in defending the rights of the poor. The future of the project is as uncertain as is the future of the poor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

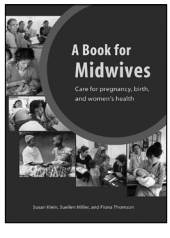
## OTHER BOOKS FROM HESPERIAN HEALTH GUIDES




**Where There Is No Doctor,** by David Werner with Carol Thuman and Jane Maxwell, the most widely used health care manual in the world, provides vital, easy-to-understand information on how to diagnose, treat, and prevent common diseases. An emphasis is placed on prevention, including cleanliness, diet, vaccinations, and the importance of community mobilization. 512 pages.

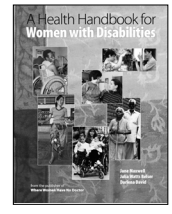



**Where Women Have No Doctor,** by A. August Burns, Ronnie Lovich, Jane Maxwell, and Katharine Shapiro, combines self-help medical information with an understanding of the ways poverty, discrimination, and cultural beliefs limit women's health and access to care. Clearly written and with over 1,000 drawings, this book is an essential resource on the problems that affect only women, or that affect women differently from men. 584 pages.

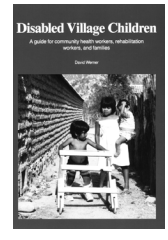



**A Book for Midwives,** by Susan Klein, Suellen Miller, and Fiona Thomson, is an invaluable training tool and practical reference for midwives and anyone concerned about care for women in pregnancy, birth, and beyond. Discusses preventing, managing, and treating obstetric complications, covers HIV in pregnancy, birth, and breastfeeding, and has expanded information on reproductive health care. 544 pages.

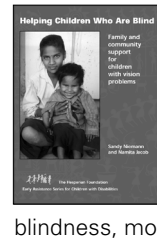

**Where There Is No Dentist,** by Murray Dickson, shows how to care for teeth and gums at home, and in community and school settings. Detailed and illustrated information on dental equipment, placing fillings and pulling teeth, teaching hygiene and nutrition, and HIV and oral health. 208 pages.



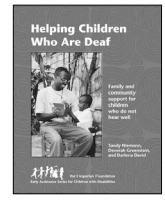

**A Health Handbook for Women with Disabilities,** by Jane Maxwell, Julia Watts Belser, and Darlena David, provides women with disabilities and their caregivers suggestions on disability-friendly health care, caring for daily needs, having healthy and safe sexual relationships, family planning, pregnancy and childbirth, and defense against violence and abuse. The book also focuses on social stigma and discrimination. 406 pages.



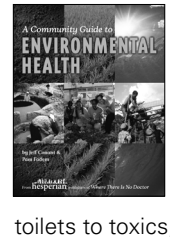

**Disabled Village Children,** by David Werner, covers most common disabilities of children. It gives suggestions for rehabilitation and explains how to make a variety of low-cost aids. Emphasis is placed on how to help disabled children find a role and be accepted in the community. 672 pages.




**Helping Children Who Are Blind,** by Sandy Niemann and Namita Jacob, aids parents and other caregivers in helping blind children from birth through age 5 develop all their capabilities. Topics include: assessing how much a child can see, preventing blindness, moving around safely, teaching common activities, and many others. 192 pages.




**Helping Children Who Are Deaf,** by Darlena David, Devorah Greenstein, and Sandy Niemann, aids parents, teachers, and other caregivers in helping deaf children learn basic communication skills and a full language. It includes simple methods to assess hearing loss and develop listening skills, and explores how communities can work to help deaf children. 250 pages.




**A Community Guide to Environmental Health,** by Jeff Conant and Pam Fadem, will help urban and rural health promoters, activists, and community leaders take charge of their environmental health. 23 chapters address topics from toilets to toxics, watershed management to waste management, and agriculture to air pollution. Includes activities, how-to instructions to make health technologies, and dozens of stories. 600 pages.

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