

# Health Care in the Context of Social Revolution The Example of Nicaragua

## CHAPTER 20

In Nicaragua, the people's quest for health has been inseparable from their struggle against unjust social and political forces, both internal and external. During the last two decades this small Central American country has seen three very different forms of government: the Somoza dictatorship up to 1979, the Sandinista regime from 1979 to 1990, and the United Nicaraguan Opposition/Chamorro coalition government from 1990 to the present. The first and last of these governments were controlled by elites who put the interests of big business, both domestic and foreign, before the needs and rights of the population. In marked contrast, the Sandinistas gave high priority to social justice, to popular participation, and to trying to meet the basic needs of the poor majority.

The health situation has varied accordingly. Consistent with the Rockefeller study, which found that "social and political commitment to equity" was a key determinant of "good health at low cost," the Sandinista period brought remarkable improvements in health. By contrast, the country's health status under the highly inequitable, repressive Somoza regime was abysmal (among the worst in Latin America, alongside Honduras and Bolivia).<sup>24</sup> And in post-Sandinista Nicaragua both living conditions and the health status of the poor majority are again rapidly deteriorating. By comparing these three periods in Nicaragua's recent history, much can be learned about the determinants of a population's well-being.

### The Somoza Regime: 1936–1979

In 1934 the first Anastasio Somoza, who had been installed by Washington as the head of the US-created National Guard, had Nicaraguan national hero Augusto Cesar Sandino assassinated. Two years later Somoza assumed the presidency and installed himself as dictator. For the next 43 years the Somoza family ruled Nicaragua as its personal fiefdom, taking direct control over 20% of the country's farmland and many of its big industries. Wages were kept insupportably low, people's rights were methodically violated, and attempts at labor and community organizing were violently repressed. Health services were mostly curative, doctor/hospital based, private, and oriented toward serving the country's tiny elite class. In the 1970s it was estimated that 90% of the health resources were consumed by just 10% of the population.<sup>25</sup> The main causes of child death were

diarrhea, tetanus, measles, and whooping cough. More than one in ten children died before reaching age one<sup>26</sup> and more than half of the Nicaraguan children were undernourished.<sup>27</sup>

Under Somoza—as in many countries where human rights are systematically denied—community based health initiatives began to spring up. Many of these initiatives were assisted by foreign nongovernmental organizations and by religious groups that initially had no political motives other than to help those in need. But the desperate situation of the disadvantaged was so clearly a product of an unfair social order that those concerned with people's well-being inevitably became more socially and politically aware. Community health workers facilitated organized action at the local level in order to alleviate some of the underlying man-made causes of poor health. Thus they gradually became agents of change—and were soon branded as subversives.

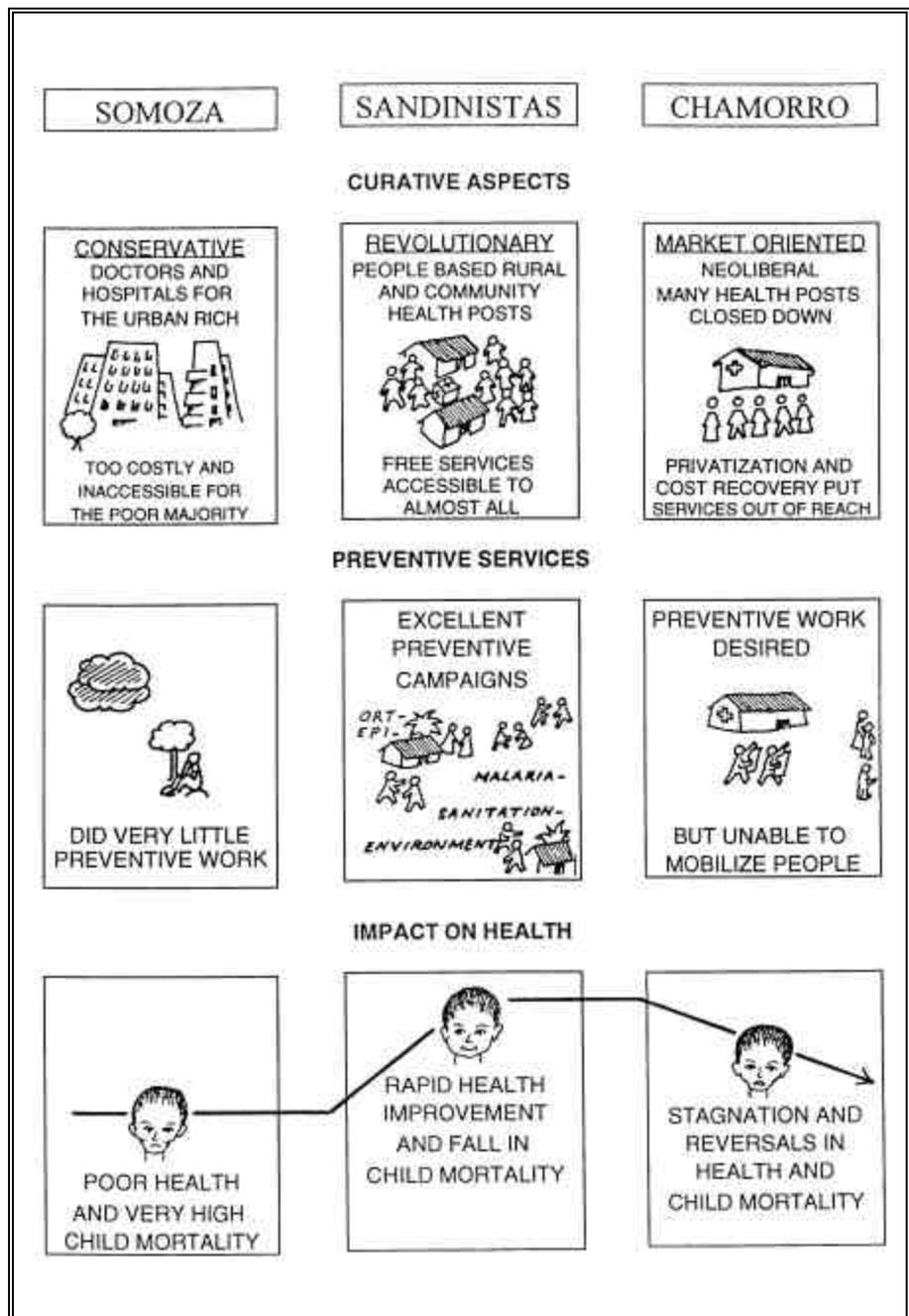
By the late 1970s, an extensive network of nongovernmental community health programs extended throughout Nicaragua, especially in rural areas and poverty-stricken urban *barrios*. When one of the authors (David Werner) visited the country in 1977, these grassroots health initiatives had begun to play a key role in mobilizing people in defense of their well-being and rights. And the health programs were encountering repression. In an attempt to co-opt these popular initiatives or make them redundant, Somoza's Health Ministry—with the help of the United States Agency for International Development (USAID)—launched an ambitious project to train government-managed *health promoters*. But despite millions of dollars of US funding, the government's program received limited community support. Meanwhile the network of community-based programs continued to expand. In response, Somoza's much feared National Guard increasingly targeted grassroots health workers—along with union leaders and other community organizers—for harassment, detention and execution.

The grassroots network of community-run health initiatives played a key role in the broad-based popular awakening and mobilization that eventually led to the overthrow of the oppressive Somoza dynasty. In the last years of Somoza's rule, the persecution of community health workers—as well as doctors, nurses, and medical students—led many health workers to go underground

and join the growing Sandinista resistance. When the government cut off water, food, and other basic supplies, the communities that supported the Sandinistas set up Civil Defense Committees which acted as provisional local governments. These communities not only distributed food, water, and other basic supplies, but also trained and coordinated health volunteers, known as *brigadistas de salud* (health brigadiers). Thus it was the National Guard's collective punishment of liberated areas that forced the Sandinistas to launch a new health system based on volunteers. This experience provided the groundwork for strong community participation in national health campaigns after the Sandinistas took control of the government in July, 1979.<sup>28</sup>

### The Sandinista Period: 1979 – 1990

As a part of its approach to equity-based development, the revolutionary government gave high priority to health, thereby fulfilling a pledge the FSLN (Sandinista Front for National Liberation) had made in its "His toric Program" of 1969. One of its first actions was to create scores of health centers and posts, extending from the most remote rural areas to the poorest urban slums. To achieve this, the Sandinistas drew on one of their strongest resources: enthusiastic community support and the People's Health Councils. These People's Health Councils were umbrella organizations set up in 1980 which brought together organizations of workers, farmers, women, youth, etc. that had been set up during the resistance. The Health Ministry relied greatly on the mobilizing capacity of these organizations, which, since liberation, had evolved into neighborhood associations that performed administrative, political, and some disciplinary functions.



By 1982, half of the new health posts had been set up by the communities themselves. One community converted a notorious prison into a health center; the community did the same with a brothel owned by Somoza's colonels.<sup>29</sup> Health care was seen as part of a comprehensive, multi-sectoral approach to improve the well-being and quality of life of all citizens through mass participation.

The Sandinistas recognized the importance of literacy to health. Soon after they came to power the National Literacy Campaign recruited nearly 100,000 volunteers—mostly high school and college students—to go into the countryside and teach 400,000 adults how to read and write. The new Health Ministry (MINSAs) trained 15,000 of these literacy *brigadistas* in first aid, sanitation, and control of malaria and diarrhea. The level of participation attained is demonstrated by the fact that by 1983 the nationwide health campaigns “were being planned and implemented by the People’s Health Councils with only technical assistance from the Ministry of Health.”<sup>30</sup>

Community health workers, or *brigadistas*, were trained using the “multiplier” approach the Sandinistas had developed during the resistance. After their training, all *brigadistas* were expected to share what they had learned with several other community members, and the most capable teachers were graduated to the role of *multiplicadores*, or trainers of other *brigadistas*.

The People’s Health Councils also organized *Jornadas Populares de Salud* (People’s Health Days): massive popular mobilizations against specific health problems. In 1980 an estimated 30,000 volunteers carried out a series of *Jornadas* to combat polio and measles (through mass immunization of children), dengue (by eliminating mosquito-breeding sites near homes), and various other diseases (by sanitation work and garbage disposal). All this was accompanied by public education campaigns, and home visits to immunize children whose families did not take them to the neighborhood posts during the Health Days.<sup>31</sup>

In 1981 malaria was added to the list of health problems addressed by the *Jornadas*. In a single nationwide effort involving 200,000 volunteer workers, three daily doses of anti-malarial drugs were given to over 80% of the population. Within the next three years the incidence of malaria fell by 62% (with almost no use of pesticides).<sup>32</sup>

Overall, during the first three to four years of the Sandinista government the health status of the population improved dramatically. Infant mortality declined from the official figure of 92 (probably much higher due to unrecorded births and deaths) to 80.2, while life expectancy climbed from 53 to 59 years. Thanks to enormous popular involvement in the immunization *Jornadas*, the incidence of communicable diseases of childhood greatly declined. Nicaragua became the second Latin American country to eliminate polio. (Cuba was the first.) Between 1980 and 1984, diarrhea fell from the first to the sixth most common cause of infant and child hospital mortality, although it remained the leading cause of death among infants nationally.

(It is worth noting that the Health Ministry chose to emphasize ORS packets over home fluids, even though the latter would have been more in keeping with the Sandinista ideals of popular participation and self-reliance.

Even progressive decision makers can succumb to the lure of quick-fix technologies—and the advice of foreign experts.)

In both its successes and limitations, the Sandinista experience with immunization campaigns, and with health care in general, demonstrates the far-reaching impact that mass mobilizations for health can have when they are based on meaningful popular participation and input.

### Internal disputes and contradictions

Although the FSLN’s strong commitment to equity led to impressive health gains in the early years (before the escalation of the Contra war), internal contradictions within the revolutionary government undercut this progress. There was dissension within the Health Ministry regarding what was the best course of action to take. Three factions proposed three sharply different national health care strategies. The first faction wanted to emphasize training more *brigadistas*, expand the network of community health posts, and encourage more popular involvement in health. The second faction advocated a Cuban-style health care model, with complete nationalization of the health care system and a primary health care movement led by government-employed doctors. In complete contrast, the third faction, composed mainly of conservative doctors, sought more openings for private medical practice. Both of these two latter factions wanted an emphasis on training more doctors and nurses and expanding curative services, rather than on a greater investment at the community level.

Eventually a compromise was reached and large numbers of doctors and *brigadistas* were trained. However, the skills taught to the *brigadistas* were rather restricted, reflecting the medical establishment’s fear of relinquishing their monopoly on medical skills. In a move aimed to bridge the divide between the two more conservative, medically-oriented factions, the membership of People’s Health Councils was expanded to include doctors. However, many community activists felt that this allowed doctors to dominate the Councils, and diminished the autonomy of the local committees. Indeed, attendance at Council meetings fell and more *brigadistas* became inactive. In the words of Richard Garfield, on whose work we have drawn extensively for this account of the Nicaraguan health care system:

The constant see-saw between centralized socialist policies and decentralized community

control and initiative, between professional health care pushed more into the periphery and paramedical ... services arising among community groups, made the development of health care erratic.<sup>33</sup>

### Power to the people?

Some analysts feel that a major weakness in the Sandinista's leadership was its failure to allow popular participation to realize its full potential. These critics claim that, although the revolutionary government mobilized widespread grassroots involvement, this involvement remained somewhat superficial. They point out that "*¡Poder Popular!*" (Power to the People!) was a favorite rallying cry throughout the 1980s, an equally common slogan was "*¡Dirección Nacional: ordene!*" ("National Directorate: we await your command!"). In other words, popular participation, including participation in health initiatives, sometimes seemed to be directed more at eliciting compliance than at fostering true local control of decisionmaking. Some analysts believe that this limited approach to participation contributed to the FSLN's defeat in the 1990 national elections.

Even the former Director of the Division of Preventive Medicine, Leonel Arguello, felt that people's participation in the "People's Health Days," while important, was not enough. With reference to the popular *jornadas*, he observed:

... concentrating efforts on one day can help. But what about next month or next year? We need to pay less attention to slogans and put more emphasis on reaching a basic understanding. Only then will the people be in a position to take initiative, rather than just respond to MINSA requests.<sup>34</sup>

Sometimes the Sandinista leadership did exhibit a tendency toward paternalism and centralization. However, the picture is mixed. In a number of instances, high-level Sandinista government leaders appeared to listen to the people and respond to their wishes. One of the authors (David Werner) had a chance to observe this process. He accompanied a team of village health workers from Project Piactla in Mexico who had been invited to Nicaragua to share some of their discovery-based, problem-solving teaching methods in a training workshop for *brigadistas*, *multiplicadores*, and health educators. The workshop had been organized by the local health committee of Ciudad Sandino, a sprawling, very poor settlement on the outskirts of Managua. The workshop

got off to a good start. Enthusiasm was high. Role plays, puppet shows, and creative involvement of mothers, schoolteachers, and children helped bring learning to life. Everyone was eager to continue.

However, after the first few days, a message arrived from the Health Ministry ordering the committee to terminate the workshop immediately so that the *brigadistas* could take part in a national *jornada* to immunize children against measles, which was to take place the following weekend. On receiving this order, the workshop participants were disappointed and upset. They felt that they were learning methods that would enable them to conduct more effective community health work, and did not want to end the workshop prematurely.

The workshop participants held an emergency meeting with the town's health committee and community leaders. The participants reached a consensus that the workshop should continue. The community group drafted a response to the Health Ministry reminding it that *the Ministry's role was to advise and support the brigadistas and community health committees, not to tell them what to do*. The *brigadistas* pointed out that they were accountable to and took their directives from their community. The community had decided that the workshop was important and should continue. However, since everyone agreed that the national measles campaign was also important, the *brigadistas* would use the workshop to educate residents about the upcoming measles *jornada* and encourage their participation.

The visiting facilitators from Piactla were astounded by the audacity of the *brigadistas* and the local health committee in challenging the authority of the Health Ministry. Perhaps their daring was rooted in the fact that many were seasoned Sandinistas who had first become health activists during the uprising against Somoza. This may have given them the courage and solidarity to stand up to abuses of authority. Or maybe they simply took the revolutionary government at face value, and felt confident that it would respond to their letter with dialogue, not repression.

The visitors were even more surprised when the health committee received a reply from the Health Ministry later that afternoon. The Health Ministry apologized for having given such paternalistic and high-handed orders, and praised the community for helping keep the Ministry in line. It endorsed the *brigadistas'* plan to continue the workshop, while using it to prepare people for the measles campaign. This confrontation between the Ministry of Health and the people of Ciudad Sandino did much to convince the visitors that the Nicaraguan revolutionary process was dedicated to meeting people's needs.<sup>35</sup>

### POPULAR PARTICIPATION IN ACTION: THE MEASLES MONSTER

One of the biggest successes of the Ciudad Sandino workshop was a participatory street theater production titled “The Measles Monster.” In this skit the monster—an actor with a sweeping red cloak, a huge devil’s mask, and giant clawed hands—chases after children in the street trying to catch those who have not been immunized against measles. After a wild chase, the monster catches a child (one of the actors) wearing a white, happy-faced mask. The monster envelops the child in its cloak, and when the child reappears he is wearing another mask, covered with the red spots of measles. The boy becomes very sick and nearly dies. His distraught parents vow to never miss an immunization date for their children in the future.



At the end of the skit an actor calls out to the audience, “Why did the little boy get measles?” The question is repeated until everyone present shouts back, “Because he wasn’t immunized!” Then the actor asks, “And how can the community finally defeat the Measles Monster?” The audience shouts back, “Immunize all our children!” “Then what are you going to do this Saturday?” challenges the actor. And the audience trumpets back, “IMMUNIZE EVERY CHILD!”

This skit, developed by the workshop participants in Ciudad Sandino, has since been reenacted hundreds of times in poor communities throughout Nicaragua, Latin America, and many parts of the world. Descriptions of the skit, complete with photos, have been included in the Spanish and Portuguese editions of *Helping Health Workers Learn* and English editions of *Disabled Village Children* (books by David Werner). Many groups have recreated the skit as the Diarrhea Monster, the Cholera Monster, etc. It is anybody’s guess how many children’s lives this simple skit has helped to save. The Nicaraguan Health Ministry did well to follow the wishes of the community.

### The impact of the US destabilization campaign on health care and health

The differences of opinion within the revolutionary government’s Health Ministry and the Sandinistas’ failure to mobilize more substantive popular participation may well have been moot points. Whatever negative impact these internal contradictions may have had on the Sandinistas’ health policies was dwarfed by the devastation inflicted on the Nicaraguan health care system by the US government’s all-out destabilization program. This campaign—which included sponsorship of counter-revolutionary armies (the Contras), CIA covert military and political operations, a trade embargo, an international credit boycott, a strident internal and external propaganda

campaign, and a diplomatic drive to isolate the Sandinista government—took a heavy toll on the Nicaraguan economy. This economic damage, in turn, led to more poverty and deteriorating living conditions, and thus to poorer health.

Washington’s destabilization campaign also forced the revolutionary government to divert to defense funds that were desperately needed to respond to the population’s health needs and to the growing popular demand for universal access to health services. And within the health sector, the Contra war forced the Health Ministry to shift resources to the treatment of casualties. Between 1983 and 1986, nearly one in ten persons admitted to a hospital was suffering from a war-related injury.<sup>36</sup> The trade

embargo and credit boycott further undermined the Sandinistas' health initiatives and the entire national health care system by causing shortages of vaccines, essential medications, and other medical supplies.

In addition to these indirect effects, the Contras also directly targeted the country's health system. They did so deliberately, because they knew that the revolutionary government's health achievements were one of the major reasons for its popularity. By December, 1987, the Contras had killed 48 health workers, wounded 26, and kidnapped 32.<sup>37</sup> By the end of the war in 1990, Contra attacks had forced the closure of 128 of the country's 600 health facilities.<sup>38</sup> The threat of Contra ambushes prevented health workers from carrying out immunization campaigns and other health initiatives in some regions. In these areas malaria made a comeback. To add insult to injury, the CIA launched a disinformation campaign that blamed the Sandinista government for the health, social, and economic problems caused by Washington's destabilization campaign. All this was in keeping with the objective of low-intensity conflict: to wear people down and make their lives so miserable that they abandon their dreams and turn against their government as the only way out.

More generally, the Contra war and the US destabilization campaign led the revolutionary government to institute an unpopular military draft, and to create an atmosphere of distrust where dissent could easily be viewed as treason. Government crackdowns on political opposition forces, although less severe than in El Salvador, Guatemala or Honduras, became common. These developments significantly undercut popular support for the revolution, thereby reducing participation in the Sandinistas' health and other social campaigns.

The gradual escalation of the Contra war, together with the related economic crisis, prevented the revolutionary government from building on its early rapid progress in improving the Nicaraguan people's health. But the fact that the Sandinistas were at least able to keep most major health indicators from declining during the later years of the revolution in the face of adverse circumstances is proof that they remained true to their commitment to equity and health to the end.

### **The Chamorro Government: 1990 to the Present**

Before the 1990 national elections in Nicaragua the US government poured millions of dollars into further undermining the Sandinistas and into backing the newly formed United Nicaraguan Opposition (UNO) party, a coalition of virtually every non-Sandinista political group from the

extreme right to the extreme left. The US backed Contras also stepped up their indiscriminate terrorist attacks on civilians just a few days before the election in an effort to gain votes for UNO. Nicaraguans got the message loud and clear. If they voted for the Sandinistas, the US sponsored terrorism and embargo would continue. Deprivation, hardship, and deterioration of the economy would become more extreme. Young people would continue to be conscripted and to die. And all to what end? The enemy was the most powerful nation in the world, backed by the world's most powerful economic force: multinational big business. The Nicaraguan people were exhausted and demoralized, worn down by the relentless war. So at the polls a small majority of voters, many reluctantly, chose to end the bloodletting and the bullying; they voted for Violeta Chamorro of UNO.

But since the elections, as the Nicaraguan people have discovered to their dismay, the nature of the bullying has changed, but has not ended. With the UNO coalition in power, the health system has suffered a series of setbacks.

USAID, the World Bank and the International Monetary Fund pressured the new government to institute structural adjustment policies. This entailed massive privatization of government services and enterprises, resulting in layoffs of many thousands of workers, including in the health sector.

By 1995, unemployment soared to over 75 percent. Prices skyrocketed while real wages plummeted. Poverty became increasingly widespread and acute. The numbers of homeless people and street children rose sharply. The number of prostitutes in Managua more than doubled in the year following the change in government, as mothers and older girls desperately sought the means to feed their hungry families. Orphanages overflowed with babies abandoned by destitute mothers. Crime, including drug trafficking and abuse, escalated.

The Health Ministry—which still had some Sandinistas within its ranks—initially tried to resist the drive to privatize health services. But with the acute cutbacks in staffing and medicines, especially in rural areas, it was often faced with the choice of closing community health centers or turning them over to private practice.

### **More US Aid, Less Health**

When the U.S.-orchestrated embargo lifted, more money became available for health-related services than during the Sandinista regime. But most of this money has been tied to the political agendas of the donors. USAID gave \$14 million for health services to the Contras returning from Honduras, and several million dollars more through conservative US organizations. The World Bank has poured money into modernizing public hospitals by adding

plush private wings where those who can afford “business class” medical care can now pay for it on a fee-for-service (cost recovery) basis. The idea is that by charging wealthier clients, the hospitals will become self-sufficient and the profits can help cover service costs for the poor. But, according to health activist Maria Zuniga, in reality “the poor, when they go there, may have to sit for three days or die, while [the hospital staff] attend to the people who have money to pay.”<sup>39</sup>

Meanwhile, urgently needed medicines have also been priced out of reach of the poor. Due to Northern pressure for trade liberalization, the Essential Drugs Policy initiated by the Sandinistas has been largely dismantled. Consequently, an increasing portion of people’s shrinking income is being wasted on useless, overpriced, and sometimes dangerous medicines. When the Chamorro administration abruptly withdrew subsidies for all medication, the price for essential drugs shot up fivefold. And since community Oral Rehydration Centers have begun to charge for ORS packets, use of these packets has reportedly declined.<sup>40</sup>

With the growing polarization between rich and poor and the decentralization (or, more accurately, disintegration) of the health system, popular participation in government health initiatives has noticeably eroded. In the national health campaigns of 1991, only about half as many people took part as in earlier years. Immunization coverage also fell, and a large outbreak of measles occurred in 1991.

By 1993, eroding health and living conditions in poor communities began to reverse the progress the Sandinistas had made in reducing Nicaragua’s infant mortality rate. Nearly 20 percent more infants died in the first 8 months of 1993 than in the whole of 1992.<sup>41</sup> Many of the additional deaths were attributed to diarrheal disease including cholera, which now appears to have become endemic due to deteriorating sanitation. Similarly, maternal mortality, which had dropped sharply during the Sandinista years, rose by 50% from 1991 to 1993.<sup>42</sup> Witness for Peace, a support group for nonviolence and human rights in Latin America, sums up the current situation as follows:

Today in Nicaragua, hundreds of children are in the streets—sniffing glue to forget their hunger or selling bubble gum and cigarettes—rather than in school. More than 60% of their parents are unemployed. The health care and social services that once reached every citizen are now vanishing due to the deep spending cuts required by the international lending agencies in order for Nicaragua to have access to credit. *The United States determines the policies of these international banks.*<sup>43</sup>

## Why Did the United States Consider Sandinista Nicaragua a Threat to its National Security?

Why was the US government so determined to overthrow the Sandinistas that it was willing to blatantly violate international law, make secret arms deals with Iran, lie to Congress and the public, and traffic cocaine into the US to finance illegal weapons shipments to the Contras? How could the world’s most powerful nation regard a small, impoverished, struggling nation like Nicaragua as a threat?

According to the nongovernmental organization OXFAM, Nicaragua posed “the threat of a good example.” OXFAM, which has worked in 76 underdeveloped countries, observed that during the period the Sandinistas were in power, “Nicaragua was... exceptional in the strength of that government’s commitment ... to improving the condition of the people and encouraging their active participation in the development process.”<sup>44</sup> In the words of José Figueres, the father of Costa Rican democracy, “for the first time, Nicaragua [had] a government that cares for its people.”<sup>45</sup> Even the World Bank in the early 1980s (before the Reagan Administration pressured it to cut all credit to the Sandinistas) called the Sandinista’s social programs “extraordinarily successful ... in some sectors, better than anywhere else in the world.”

The threat that Nicaragua posed to the Washington-based global economic power structure was indeed “the threat of a good example”—the example it gave to other progressive Third World governments and political movements of an alternative approach to development that puts the needs of the poor first. Were such an example to succeed it could become infectious. This explains why US officials were quoted in the *Boston Globe* as saying that, even if the US destabilization campaign failed to achieve a complete military victory, they would be “content to see the Contras debilitate the Sandinistas by forcing them to divert scarce resources toward the war and away from social programs.” After all, the Sandinistas’ social programs were at the heart of their good example.<sup>46</sup>

For all its imperfections, Nicaragua under the Sandinistas served as a living prototype of health and development strategies based on need rather than greed. The US government did not try to crush the Sandinista government because it was *undemocratic*, but because it was *too democratic*. It was much more responsive to the needs of its ordinary citizens—and in particular the needs of the poor—than the Third World regimes the US supports (or for that matter, than the US itself). As a result, it posed a threat to the regional and global status quo.

Noam Chomsky, in discussing the US assault on the Sandinistas and other popular movements in Central America, concludes:

US achievements in Central America in the past 15 years are a major tragedy, not just because of the appalling human cost, but because a decade ago there were prospects towards meaningful democracy and meeting human needs, with early successes in El Salvador, Guatemala and Nicaragua.

These efforts might have worked and might have taught useful lessons to others plagued with similar problems—which was, of course, exactly what US planners feared. The threat has been successfully aborted, perhaps forever.<sup>47</sup>

Yet, despite the daunting odds they face, the of Nicaraguan people have not given up their struggle for health. Confronted with the failure of the present government to answer to their needs, they are again beginning to take health care into their own hands. Rather than work as closely with the government as they used to, they protest against its neglect. Women's self-help groups have begun to organize. With the assistance of a few remaining progressive voluntary agencies, some communities have once again begun to train nongovernment *brigadistas* much as they did in the days of Somoza.

It is clear that Arnaldo Alemán's election to the presidency in October, 1996 will ensure both the entrenchment of neo-liberal economic policy and, at the same time, the intensification of people's resistance and their struggles for basic needs and justice. The revolution, in its own way, continues in Nicaragua, as it does among marginalized and disadvantaged peoples around the world. But the powers they must fight are now global.