The Dissertation Committee for Kristin Cheasty Anderson certifies that this is the approved version of the following dissertation:

Health Care Reform in Sandinista Nicaragua, 1979-1990

Committee:

Virginia Garrard-Burnett, Supervisor

Ann Twinam

Charles R. Hale

Anne Martínez

Renata Keller

Health Care Reform in Sandinista Nicaragua, 1979-1990

by

Kristin Cheasty Anderson, B.A.; M.A.

Dissertation

Presented to the Faculty of the Graduate School of

The University of Texas at Austin

in Partial Fulfillment

of the Requirements

for the Degree of

Doctor of Philosophy

The University of Texas at Austin

August 2014

Dedication

This dissertation is dedicated to my husband, without whose steadfast support I never would have been able to finish this project, and to my daughters, who I hope will one day set themselves to achieving marvelous things.

Acknowledgements

I wish to acknowledge the invaluable contribution of several people who helped me along this path, and without whose contributions this project would have either suffered or fallen by the wayside. At the University of Texas at Austin, I owe a great debt to both my advisor, Dr. Virginia Garrard-Burnett, and Dr. Ann Twinam. Dr. Garrard-Burnett has been relentless in her support, urging me on with her enthusiasm for the topic, and her belief that this project matters. Her bottomless knowledge of Central America during the twentieth century is both an inspiration and an invaluable resource. I wish also to thank Dr. Twinam, who over the years of graduate school (with rigorous application of red ink and ALL CAPS) taught me the finer technical points of writing well. If in this dissertation you find instances of the passive voice or topic sentences that don't directly lead the reader, they are entirely a product of my own inattention to detail.

I am also greatly indebted to the people of Nicaragua. In particular I wish to thank Dora María Tellez, who served from 1985 to 1990 as the third Minister of Health under the Sandinista government. Her willingness to answer last-minute questions in great depth of detail (even in the midst of earthquake recovery in 2014) helped fill in the gaps left in the oral history and documentary records, and made it possible to write with precision and confidence. Most of all, however, I wish to thank the people of Matagalpa and the Mountainous North, who were willing to answer bizarre questions from a *gringa* who appeared out of nowhere asking about health care.

Health Care Reform in Sandinista Nicaragua, 1979-1990

Kristin Cheasty Anderson, Ph.D.

The University of Texas at Austin, 2014

Supervisor: Virginia Garrard-Burnett

This dissertation explores the health care system built by the Sandinista government in Nicaragua between the years 1979-1990. Prior to the 1979 victory of the Sandinista revolution, Nicaragua had a limited, balkanized health care system that afforded access to care to only a small percentage of the Nicaraguan population. The Sandinistas sought to build a nationwide health care system that provided free and equal access to health care. This project is a study of how the Sandinistas did that, and an analysis of what success they had.

This project relies upon new sources as well as established archival ones. Former Minister of Health Dora María Tellez (1985-1990) recently donated her personal collection of *Actas Ministeriales* (Ministerial Executive Orders) to the *Universidad de Centroamérica*'s *Instituto de Historia de Nicaragua y Centroamérica* (IHNCA), a cache that substantially increases the documentary record of the latter half of the 1980s, and thus expands our understanding of the issues at hand and the solutions the Ministry implemented. Also, this dissertation relies heavily upon oral history. Seventy-five

interviews with Ministry leaders, health workers, and Nicaraguan citizens create a more personal history of health in Sandinista Nicaragua, and explain how this nationwide effort actually functioned in communities, both urban and rural.

The five chapters of this dissertation explore these central questions through multiple lenses. The first chapter provides both a history of foreign intervention and of history of health care in Nicaragua. The second and third chapters explore the historical trajectory of the Ministry of Health during the eleven years of Sandinista rule, first at a national level, and then with a focus on the northern zones of Nicaragua. In the final two chapters the dissertation explores the international angle of this history. The fourth chapter looks at the important role Cuban foreign aid played in helping the Sandinista government build, supply, and maintain their health care system. The fifth and final chapter interrogates the presence of long-term volunteer health care workers from the United States in light of the fact that the U.S. was leading efforts to overthrow the Sandinista government throughout the 1980s.

Table of Contents

List of Illustrations

Introduction

On July 19, 1979, when the *Frente Sandinistas para la Liberación Nacional* (Sandinista National Liberation Front, or FSLN) won its struggle to oust the Somoza dictatorship from Nicaragua, the victorious revolutionaries inherited a nation ravaged not only by war, but also by decades of neglect. In addition to problems engendered by economic devastation and a literacy rate of approximately thirty-five percent, Nicaragua possessed some of the Western Hemisphere's most appalling health statistics. The number one cause of death was diarrhea, and the official infant mortality rate, which was grossly underreported, was 120 out of every 1000 live births. Almost one half of the population did not have even a latrine, and health services were completely unavailable to seventy-two percent of the population.[1] The new Sandinista government quickly declared that providing comprehensive health care would be one of its key obligations to the Nicaraguan people.

Opposition groups have rightly criticized the Sandinista regime over the years for ineffectively managing agrarian reform, mishandling the economy, and suppressing dissent. In fact, the time is now ripe for an academic debate about the causes and nature of these shortcomings. A monocular focus on these failures, however, obscures the Sandinista government's signal triumph: its health care program. From 1979 until 1990, Nicaragua's *Ministerio de Salud* (Ministry of Health, or MINSA) built up its hospital network and expanded a nation-wide free primary health care system that relied on a

1. John Donahue, *The Nicaraguan Revolution in Health: From Somoza to the Sandinistas*. (South Hadley, MA: Bergin and Garvey Publishers, 1986), 11.

distribution of power to the regions, community organization, popular health education, and high levels of popular participation. This system, which began as a near replica of the world-renowned health care program in Cuba, evolved over the 11 years of *Sandinismo* to accommodate the specific needs and demands of the Nicaraguan nation.[2] The Sandinistas' efforts were so successful that by 1983 Nicaragua was added to the World Health Organization's short list of countries that provided full-coverage health care to its population.[3] Through systematic, well-planned vaccination and sanitation campaigns, MINSA eradicated polio while greatly reducing levels of measles, whooping cough, diarrhea, respiratory disease, leshmaniasis, malaria, and dengue, all of which were previously endemic, especially in rural areas.

This dissertation argues that, over the course of the long Sandinista decade, health care became the primary signifier of the Nicaraguan Revolution. This was not the FSLN's intention at the outset. In fact, among the priorities the Directorate set in 1979, health care ranked only fourth among them, behind restructuring the economy, increasing literacy, and agrarian reform.[4] Over the next ten years, however, in the face of the devastating effects of the Contra War (1983-1990), extreme economic hardship caused by both aggressive U.S. embargo policies and Sandinista mismanagement, and high levels of

2. Julie Feinsilver, *Healing the Masses: Cuban Health Politics at Home and Abroad* (Berkeley, CA: University of California Press, 1993).

3. Melissa Smith and Robert Drickey, M.D., M.P.H., "Education and Primary Health Care," *Möbius: A Journal of Continuing Education in Health Sciences* 5, no. 3 (July 1985), 136.

4. Eduardo Crawley, *Nicaragua in Perspective: An Illuminating History of Nicaragua's Past, Its Domination by Two Generations of Somozas, and its Current Sandinista Rule* (New York: St. Martin's Press, 1984), 173. (revised edition of *Dictators Never Die*)

internal dissent and protest, agrarian reform, economic restructuring, and education foundered.

MINSA, however, persevered. Under the dynamic leadership of a series of talented Ministers of Health, consistently high levels of popular participation and volunteerism, and with the dedicated efforts and donations of foreign solidarity groups and donor nations, health care became more than merely one of several goals of the Revolution. The results were necessarily uneven. The systemic stresses of economic hardship and war had a deleterious impact upon MINSA's best efforts. Internal politics and patronage systems similarly damaged public confidence in the curative health care system. In spite of these challenges, though, expanding access and increasing the quality of health care available to the Nicaraguan nation was, in the end, the one Revolutionary promise that the Sandinistas managed to keep.

Methodology

In 2007, when I decided to write my dissertation on the Sandinista health care program, I knew very little about Nicaragua – no more or less than your average graduate student of Latin American history. I was familiar with the 1979 Revolution, and understood the names and dates of the United States' long history of intervention in Nicaragua, from William Walker to Rockefeller, from the U.S. Marines, to the Contra War. I knew that the Sandinistas had made great efforts to promote social projects such as education (especially the much-lauded 1980 Literacy Campaign) and agrarian reform, and that they had implemented the country's first ever nation-wide health program, for

which they received some international recognition. My academic interests in public health, social revolution, and U.S. foreign interventions in Latin America made this appear to be the perfect dissertation project.

In conversations with advisors and colleagues in the UT history department, we talked about how bare the bookshelves are of historical studies of the Nicaraguan revolution, and discussed the likelihood that the Sandinistas, being above-average record keepers, had left an excellent documentary record. Initial online research confirmed the existence of several identifiable caches of health-related documents in a university archive. I believed that I would work mostly in public and private archives in Managua, and perhaps supplement the documentary record with oral histories. In sum, I hoped to write a thoughtful and significant institutional history. This sort of thorough foundational study, I believed, would lay the groundwork for a new generation of historians to tackle this important period in Latin American history, and would also enable me, in future projects, to do comparative work that more heavily relied on oral history.

Instead, I arrived in Managua in August 2008 and found that, although the Ministry of Health had indeed kept fairly good records, those records (with certain exceptions) were long gone, having been burned in the post-electoral anti-Sandinista purges of 1990.[5] I would be able to piece together a general trajectory from what remained (annual health plans, scattered reports and analyses, popular education documents, training manuals, newspapers, etc.), but my research would have to rely on

5. Questions about who burned the documents are difficult to answer, as some respondents claim the incoming government, and others blame the outgoing Sandinistas.

oral history far more than I had anticipated. As an alternative to doing a nation-wide institutional study, I instead turned toward a regional study, a more manageable scope for oral history.

This decision turned out to be for the best, as the information I gathered from oral histories was richer, more nuanced, and infinitely more useful than Ministerial documentation. Over the course of my research year (the 2008/2009 academic year) and in a few follow-up efforts in 2010 and 2014, I conducted interviews with seventy-five individuals who either worked within or experienced the Nicaraguan health system during the 1980s. I interviewed a handful of these individuals—those who told the most compelling narratives, or who had the best command of information—several times. I was able to conduct in-depth interviews with all three Ministers of Health who served during the Sandinista period. This is a unique contribution of this dissertation, as none of the extant literature has yet relied upon an interview with even one of them.

With Ministerial documentation I could have told a story about what MINSA planned, what it attempted, and, to a certain extent, what it succeeded in and failed at. But I could never have told the stories embedded in this dissertation about the challenges and triumphs of actually working in health care delivery, of experiencing access to health care for the first time, or the frustrations of losing that access in the face of economic deterioration and the Contra War. These oral histories tell stories of personal politics, grand ambitions, self-abnegation on a tremendous scale, sacrifice, determination, and, occasionally, pettiness and cruelty. MINSA documents could never have told these stories.

Oral histories also presented the opportunity to work with sources nobody else has used before. The stories told by members of Cuban medical brigades are unique to this dissertation, as are the interviews with long-term U.S. volunteers who embedded themselves within Nicaraguan communities in order to better promote health care and, at the same time, to protest U.S. aggression against the Sandinista government. In short, the paucity of official documentation turned out to be a tremendous stroke of luck. This dissertation is more interesting, more nuanced, and more valuable because of its reliance on oral history.

Nonetheless, oral histories did not tell the entire story; some MINSA documentation provided an important framework for this research. The documents upon which this dissertation is based are located in Managua at the *Instituto Histórico de Nicaragua y CentroAmerica* (IHNCA) at the *Universidad de CentroAmerica* (UCA) in Managua, the *Centro de Documentación* (CEDOC) at the MINSA central office complex, the CEDOC at the quasi-independent *Centro de Investigación e Estudios de Salud* (CIES), and the periodicals collection at the privately owned and managed *Biblioteca del Banco Central de Nicaragua*. At the IHNCA, I found an almost-complete collection of annual health plans, the personal collection of *Actas Ministeriales* (ministerial executive orders) issued by former Minister of Health Dora María Tellez (1985-1990), and other ephemera of the period (scattered pamphlets, reports, analyses, training manuals, and union periodicals, for example). The Actas Ministeriales were until recently stored only in Tellez's private collection, and no scholar has yet had access to them. At MINSA's CEDOC I found the remaining annual health plans, popular education manuals and

pamphlets, and other scattered documentation from the period. The CIES housed a similarly scattered remnant of documents from the 1980s. Among these four locations, I was able to piece together a complete collection of the ten annual health plans and other internal assessment documents—enough to provide a framework for MINSA's leadership and strategy during the Sandinista period—and the newspaper records for the entire decade.[6]

I am far from the only historian to arrive in country for fieldwork only to discover that I would have to change my entire research plan – even my research questions. The manner in which my project changed course, however, merits special commentary, given the methodological concerns raised by the specter of Nicaragua's extreme political polarization, post-traumatic memory fatigue, and the scarcity of documentation to provide an 'official' history as a point of reference.

Although this unforeseen development came as an unpleasant surprise initially (cue panicked emails to my advisors and graduate student colleagues), in the end, I believe my dissertation to be richer for having been forced to confront the difficult methodological, analytical, and theoretical questions that arose throughout my research and writing processes. An institutional history such as I had first imagined lacks some of the richer elements of an oral history that help flesh out the image and events of a particular place and time. If the stories Nicaraguans told me represent hundreds of diverging, intersected, and occasionally tangled threads, my challenge was to weave

6. Unfortunately, I lost the bulk of my newspaper research when the hard drive on my laptop crashed a few days after returning from my last research trip to Nicaragua. While I believed I had backed up all of my photographs, in reality I only had backed up my records for 1979-1981. This was a disappointing loss.

together a history that neither validated nor discounted any one perspective, and somehow arrive at the elusive 'truth.'

Literature Review

The body of work relating to health care in Sandinista Nicaragua is extremely thin. Only two books on the topic have ever been published, and while both are phenomenal resources for the authors' proximity to the events and programs of Sandinista health care, they both lack sufficient information about primary source material and focus almost exclusively on the first half of the decade, leaving the difficult period of 1985-1990 largely unexamined. Thus, this project, with its uninterrupted focus on the entire decade of Sandinismo, unprecedented access to interviews with all three Ministers of Health, regional focus, and reliance on heretofore untold oral histories from health workers, internationalists, and everyday Nicaraguan citizens, adds to and enriches the extant literature considerably.

The first book, *Health Care in Nicaragua: Primary Care Under Changing Regimes*, by Richard Garfield and Glen Williams, is the only complete institutional study of the Nicaraguan Ministry of Health during the 1980s, and as such is an invaluable resource.[7] Published in 1992, Garfield, the primary writer, worked in various capacities at MINSA from 1980-1986, and then collaborated on various projects from his position as a faculty member at the Nursing School at Columbia University. In the writing of his book,

7. Richard Garfield and Glen Williams, *Health Care in Nicaragua: Primary Care Under Changing Regimes* (New York, Oxford University Press, 1992); Garfield is the primary author and did all of the research for this book. Williams was his editorial assistant and got co-author status for helping turn the research into a publishable book.

he drew upon personal connections with MINSA employees, experiences he lived through himself, but also a vast trove of documentation that no longer exists. Thus, much of his primary research is untraceable at this point, and his book becomes an even more important resource. His citations, however, are often lacking, making it impossible to re-trace his research in certain places. Lastly, his coverage of the period from 1986-1990 is extremely weak in comparison with 1979-1985, comprising only a few scattered assertions without adequate source material or contextualization.

The other book-length published study on health care in Nicaragua, John M. Donahue's *The Nicaraguan Revolution in Health: From Somoza to the Sandinistas*, traces the initial years of the Sandinista program, from 1979-1985.[8] Donahue focuses on popular health education, and is lamentably uncritical in his approach of the subject matter. Like Garfield's study, Donahue's is similarly light on primary source citations, and, at 101 pages, is also light on content. However, his analysis of pedagogical paradigms in popular education and his inclusion of a substantial appendix of images from popular education pamphlets and manuals, are worthy contributions to the study of education in low-literacy environments.

In addition to these book-length studies, a small collection of articles written during the 1980s by internationalist health workers complements, and in some cases expands, the body of knowledge represented by Donahue and Garfield. Garfield, for example, published articles that later became part of his book. Donahue similarly published excerpts prior to publishing the monograph. Other articles discuss the impact

8. Donahue.

of low-intensity warfare on health indices (though not, as this dissertation does, on health delivery), the role of non-governmental organizations in impacting the design and structure of a health care system, disease-specific studies in Sandinista Nicaragua (maternal-infant health, dehydration and diarrheic illness, etc.), and mid-decade speculations on the meanings, risks, and limitations of the health care reform's striking success up to that point.[9]

This dissertation also intersects with several other bodies of literature in either a tangential or partial manner. Studies of Cuban health care, books on internationalism and solidarity work, histories of the revolution, and explorations of the Sandinista period all inform this work in one way or another. The chapter on the Cuban medical mission in Nicaragua, for example, leans heavily on Julie Feinsilver's *Healing the Masses: Cuban Health Politics at Home and Abroad* and Katherine Hirschfeld's *Health, Politics, and Revolution in Cuba Since 1898* for illumination of the inner workings of the Cuban health care system. In particular, Feinsilver's unmatched access to Cuban records enabled her research to illustrate the extent, intent, and nature of Cuban internationalism, which provided invaluable background material for this project. The chapter on Cuban

9. Phillipa Easterbrook, "The Impact of Low-Intensity Warfare," J*ournal of Public Health Policy* 11, no. 3 (Autumn 1990), 277-280; John M. Donahue, "International Organizations, Health Services, and Nation Building," *Medical Anthropology Quarterly* 3, no. 3 (Sep., 1989), 258-269; Barbara L. Wolfe and Jere R. Behrman, "Determinants of Women's Health Status and Health-Care Utilization in a Developing Country: A Latent Variable Approach," *The Review of Economics and Statistics* 66, no. 4 (Nov. 1984), 696-703; Rodolfo Peña, Jerker Liljestrand, Elmer Zelaya, and Lars-Åke Persson, "Fertility and Infant Mortality Trends in Nicaragua: The Role of Women's Education," *Journal of Epidemiology and Community Health* 53, no. 3 (Mar. 1999), 132-137; Thomas John Bossert, "Nicaraguan Health Policy: The Dilemma of Success," *Medical Anthropology Quarterly* 15, no, 3 (May 1984) 73-74.

internationalism (chapter four) in this dissertation is the first study of a site-specific Cuban medical mission in a foreign nation.

The body of work on the U.S. solidarity movement also couches an aspect of this research. The chapter on U.S. solidarity workers, however, is unique within this body of work, in that it is the only study of the long-term volunteers of the U.S. solidarity movement – those who uprooted their lives to fully commit themselves to working with and for the Sandinista government. The other literature, however, focuses on the U.S. solidarity movement as it functioned within the United States. Susan Bibler Coutin's study *The Culture of Protest*, for example, addresses the issue of the Sanctuary Movement in the U.S., a movement that provided aid and refuge for Central American refugees. Her argument revolves around a theoretical hypothesis about how culture is produced in middle class U.S. society.[10] Coutin's project does not address the questions explored in this project, nor does she effectively address the transnational aspect of these solidarity movements. Margaret Keck and Kathryn Sekkink's monograph, *Activists Beyond Borders*, focuses on the nature of "transnational advocacy networks," a concept the authors developed to address the nature and meaning of the dense interpersonal and inter-organizational structures that grow up around common concerns, such as human rights or disarmament.[11] This study is useful for exploring the effect that these networks have on international and domestic politics and culture. Other books study particular

10. Susan Bibler Coutin, *The Culture of Protest: Religious Activism and the U.S. Sanctuary Movement* (Boulder, CO: Westview Press, 1993).

11. Margaret E. Keck and Kathryn Sekinkh, *Activists Beyond Borders: Advocacy Networks in International Politics* (Ithaca, NY: Cornell University Press, 1998).

movements, such as Witness For Peace, a solidarity organization that was particular to fighting the Contra War in Nicaragua. Founder Ed Griffin-Nolan's account of the organization focuses on the longer-term volunteers who worked and lived in the United States while coordinating short tours of Nicaragua for activists and information-seekers.[12]

Finally in this area of internationalist literature is the category of travelogue and memoir, in which individuals who lived and worked in Nicaragua during the 1980s recount their experiences and beliefs about the Sandinista period. A stand-out in the field is Stephen Kinzer's *Blood of Brothers*.[13] Kinzer was the *New York Times'* bureau chief in Nicaragua for the bulk of the Sandinista period, and his thoughtful memoir of the period sheds light on various aspects of life in the 1980s during the FSLN's experiment in pluralistic socialism, covering agrarian reform, education, the Contra War, experiments in governance, the mismanagement of the Miskito and the Atlantic Coast, and, importantly, health care.

Other studies, scattered throughout a cross-section of disciplines and topics, also informed this dissertation. Broad histories of the Sandinista Revolution such as Eduardo Crawley's *Dictators Never Die*, and Walter LaFeber's *Inevitable Revolutions* helped fill in the background research for this dissertation.[14] Giaconda Belli's *The Country Under My Skin* and Ernesto Cardenal's *Revolución Peridida* both shed light on the processes,

12. Ed Griffin-Nolan, *Witness for Peace: A Story of Resistance* (Louisville, KY: Westminster John Knox Press, 1991).

13. Stephen Kinzer, *Blood of Brothers: Life and War in Nicaragua* (New York: Putnam, 1991).

14. Eduardo Crawley, *Dictators Never Die: A Portrait of Nicaragua and the Somoza Dynasty* (London: C. Hurst & Company, 1979.); Walter LaFeber, *Inevitable Revolutions: The United States in Central America* (New York: W.W. Norton, 1983).

successes, and failures of the Revolution in power from the perspective of those who were inside the government itself.[15]

Despite an abundance of books about the Sandinista Revolution, the historical literature is thin on the ground. This dissertation, then, is a valuable addition to a crowded, but not particularly academic field of entries. It is unique in being a study of health care during the entirety of the Sandinista period, in relying so heavily on oral histories to paint a clearer image of what health delivery looked like at the regional or community level, and on providing unique in-country analyses of both Cuban and U.S. volunteers in Nicaragua.

Organization

This dissertation argues that health care was the most successful of the reforms the Sandinista revolutionary government attempted to implement in the years they were in power. Because it was successful, health care, while far from the most famous of the revolutionary reforms, became over time a signifier of the promise of *Sandinismo*, that of a life of dignity, opportunity, and revival for all Nicaraguans. The health care program, however, was not simply a project of the Nicaraguan state – rather, it was a collective enterprise that asked for the highest level of effort and involvement not only from health workers, but also from ordinary citizens and international volunteers. The five chapters of this dissertation deconstruct that effort and its results, dealing with health care in Sandinista Nicaragua in all its guises.

15. Giaconda Belli, *The Country Under My Skin: A Memoir of Love and War* (New York: Knopf, 2002); Ernesto Cardenal, *Revolución Perdida* (Managua: Anama Ediciones Centoamericano, 2004).

The first chapter is a history of Nicaragua and health care in Nicaragua prior to the Sandinistas. The Nicaraguan history sections highlight the constant influence of international geopolitics and foreign intervention in Nicaragua's storied past. It then moves on to a description of the abuses of the Somoza dictatorship, the rise of the Sandinista revolutionary movement, and the resulting structural problems inherent to the Nicaraguan state at the moment of the successful mass insurrection and the overthrow of the Somoza government. The last section of this chapter traces the history of health care in twentieth century Nicaragua (a less-than-illustrious history, to be sure), the role of medical workers in support of the Revolution, both the FSLN's guerrilla war and the urban insurrection, and the state of health indices in Nicaragua in July of 1979.

The second chapter is both a summary of and an elaboration upon the known institutional history of the Nicaraguan Ministry of Health. Unlike Garfield's and Donahue's studies, however, this chapter relies upon interviews with Ministers of Health, the *Actas Ministeriales* of former Minister of Health Tellez, and oral histories from health workers and MINSA bureaucrats. Thus, this chapter expands the known details of national-level health care policy making and the mechanisms of adaptation to increasingly difficult circumstances as the decade progressed.

In the third chapter, this dissertation turns to a regional study of health care delivery during the Sandinista period. This chapter contends that the Mountainous North was a critically important region to study the effectiveness and impact of MINSA's national policies. In-depth oral histories paint a picture of a health care system that struggled under the pressures of the Contra War, economic deterioration, and internecine

political struggles at the local level. While rural health structures and the curative health care network suffered under these strains, the preventive care system, propped up by high levels of volunteerism and public buy-in, continued to make headway in improving health indices in urban and semi-urban areas. Combat zones, however, suffered an almost total backsliding into the deplorable health conditions of the Somoza era.

The dissertation then turns to an analysis of international support systems for the Nicaraguan Ministry of Health in the fourth and fifth chapters. Chapter four explores the continuous presence of Cuban medical brigades in Nicaragua, again with a local focus on the brigades that worked in the Regional capital city of Matagalpa. This chapter inverts some of the common assumptions about the Cuban medical brigades – that they were promoting Communist ideology, that Cuba was the magnanimous donor state and Nicaragua the passive recipient of aid – and reveals a much more complicated relationship between Cuba and the Nicaraguan Ministry of Health. Cuba perceived distinct benefits from sending its medical brigades to work in a Third World country, and instead of trying to quietly penetrate communities to spread Communism, the Cuban government instead tried to limit the extent to which its medical workers could integrate with citizens of the host country.

The last chapter deals with the presence of long-term U.S. solidarity workers who lived and worked in health care during the 1980s, and explores the important functions they filled in lending international legitimacy to the Sandinista government and de-legitimizing the Reagan administration's foreign policy in Nicaragua. While the services they performed as health workers were valuable to either the Ministry of Health or small

Nicaraguan communities, of equal importance was the detailed information they sent back to the United States regarding the harmful consequences of the U.S.-funded Contra War and the U.S. economic embargo. After years of living and working in Nicaraguan communities, they often became respected members of the communities they had worked so hard to protect. The contrast between the Cuban medical brigades and U.S. solidarity workers could not be more striking, but both played integral roles in propping up the Sandinista attempt to improve health conditions and health delivery in Nicaragua during the 1980s.

Chapter One: History of Nicaragua and Nicaraguan Health Care

On July 19th, 1979, the victorious Sandinista National Liberation Front (FSLN) rolled into Managua on a tide of euphoria. After sixteen years of guerrilla warfare, they had finally pushed the Somoza dictatorship from power. Armed battalions swept through the streets on trucks, tanks, and on foot while the Nicaraguan people poured out onto the streets to wave flags, sing songs, and rejoice at the end of forty-three years of tyrannical and despotic rule. It was a potent blend of chaos and joy, relief and the sudden freedom from fear. Photographers and journalists captured powerful images of this public celebration, but there was another, much overlooked, side to this story—that of frightened Somoza supporters making their furtive escape on private planes in the wee hours of the morning, and the darkened halls of government and industry echoing with silence, occupied only by the fluttering of a few papers left behind.

Nicaraguan poet and revolutionary Gioconda Belli, like so many other young Nicaraguans of her generation, dedicated years of her life to the dream of social revolution. In her memoir of those times, *El país bajo mi piel*, she writes of the hopes, fears, challenges, and accomplishments involved in both waging a civil war and in struggling to govern in the post-Revolutionary period. Her chapters on the process of assuming power offer a valuable glimpse into the chaotic transition from war to peace, and from one regime to another, thus offering her readers a chance to pause and absorb the improbability of the revolution's success, and the immediacy with which those who had spent years trying to destroy had to begin building.

The abruptness with which the old Somoza regime abandoned ship in the middle of July 1979 thrust the Sandinista directorate into the seat of power with very little warning. Up until almost the very end, in fact, Sandinista leaders had pragmatically imagined that in the event of victory they would be forced into some sort of power-sharing agreement or provisional government with the old regime. The reality of total victory, to say the least, was stunning. In the aptly titled chapter "On the experience of discovering that one must start from zero," Belli writes about arriving in Managua only to discover that

> The state had been completely dissolved. There were no courts, no police, no army, no government ministries. Just abandoned offices, deserted military bunkers. It was an odd sensation to have been subversive guerrillas and fugitives only a day earlier, and now, suddenly – as young as we were, no less – to find ourselves in a city deserted by the ancient regime, conscious that from then on, everything was up to us.[16]

Although many Sandinistas wrote of their experiences of the Revolution, most glossed over the uncertainty they faced until the last moment, when the astonishing improbability of victory became reality. Belli, conversely, allows us to see that moment, and in fact encourages us to pause and appreciate the vast task suddenly before the Sandinista leadership: to govern openly and efficiently while vastly expanding the former government's purview. Such a task would have been challenging for even a well trained, experienced, and prepared government, but the Sandinistas had little practical knowledge and were, as Belli noted, overwhelmingly young and inexperienced. Dr. Antonio Jarquín,

16. Gioconda Belli, *The Country Under My Skin: A Memoir of Love and War*, Trans. Kristina Cordero and Gioconda Belli (New York: Anchor Books, 2003), 249.

who helped design Sandinista health policy, admitted, "[We] were specialists in destroying dictatorships, but none of us knew how to construct a government."[17] While some guerrillas cavorted, looted, and free-wheeled in government vehicles, many others scrambled to assemble some form of government to fill the power vacuum left in Somoza's wake.

It is worth pausing to acknowledge those days of transition, days characterized by long hours of ad-hoc planning and organization, as a key pivotal moment in between the structures, form, and function of the old regime and those of a new, post-revolutionary government that, for many years, had existed only in the imagination of revolutionaries. On this tabula rasa, the Sandinistas laid out their own plan for the new Nicaragua.

They did not, however, work from plans that sprang organically from within the revolutionary movement. Sandinista leaders at all levels were overwhelmed by the task before them, and therefore wide open to input, suggestions, offers of aid, and support of any kind. Again, to quote Belli:

> Bankers, economists, and private businessmen offered their services to work on the blueprints for rebuilding the country [when] Somoza fell. We didn't say no to anyone. We were overjoyed to be able to benefit from so many sharp minds and collective experiences.[18]

Each Ministry – Health, Education, Agriculture, Foreign Affairs, etc. – relied upon assistance and advice from a host of interested parties. Feminist organizations, teachers' unions, university leaders, the medical community, communist youth leaders, private

17. Quoted in Garfield, *Health Care In Nicaragua*, 22.

18. Belli, *The Country Under My Skin*, 234.

business interests, Catholic bishops, religious lay organizations, indigenous communities, Cuban government officials, and American government officials – all offered input, hoping that their particular agenda would be embraced and embodied by the new revolutionary state. The Nicaraguan *Ministerio de Salud* (Ministry of Health, or MINSA), for example, took its lead quite pointedly from the Cuban *Ministerio de Salud Pública* (Ministry of Public Health, or MINISAP), but was also sensitive to the practical pressures that would come from the Nicaraguan private business interests, the medical establishment (long accustomed to private, for-profit practice) and the U.S. government.

This approach toward state-building was typical of the Sandinista transition, but also reflective of Nicaragua's long history with foreign assistance, intervention, and aid. Much of the Sandinista project focused on making a clean break with the past and starting fresh in the new utopian society. Nonetheless, the unifying commonality between the pre- and post-revolutionary periods was the impact of external groups, ideological contingents, and foreign governments in shaping the Nicaraguan nation.

This dissertation analyzes the Sandinista government's socialized health care system, and in particular focuses on its implementation and evolution in Matagalpa (Region VI), and surrounding areas in the mountains of Nicaragua. Before delving into this inquiry, however, this first chapter will lay out some necessary background and contextual information. First, it will offer a brief sketch of Nicaraguan geography and history. Second, it will, outline the struggle between the Somoza dictatorship and the Sandinista revolution. Third, it will catalogue the history of Nicaraguan health care in the pre-Sandinista period. These three elements, geography, a history of foreign intervention,

and leadership have had an impact on Nicaraguan history from the colonial period to the current day. The Sandinista period, too, would in no small part be defined by these three elements.

Geography

This beautiful tropical country, colloquially called "the land of lakes and volcanoes," sits in the center of the long Central American isthmus on a protuberance of land that historian Eduardo Crawley calls "the southernmost vertebra of North America… a slipped disc in the mountainous backbone of the Americas."[19] It is bordered by Honduras to the north, and Costa Rica to the south. In sheer size, it is the largest Central American republic, measuring approximately 81,000 square miles.

Territorially, Nicaragua covers three different geographic zones: the western Pacific lowlands, the Mountainous North, and the Atlantic jungle. The fertile Pacific lowlands, where enormous lakes, towering conical volcanoes, sugar plantations, and cattle ranches dominate the landscape, house upwards of 60% of Nicaragua's population. Most of this population live in one of Nicaragua's three largest, wealthiest, and most powerful cities: Managua, the modern capital and commercial hub; Granada, a colonial capital city, bastion of the cattle barons and the Conservative oligarchy; and León, the other colonial capital city, seat of education, medicine, and the Liberal oligarchy.

Then across the northern center of the country runs a wide swath of rugged mountains and volcanoes. This chain, part of the Central American Volcanic Arc, forms a

19. Crawley, *Dictators Never Die,* 10.

geographically isolated and unique region, the Mountainous North, that would prove over time to cultivate coffee and revolutionary movements with equal aptitude. The term "Mountainous North," is a term created specifically for this dissertation to refer to the area stretching from the Nueva Segovias to the western-most parts of the Atlantic jungles, where the foothills begin.[20] Verdant slopes, grown rich through the millennia with volcanic ash and spring-fed rivers, were historically home to small-holding peasants until the nineteenth century, when European immigrants settled on huge mountain estates granted to them by the Nicaraguan government and began farming coffee. The major provinces in the Mountainous North are Matagalpa, Estelí, Nueva Segovia, and the western Atlantic zone.

The third geographic zone, the Atlantic Coast, stretches over nearly one half the Nicaraguan territory. It is an enormous, biologically consistent zone characterized by dense tropical jungle, low hills, vast floodplains, and a precipitation rate averaging around 200 inches per year.[21] To say the least, it is quite different from the other half of Nicaragua. This difference, however, is not confined to geography; the Atlantic Coast also has a colonial history, linguistic traditions, and an ethnic makeup widely variant from the rest of Nicaragua. An almost impenetrable geographic isolation, in addition to

20. I use this term, "the Mountainous North," as a way to avoid discussions of official Departmental and Regional boundaries that various governments have drawn on maps over the years. For example, during the 1980s, Region I and Region VI, (Estelí and Matagalpa, respectively) were distinct regions from an administrative perspective, but the way roads and relationships work in this area made the regional divisions insignificant, as the population from Nueva Segovia, Estelí, Matagalpa, and the western Atlantic Zone all drain into Matagalpa in search of social services such as medical care.

21. Charles Hale, *Resistance and Contradiction: Miskitu Indians and the Nicaraguan State, 1894-1987* (Stanford, CA: Stanford University Press, 1994), 4.

these cultural and historical differences, set the Atlantic Coast apart from the Western half of Nicaragua.

The political life of the Nicaraguan state has often revolved around parties and leaders from the Pacific lowlands. The geography of the Atlantic Coast and the Mountainous North, however, have made unique and significant contributions to the nation's history, whether by virtue of their location, isolation, or particular geographic and natural advantages. In particular, this dissertation focuses on the Mountainous North, where remote mountains and fertile soil created a perfect climate for armed insurrection, on the one hand, and a vibrant agricultural life, on the other.

History up to the Somozas

Nicaragua is a land of intersections. Never was this more clear than during the post-Revolutionary decade (1979-1990), during which the United States, communist bloc nations, socialist governments, and issue-oriented non-governmental organizations all put tremendous effort toward supporting their particular causes in the nascent Sandinista state, while Nicaraguans of all political stripes struggled to define their country's future. But this post-revolutionary period was merely the capstone on a long history of intervention and intersection, from the pre-colonial period through modern times. This section is a brief history of Nicaragua from the pre-Colombian period through the early twentieth century. While not a comprehensive survey, it is intended to present the broad narrative arc and introduce major concepts and actors in Nicaragua's history up to the twentieth century.

In the pre-Colombian period, what today is Nicaragua was then the geographic area in which the southern-most Aztec tribes and the Chibcha-speaking tribes of Colombia inter-mingled, as the Colombian tribes provided the Aztecs with valuable emeralds. This was the first historically recorded inter-continental trade relationship.[22] "As far as we can tell," writes Crawley, "it was on this spot that Nicaragua first became a colony."[23] As a trade outpost between two continents, when the Aztec empire began to crumble on the eve of the Spanish arrival on the American continents, the people of the future Nicaragua were at the mercy of political, economic, and historical forces beyond their control.

This would continue to be the case as the Spaniards jostled and fought in their efforts to claim Central America for Spain in the sixteenth century. During the colonial period, the territory of modern-day Nicaragua (then part of the Viceroyalty of New Spain, in the Captaincy General of the Kingdom of Guatemala) was, like all Spanish American colonies, a place where Iberian and Catholic culture met and mingled with native indigenous cultures, but it was also where the British Empire and the Protestant faith established their claims to the Atlantic side of the country. Spain concentrated its hold on the Western side of Nicaragua, and the British gradually established a protectorate over the Miskito Kingdom on the Atlantic Coast.

From almost the moment of their foundation, the competing capital cities of Western Nicaragua, León and Granada, had been at each other's throats for because of

22. Crawley, *Dictators Never Die,* 11.

23. Ibid.

differences over governance and economic policy.[24] This mutual dislike occasionally boiled over into violent conflict, as Leon's Liberals and Granada's Conservatives battled for preeminence. In the post-colonial period, this antagonistic relationship would only worsen.

With Nicaragua's independence from Spain in 1821 (and establishment as its own nation in 1938), until the U.S. military occupation of 1912-1933, the Liberal and Conservative parties fought each other fiercely for control of the nation. It was this ongoing animosity that, in 1855, led Liberal party leaders to hire William Walker and his Filibusters in order to topple Granada's Conservative rule – one of the most infamous and destructive episodes in Nicaraguan history, as Walker not only sacked Granada, but also declared himself President of Nicaragua in 1856, fomenting in the process both a domestic civil war, and, internationally, something of a diplomatic crisis.[25]

In the aftermath of this fiasco, the Liberal Party, disgraced and humiliated, languished while the Conservative Party ruled for more than thirty years. During this time, the Conservative leadership ushered in economic 'reforms' that helped consolidate land in the hands of wealthy agricultural families at the expense of rural indigenous communities, who frequently found themselves stripped of their lands and forced into debt peonage.[26] Under this Conservative stewardship, coffee cultivation flourished and became Nicaragua's principle export by 1890, edging out natural dyes, cattle, and sugar

24. John Booth. *The End and the Beginning: The Nicaraguan Revolution* (Boulder, CO: Westview Press, 1985), 12.

25. Ibid., 19.

26. Ibid., 20.

as the leading exports.[27] Unfortunately, many of the tactics Conservatives used to consolidate land and agricultural wealth planted seeds of conflict and resentment that would simmer for decades, exploding from time to time in violence and rebellion.

While this period of Conservative rule was a time of relative stability for Nicaragua, the tensions generated by foreign interest and intervention did not hover far beneath the surface. During the post-colonial period, three inter-related problems dogged Nicaragua: first, the persistent problem of the British presence on the Atlantic Coast; second, the United States' increasing interest in Central America as a site for economic expansion and regional hegemony; and third, international interest in a trans-isthmian canal.[28] The challenges generated by these concerns played out in very different ways over the next several decades.

Nicaragua solved the persistent problem of British hegemony on the Atlantic Coast with the Treaty of Managua in 1960, in which Britain officially ceded control of the Atlantic Coast to Nicaragua. The terms of the treaty stipulated the creation of an autonomous Miskito Reserve, but the Atlantic Coast now belonged, at least on paper, to the Nicaraguan state. The Caribbean side of the country, however, was difficult to access from the west, and the Nicaraguan government commanded scant resources to expand its purview. The government, therefore, left the Miskito largely to their own devices, and region remained largely Anglophone and Protestant.[29]

27. Ibid.

28. Ibid., 21.

29. Ibid., 22.

The second persistent problem, U.S. interest in establishing dominance in Nicaragua, proved more intractable, especially considering that, at times, segments of the Nicaraguan elite cultivated this relationship deliberately.[30] American corporations built railroads and transit routes to facilitate the isthmian crossing for gold miners and others heading to the Western United States by ship. After the British vacated the Atlantic region, North American commercial interests, including logging, rubber, mineral mining, and banana plantations, stepped in to fill the power vacuum the British left behind. So thoroughly did the U.S. corporations dominate these industries that by 1890, they controlled ninety percent of the investment represented by these industries.[31] By this time, wrote anthropologist Charles Hale, the region's future, "was… in the hands of the North Americans."[32] Throughout the late nineteenth century and into the twentieth, U.S. influence in Nicaragua grew to hegemonic proportions.

The third of the problems mentioned above was persistent international interest in the site for a future trans-isthmian canal. The United States, having already established economic dominance in the Atlantic region, kept a persistent eye on Nicaraguan politics, eager to secure the rights to build the canal. For many decades, the route across southern Nicaragua (from the Río San and through Lake Nicaragua and Lake Managua) seemed the most promising, and both the U.S. government and private U.S. enterprises (such as

30. Michel Gobat, *Confronting the American Dream: Nicaragua Under U.S. Imperial Rule* (Durham, NC: Duke University Press, 2005), 5.

31. Hale, 40.

32. Ibid.

that of Cornelius Vanderbilt) frequently stepped in to safeguard their access to build and own the canal.[33]

This canal interest led the United States to intervene in Nicaraguan politics, and even in questions of national governance. In 1893, when the Liberals once more took power in Nicaragua, the U.S. diplomats tacitly gave permission for an attempted annexation of the Atlantic Coast, believing it would be easier to negotiate routes and permissions with one governmental authority (the Nicaraguan state), rather than several (Nicaragua and the Miskito territories).[34] Thus, in 1894, the nationalist Liberal President José Santos Zelaya sent in the military and annexed the Atlantic Coast into the Nicaraguan state with the United States' blessing. For the first time in its history, the Nicaraguan territory was actually one nation, under one government, from coast to coast.

The denizens of the Atlantic zones, however, did not welcome the transition, and petitioned Queen Victoria of Britain to re-activate the protectorate.[35] When that failed, they rose up in rebellion. The United States sent a small military occupation to help the Nicaraguan Army suppress the rebellion, thus cementing Nicaraguan rule, and U.S. hegemony in the region.[36] For the next century, and especially at the time of the Sandinista Revolution, the Miskito Coast would prove to be an insoluble problem of governance for the Nicaraguan state, no matter who was in power.

33. Booth, 20.

34. Hale, 41.

35. Hale, 38.

36. Hale, 39, 43.

By the early twentieth century, the United States was firmly entrenched as the foreign power of note when it came to Nicaragua. U.S. actions and interventions over the next several decades would only enhance the extent to which they controlled and influenced Nicaraguan political and economic life. For example, the U.S. began by removing President Zelaya from power when it no longer found it convenient to support him. In 1904, the U.S. committed to building the trans-isthmian canal in Panama, thus nullifying (in their view) Nicaragua's usefulness for such a purpose. In fact, it became critical to the United States that Nicaragua *not* build a canal, so that there would be no competition for their own, once it was completed.[37] Zelaya, with his persistence defense of Nicaragua's sovereignty over the canal issue, had, by 1904, become, "the principal nemesis of the United States in Latin America."[38] The Roosevelt administration prepared to take action to nullify the threat he posed to U.S. control in Central America.

Several factors contributed to the U.S. determination to end Zelaya's long reign in Nicaragua. United States officials were perturbed that Zelaya continued to court German, French, and Japanese interests in the interest of eventually achieving his dream of a Nicaraguan canal. Zelaya's nationalist and expansionist actions exacerbated this hostility, while the increasing corruption and authoritarianism of his regime made the Nicaraguan elite less inclined to support his presidency any longer.[39] After squashing a flurry of Central American wars Zelaya incited in order to unite the region under his own

37. Gobat, 66.

38. Ibid., 67.

39. Ibid., 68.

leadership (an ambition other Central American presidents were reluctant to embrace), U.S. patience was at an end. North American diplomatic activities began encouraging dissident elites and neighboring nations to overthrow the durable and bothersome President.[40] After searching for a legitimate pretext upon which to base the installation of a puppet government, in late 1909 a small rebellion by General Juan Estrada (the governor of the Atlantic Coast) gave Secretary of State Philander Knox the excuse he'd been waiting for.

With a force of 1,000 United States Marines on their way to support the rebellion and overthrow Zelaya, the President immediately resigned. Hoping to forestall an invasion and preserve Nicaraguan sovereignty, Zelaya turned over the reins of government to José Madriz, a long-standing Liberal critic of his regime, whose support among the Nicaraguan elite was so widespread that the nascent rebellion dissipated almost immediately.[41] Knox, however, was undeterred. In early 1910, the Marines landed and overthrew Madriz's government.

In 1912, the U.S. military occupation became permanent and lasted, for all intents and purposes, until 1933.[42] It was the longest continuous occupation of a foreign nation in U.S. history.[43] For twenty-one years, Nicaragua was a U.S. protectorate with a permanent Marine occupying force to ensure stability. In reality, however, the U.S. occupation was a

40. LaFeber, 49.

41. Gobat, 70.

42. Crawley; The Marines did withdraw in 1925, but returned in 1926 to help squash yet another rebellion. They then stayed from 1926-1933.

43. Gobat, 76.

profoundly de-stabilizing event in Nicaraguan history. The U.S. interfered relentlessly in Nicaraguan politics, playing political leaders and their adversaries off each other in order to achieve its own ends. Meanwhile, those same political adversaries used the United States to further their own presidential and military ambitions.[44] In sum, the occupation and establishment of the protectorate "polarized Nicaraguan society to the breaking point," sparking seemingly endless (and often armed) struggles for political supremacy among Liberal and Conservative leaders, civil unrest, and clashes in elite culture.[45] It also spurred a nationalist Revolution led by Cesar Augusto Sandino that eventually made withdrawal an attractive option for the beleaguered Marine occupying force. By 1933, Sandino's forces controlled over 3,000 square miles of Nicaraguan territory in the Mountainous North, and had for all intents and purposes brought the Marines and the National Guard to a stalemate, if not to the point of defeat.[46]

In response to this chronic instability, in 1924 the U.S. had helped organize the *Guardia Nacional* (National Guard), Nicaragua's first armed force that did not directly pertain to a political faction.[47] The idea, according to U.S. officials, was that a properly trained and non-political National Guard would help pacify and protect the country. The Guardia was trained, led, and commanded by U.S. military men up until the transfer of power to an independent Nicaragua in 1933. Upon the U.S. withdrawal, President Juan

44. Gobat, 75.

45. Gobat, 76.

46. Crawley, 78.

47. Ibid.

Bautista Sacasa appointed Anastasio Somoza García as the Chief Director of the National Guard, an action which, unbeknownst to Sacasa or the U.S. diplomats who had promoted Somoza, set the stage for decades more of corrupt dictatorship, social upheaval, and eventually, full-scale social revolution.[48] Walter LaFeber accurately summed up the problem when he wrote, "In Central America such a military force would not remain above politics, but single-handedly determine them."[49]

In spite of its military withdrawal and the end of the protectorate, however, the United States fully intended to maintain its political and economic hegemony in Nicaragua. Thus, in the early twentieth century, Nicaragua found itself once more at the mercy of international geopolitics, this time with the United States, rather than Spain or Great Britain holding the reins. Internal divisions between domestic Nicaraguan contingents have made the country more vulnerable to the vagaries of global economic and political policies. For centuries, Nicaragua has been a testing ground and proxy stage for world geopolitics. From the Aztec empire's pursuit of trade goods, to colonial battles for territorial expansion, to U.S. imperialism, Nicaragua is a place where varied peoples, histories, traditions, and worldviews have encountered one another and fought for supremacy. Nicaragua today is the product of the negotiations, struggles, clashes, and accommodations those encounters and intersections engendered.

48. Crawley, 47.

49. LaFeber, 67.

The Somoza Dictatorship(s) and the Rise of the Sandinista Revolution

In the aftermath of the U.S. military withdrawal, the strength of the National Guard, widespread political instability, and the incessant conflict between the traditional Liberal and Conservative elites paved the way for one ambitious man to make a political fortune for himself. In 1934, from his position as the head of the National Guard, Somoza ordered the assassination of Augusto Sandino, who was in Managua for peace talks.[50] A few years later in 1936, after securing the loyalty of his National Guard, Somoza staged a successful military coup that established him (and his two sons to follow) in the presidency for one of the longest, most kleptocratic hereditary dictatorships in Latin American history.[51] By 1956, Somoza the elder consolidated a personal fortune of $40 million; by 1975, his youngest son was worth ten times that much.[52]

Widely regarded as corrupt and ruthless dictators, the United States nonetheless supported the Somozas financially and militarily throughout almost all of their 43-year rule, welcoming the presence of a stridently pro-U.S., anti-Communist regime in Latin America throughout the Cold War.[53] Though Somoza García was assassinated in 1956, his sons—first Luis Somoza Debayle (1956-1963), and after his death, Anastasio

50. LaFeber, 70.

51. Ibid., 86.

52. Booth, 81.

53. Morris H. Morley, *Washington, Somoza, and the Sandinistas: State and Regime in U.S. Policy Toward Nicaragua, 1969-1981*, (New York: Cambridge University Press, 1994), 37.

"Tachito" Somoza Debayle (1967-1979)—remained in power until the Sandinista Revolution sent Tachito fleeing for his life on July 19, 1979.[54]

The Somozas kept power in Nicaragua through a combination of means: violent intimidation, the removal of opposition leaders through assassination and torture, acquisition of wealth, and by "loudly championing Nicaraguan nationalism while doing everything the United States asked."[55] After Somoza the elder's 1956 assassination, his son Luis stepped into the presidency while his younger brother 'Tachito' remained in control of the National Guard. After a four year period from 1963-1967 in which Luis Somoza allowed René Schick to be president (a marionette presidency which Luis controlled), Schick died in 1966. Shortly thereafter, Luis Somoza died of a massive heart attack. The 1967 election, characterized by an organized opposition and widespread discontent among Nicaraguans frustrated by the nation's increasingly inequitable distribution of resources, was a sign of uprisings to come. Nonetheless, by relying on the brutal repressive tactics of his National Guard and the pro-Somoza attitude of the United States, Anastasio won the "stormy, bloody" election and commenced a presidency that would make his own father's cruelty, venality, and love for personal gain pale in comparison.[56]

In spite of Somoza's electoral victory and his resulting stranglehold on power, a nascent revolution was underway in Nicaragua. The *Frente Sandinista para la Liberación*

54. During the time period of 1963-1967, Luis Somoza ruled by proxy through a puppet government. Upon his death in 1967, Anastasio Somoza Debayle took over the presidency himself.

55. LaFeber, 162.

56. Ibid., 163.

Nacional (National Sandinista Liberation Front, or FSLN), founded in 1961, was strong enough by 1966 to begin urban attacks, but its real strength lay in the Mountainous North, where landless peasants sheltered and protected them from the National Guard.[57] In spite of intense efforts by Somoza and his U.S. military advisors to suppress the guerrilla movement, the FSLN continued to grow in numbers and gain traction with the rural and urban poor. Though tensions and discontent simmered constantly under the surface (with occasional outbreaks of violence and protest), the effectiveness with which the Somozas wielded the National Guard helped maintain the illusion that Nicaragua was a stable country.[58]

The United States poured money into Nicaragua in an effort to bolster its perceived stability, but Somoza's economic and social welfare policies contradicted these attempts, and gravely worsened conditions for the poor. Between Inter-American Development Bank and the Alliance for Progress, Nicaragua received $100 million, while by 1970 U.S. private investment totaled $75 million.[59] These monies, ostensibly destined to enhance economic growth, disappeared into projects that benefitted only the wealthy elite and generated no wealth, jobs, or domestic industry to protect Nicaraguans from market fluctuations for export crops, drought, or other natural disasters.

The land grabbing of Somoza and his cronies resulted in a huge number of landless peasants – as many as 200,000 small holders were summarily evicted from their

57. LaFeber, 165.

58. Ibid.

59. Ibid., 164.

farms. As a result, unemployment was widespread as displaced farmers moved to the cities. Those that remained behind squatted on the limited remaining tillable farmland and suffered from a lack of food, potable water, sewage treatment, and adequate health care.[60] The rural and urban poor began gravitating toward the revolutionary promise of a socialist state in which opportunity was more evenly distributed.[61]

In spite of the National Guard's determined efforts to squash the guerrilla group, including the 1969 murder of five of the FSLN's leaders, countless ambushes, bombardments, infiltration attempts, and the 1976 murder of the FSLN founder Carlos Fonseca himself, the Sandinistas proved impossible to rout. It took more than twenty years, endless setbacks, and a determined process of learning and adaptation for a handful of radical students to build a national popular insurrection, but by the late 1970s, the *Frente*, as it was popularly called, prevailed among the varied movements of opposition.[62]

In spite of this growing unrest, Somoza remained a favored friend of the U.S. government throughout the 1970s. Even in the aftermath of the 1972 earthquake, in which Somoza blatantly stole millions of dollars of relief aid, refused to allow medical or search-and-rescue teams downtown, engaged in brazen land speculation, and allowed the

60. Ibid., 163.

61. It is worth noting that the FSLN was by no means the only agent of social change working in Nicaragua at the time. Diverse opposition organizations, student groups, and the liberation theology movement all contributed to the groundswell of insurrection that culminated in 1979.

62. Matilde Zimmerman, *Sandinista: Carlos Fonseca and the Nicaraguan Revolution* (Durham, NC: Duke University Press, 2000), 7.

National Guard to loot the devastated capital city, American support remained firm.[63] This event, however, proved to be the beginning of the end for the U.S.'s most loyal anti-Communist Third World ally.

Somoza's flagrant abuses of power made it easier, as the decade wore on, for opposition movements to gain traction even up into the middle class. His greed, wrote Walter LaFeber, "outpaced itself."[64] Roman Catholic bishops, Pedro Joaquín Chamorro, the editor of *La Prensa*, and the so-called "*Los Doce*" ("the twelve"), an opposition group of middle class and professional community leaders, mobilized their collective powers to denounce the dictatorship, while student movements and the FSLN steadily gained traction and membership nationwide.[65] In 1974, the Frente won a hostage-taking standoff with Somoza, and received a hero's welcome on their way to the airport to flee the country. A more grandiose kidnapping of the National Assembly in 1978 won them similar concessions and great fame in Nicaragua. Sensing opportunity, Fidel Castro offered training, education, arms, and material to the FSLN. This support that grew ever more dedicated as the FSLN grew closer to victory in the late 1970s.

By 1978, Nicaragua was in a state of upheaval that even the United States could not ignore. The Jimmy Carter administration's dedication to human rights made it hard to justify U.S. patronage of a regime with an appalling record of kidnappings,

63. LaFeber, 227.

64. Ibid.

65. Ibid.

'disappearance,' torture, rape, and murder.[66] The Carter administration tried to force Somoza to reform, but the dye was already cast. In 1978 the National Guard murdered Pedro Chamorro, sparking the first mass uprising against the regime, and marking the first time people from the urban slums joined the rebellion.[67] Somoza met these challenges by increasing his regime's repressive measures. This only spurred the insurrection to greater heights. After months of unsuccessfully trying to find a middle way, in 1979 Carter reluctantly cut off military and economic aid to Nicaragua.[68] Somoza remained defiant until the end, but the FSLN's final offensive of mid-1979 would bring about his end. In July 1979, Somoza fled, ending forty-three years of dictatorship and ushering in a new Nicaragua, governed by the victorious Sandinistas.

Health Care in Nicaragua Prior to 1979

On December 25, 1972, a U.S. mobile military hospital arrived in Managua to assist with the rescue missions after the December 23 earthquake that devastated the capital. They set up inside the walls of the U.S. embassy, but found that only a few patients were allowed in – those with important political connections to the Somoza regime. Though 10,000 were dead, 20,000 injured, and 400,000 left homeless, the American medical team spent the early weeks of 1973 whiling away the hours playing volleyball inside the embassy compound while thousands of the seriously injured waited

66. Ibid., 229.

67. Ibid., 230.

68. Ibid., 233.

outside the embassy gates, only to be refused treatment by henchmen of the Somoza regime.[69]

Six years later, in flagrant defiance of Somoza's censorship orders, Pedro Joaquín Chamorro ran a series of front-page stories in *La Prensa* called "*Crónicas del Vampiro*" (Chronicles of a Vampire) about the grisly goings-on at the infamous Plasmaféresis laboratory in Managua. Pedro Ramos, a Cuban expatriate and business partner of Anastasio Somoza, had made a fortune for them both by buying blood plasma from indigent Nicaraguans and selling it to dealers in the United States at a significant profit.[70] By the mid-1970s, thousands of impoverished Nicaraguans, having lost their lands in the mountainous north to Somoza and his cronies, had recently migrated to Managua. Many of these urban refugees made their living selling blood to "el vampiro" Ramos. Donors received a free meal with each donation, and got to see a doctor. For many, this was the only medical exam they would ever have had in their lives.

When La Prensa ran photos of cadavers drained of blood, Nicaraguans were outraged. Newly emboldened by the rising tide of opposition, the public voice clamored for justice. In response, Somoza had Chamorro assassinated in broad daylight. *La Prensa* also ran photographs of Chamorro's bullet-riddled corpse. Nicaraguans, already incensed by the Plasmaféresis scandal, reached their breaking point. Armed mobs took to the

69. Richard Garfield and Glen Williams, *Health Care in Nicaragua: Primary Care Under Changing Regimes* (New York: Oxford University Press, 1992), 3; All facts about this case are taken from Garfield's book. I did have photographs of the original copies of the Prensa articles, but lost them in when my hard drive crashed shortly after returning from my research trip. The Benson Latin American collection does not have *La Prensa* for 1977 or 1978, and I have been unable to find these articles in any online medium. Nonetheless, this is a well-known story in Nicaragua, and numerous sources coincide on the details.

70. Garfield, 3.

street. They kidnapped Chamorro's body from the hospital and, 40,000 people strong, marched their hero to the cemetery. That night, they torched numerous Somoza-owned businesses, including the Plasmaféresis lab. One reporter for *La Prensa* recalled that, "The Guardia watched with glazed eyes, lost and confused before a people which had lost its fear."[71]

These two examples are particularly pivotal moments in Nicaraguan history. In the first place, Somoza's handling of the earthquake and his assassination of Pedro Joaquín Chamorro were two events that both contemporary observers and historians have repeatedly highlighted as events that mobilized the vast majority of Nicaraguan people to join, or at least support, the struggle to topple the dictatorship. In the first instance, Somoza demonstrated to Nicaraguans and the international community his commitment to enriching himself at any cost, with absolute disregard for his own people's suffering. In the second, by assassinating Chamorro—a scion of one of the oldest and most powerful families in Nicaraguan history, as well as a brave opponent of the dictatorship's worst excesses—Somoza illustrated to the middle and upper classes that even they, who had always felt safe from the worst of his predations, could become victims of his absolute power.

But these two illustrations also highlight something about the history of health care in Nicaragua: that is, that access to medical services was firmly tied to social status, patronage, foreign aid, and political connections. In the earthquake relief disaster, the restriction of emergency medical aid to the wealthy and well connected illustrates the

71. Silvio Mora, quoted in Garfield, 5.

way the Somoza regime preferenced elites – medically, and in all other ways – over the vast majority of the population, Nicaragua's poor. By the same token, the Plasmaféresis debacle highlights the extent to which the poor and dispossessed were prey to a rapacious player in the medical commodities market. With this cast of players—an internationally connected Cuban émigré and U.S. pharmaceutical dealers, all revolving around Somoza at the hub—it is also an apt anecdote to illustrate the extent to which foreign business interests controlled the medical industry in Nicaragua. Until the Sandinista revolution put health care at the top of their agenda in 1979, medicine, both preventive and curative, had always been something only for the wealthy and politically important, as is evident from a quick look through Nicaraguan history.

During the colonial period and into the nineteenth century, institutionalized health care in Nicaragua was nonexistent, as one might expect for an impoverished, predominantly agricultural country with limited infrastructure and a weak educational system. There were few hospitals, except in the major cities, but medical leaders made slow progress over the years, founding a medical school in León in 1798, and incrementally growing hospital services. Regardless of this slow progress, hospitals of that period "functioned more as objects of philanthropy, charity, and comfort than cure."[72] Most doctors sought their training in Europe or the United Sates, and religious orders staffed the hospitals with nuns trained in basic nursing practices. The vast majority of Nicaraguans received medical attention from curanderos, self-taught midwives, and other informal local health practitioners.

72. Garfield, 10.

By the early 20th century, however, a rudimentary health care system began taking shape. In 1922, encouraged and assisted by the U.S. occupying force, Nicaragua spearheaded a limited malaria control program.[73] By 1925, an initial public health apparatus was in place, and the federal government allocated a small amount of the national budget to its fledgling General Health Administration.[74] Nonetheless, health care remained a highly centralized and privatized service – in the 1940s there were only 500 doctors in a nation of one million people. Fifty percent of these doctors lived and worked in Managua; the other 250 physicians were spread thin, working in one of the five hospitals in the country.[75]

When the United States began to take a serious interest in Nicaragua during the early 1900s, efforts to improve health conditions came via missionary groups, philanthropic organizations, and the U.S. military. All of these efforts made marginal improvements to the health of the nation, though they were mostly localized and curative rather than national and preventive in nature. Nonetheless, these programs came with caveats and conditions that endeavored to embed improved systems and practices, and to force both the national and local governments to invest their own resources in building physical plant appropriate to the implementation of these programs. In other words, to receive American aid, Nicaragua had to be willing to make financial and material commitments towards developing an "Americanized" medical system.

73. Ibid.

74. Ibid.

75. Informe Anual, 1980. MINSA. 10.

Several American programs illustrate this point. For example, in 1915, the Rockefeller foundation extended its successful Central American hookworm prevention campaign into Nicaragua, establishing a program in the northwestern department of Chinandega, a sugar growing zone to the north of León.[76] Tightly connected to the U.S. Marine occupation and American business interests, this campaign lasted until 1928. Though the Rockefeller programs were well supplied and financially self-sustaining, the project nonetheless stipulated that the Nicaraguan government provide central administrative offices and fully equipped laboratories in an effort to get the government to commit resources to health care.

Though the Rockefeller program's efforts at community education and plans for prevention were decades ahead of their time – hookworm campaign workers performed didactic plays, visited homes, and used volunteer community educators to spread the word – the institutional opening presented by the Rockefeller Foundation's guidelines fell on rocky soil for a number of reasons. First, there were conflicts between the central and local government. The central government was inclined to support these programs, but local authorities and populations demonstrated "a lack of interest, apathy, and inertia before the hookworm campaign's efforts."[77] A 1917 law mandating that each house construct a latrine on the premises was so unpopular that in Carazo there was actually a peasant uprising in protest. Lastly, U.S. loans to the Nicaraguan government placed

76. Ligia Peña, "La salud pública en Nicaragua y la Fundacion Rockefeller, 1915-1928," *Revista de Historia* 22 (2007), 128.

77. Ibid.

extreme fiscal restrictions on government spending for social programs like health and education, which hampered its ability to comply with, continue, or expand the Rockefeller programs, regardless of its possible interest in doing so.[78]

Similarly, in the 1960s, the Alliance for Progress dedicated considerable resources to Nicaragua and the development of social infrastructures. This U.S. aid program, from a Western perspective, was designed to foster strong, stable, U.S.-friendly Latin American governments that would resist following Cuba down the road to revolution and Communism. Or, as seen from the revolutionary perspective, "this modernized version of the repressive arm of imperialism [sought to] suffocate the development of revolutionary processes in Latin America."[79] From either perspective, the Alliance for Progress was an unabashedly pro-American project, but that should not discount the sincerity of its efforts in Nicaragua to install some form of health care program in what was otherwise a medical wasteland.

USAID loans in the 1960s sought to offset the Somoza dictators' disregard for social programs and systematic abuse of the peasantry by attaching health care improvement programs to larger loan packages. In 1965, for example, a $2.2 million loan was issued for the construction of fifty-five new health centers and the continuation and expansion of the newly minted Rural Mobile Health Program, a poorly-funded effort to bring doctors to rural communities in agricultural zones.[80] Newly graduated Nicaraguan

78. Ibid., 118.

79. Informe Annual, MINSA, 13.

80. USAID, Health Sector Assessment For Nicaragua, 1976. 250.

medical professionals were required, under the Social Service Law, to complete a year-long public service post before entering into private practice, though most medical school graduates ignored this stricture.[81]

Both Luis and Anastasio Somoza were more than happy to allow USAID loans to build infrastructure, hospitals, health centers, and water treatment facilities in Nicaragua if doing so would keep monies from the United States flowing into the treasury. However, official bureaucratic neglect of these efforts made them both inefficient and underutilized. Further complicating their effectiveness, Somoza used U.S. aid projects to suppress the growing waves of dissent percolating in the country. Rather than directing the programs to where they were most needed, he arranged for them to be implemented in regions where guerrilla groups were fomenting revolution, such as the Mountainous North. Cities like Jinotega, Estelí, and Matagalpa, for example, received more than the lion's share of USAID health programs as Anastasio Somoza attempted to strengthen his grip on power in the areas closest to slipping from his control.

This approach was problematic from a public health perspective, but USAID continued to pump more money into programs to improve rural health.[82] In 1973, they issued grants to increase community participation, train doctors, build hospitals, improve sanitation, and train management level health workers on program planning and execution. All of these efforts met with resistance and abuse within the Somoza

81. Ibid. 252.

82. USAID was undeterred largely because the proximate purpose of these programs was to enhance stability in the country. If that meant allocating resources to areas of the country where civil unrest was more likely, that was entirely in keeping with the overarching goal of the Alliance for Progress.

government, however. So much so, that in 1976, the USAID Health Sector Assessment for Nicaragua wrote:

> The long history of one party rule [has] resulted in a centralized decision making process with limited delegation of responsibility and authority which often required the President to personally intervene in issues affecting even small amounts of sector resources. Thus… many health sector personnel lacked the motivation and innovative-experimental approach necessary to make a major impact on the enormous health problems facing the health agencies with limited resources.[83]

Somoza's control of the country, then, not only neglected health care provision, but actively impeded its implementation.

Somoza's approach toward the Ministry of Health and its purview was typical of the way he governed, in that "the presence of many competing heath institutions diffused internal solidarity within the health sector and left each entity dependent on political patronage and control from above."[84] In keeping with this approach, by 1976 there were twenty-three separate state institutions dedicated to the provision of health services: the *Ministerio de* Salubridad Pública (Ministry of Public Health), the *Junta Nacional de Asistencia Preventiva Social* (Junta of Prevention and Social Assistance, or JNAPS), the *Instituto Nicaragüense de Seguridad Social* (Nicaraguan Institute of Social Security, or INSS), the Military Hospital network, and nineteen *Juntas Locales de Asistencia Preventiva Social* (Local Juntas of Social Assistance, or JLAPS).[85]

83. USAID, cited in Donahue, 13.

84. Donahue, 13.

85. Sector de Salud: Analysis de 10 Años, 1979-1989. MINSA.

Each institution had separate functions, but all competed for the few resources available, with disastrous results. The Ministry of Public Health was in charge of preventive medicine (maternal-newborn, immunizations, nutrition, sanitation, and venereal disease prevention) but received only sixteen percent of the already small health budget each year. Although this institution had a nation-wide mandate, seventy-five percent of its meager budget was spent in Managua, resulting in low quality programs that reached only a tiny fraction of the population.[86] JNAPS controlled hospital care throughout the country, while the nineteen autonomous JLAPS were responsible for assistance to the indigent. INSS, by all accounts the provider of the highest quality care in Nicaragua, provided curative health care to all employees of state and private industries (including the National Guard) in its private hospitals in Managua and León. Though this sector comprised only eight percent of the Nicaraguan population, INSS commanded fifty percent of the national health budget, a wide discrepancy reflective of Somoza's paternalist approach toward consolidating support.[87]

These statistics combine to present an image of a nation in which the dictator provided for those who protected him and preserved his regime. National Guard members and their families, after all, had access to the highest-quality health care available through INSS. Meanwhile, the best a vast majority of Nicaraguans could hope for was poor and sporadic health care access, if any at all. As a result, the USAID report found that hospitals and clinics in Nicaragua were characterized by "a combination of poor physical

86. Ibid., 3.

87. Garfield, 13.

plant, lack of equipment, uncleanliness, and poor quality medical attention. No provisions were made to provide these centers, once built, with adequate personnel, supplies, and management support… The average health center operated at about forty percent capacity in terms of patient visits per medical hour."[88] In sum, the health care system under Somoza was at best, ineffective, and at worst, a means by which the dictatorship kept the vast majority of the population weak against exploitative practices.

To compound the gravity of this situation, government policy restricted the number of nurses and doctors trained, considering people who worked in this field likely subversives.[89] Indeed, a substantial portion of the medical community did act in support of the FSLN and the urban insurrection, in ways both over and covert. Many medical students in León (including future Sandinista Minster of Health Dora María Tellez) became integral components of the urban FSLN, ferrying medical equipment and arms to the guerrillas, recruiting urban citizens to the Frente under the pretense of doing community health censuses, and providing medical care to wounded guerrillas and civilians.[90] In combat zones, doctors like Noé García and Virgilio Cisne, neither of whom were ever pro-Sandinista, found themselves caring for wounded civilians and combatants alike in cities under bombardment by the National Guard.[91] The National Guard, in turn,

88. USAID.

89. Garfield, 15.

90. Betty Soto, interview with author, September 30, 2008; Dora María Tellez, interview with author, February 12, 2014.

91. Dr. Noé García, interview with author, February 6, 2009; Dr. Virgilio Cisne, interview with author, February 11, 2009.

took note of this, and began targeting medical workers, attacking those who were "assisting the enemy."[92] According to Dr. Cesar Amador Kuhl, the first Sandinista Minister of Health (1979-1980), doctors became more radicalized in response to these attacks:

> In Semana Santa [April] of '79 there was the insurrection in Estelí. The Guardia killed two doctors, Dr. Corrales where he was working in the hospital, and Dr. Orlando Ochoa in his own house, because they were giving medical aid to the Sandinistas. They also killed Dr. Alejandro Dávila Bolaños, in the hospital. After incidents like that, more doctors went to support the Sandinistas because of the abuses of power.[93]

Mayor Margine Gutierrez of Matagalpa concurred:

> In Matagalpa we were very linked with the Frente. The hospital nurses helped the guerrillas by supplying them with medicines and first aid. There was a much-loved doctor here called Ceferino Padilla, he was linked with the guerrilla and, as he worked at the hospital, he had a network of nurses including, in that time, my own mother, who was a nurse. It was very dangerous work because the National Guard pursued doctors and nurses so they wouldn't help the Frente.[94]

These actions, along with other instances such as the Plasmaféresis scandal and Chamorro's assassination served to further alienate the middle class and elites from the Somoza regime. It also invested the Nicaraguan medical community more strongly in the successful outcome of the Revolution.

92. Dr. Cesar Amador Kuhl, interview with author, July 10, 2010.

93. Ibid.

94. Margine Gutierrez, interview with author, February 20, 2009.

A Post-Revolutionary Health Profile

By the time the FSLN toppled the Somoza dictatorship, health statistics in Nicaragua were horrific. Keeping in mind that almost all of these figures were grossly underreported, the following is a brief snapshot of the health of the nation in 1979. The life expectancy was fifty-two years at birth, and the number one cause of death was gastroenteritis – that is, diarrhea caused by poor sanitation. Infant mortality was 120 per 1000 live births, a figure that many estimate approached 250 or 300 per 1000 in the poorest rural zones, as babies died before the age of one year from diarrhea, tetanus, pneumonia, measles, and whooping cough.[95] Of those children who survived their first five years of life, sixty-eight percent suffered from malnutrition.

These figures were some of the worst in Latin America, without even counting the under-registration of deaths or the lack of an accurate census.[96] Diseases that had all but disappeared from the developed world rampaged in Nicaragua, such as polio, which swept through the nation every two or three years, and a particularly virulent version of measles. Poverty, landlessness, illiteracy, and poor sanitation compounded the problems caused by the government's lack of interest in providing preventive health care to the Nicaraguan people.

Health resources were, after decades of USAID programs, available, but imbalanced. There were forty hospitals, mostly privately owned, which collectively

95. Garfield, 12.

96. Number of doctors from "El SNUS: Tres Años de Revolución, 1979-1982," 15. Other statistics from "Analysis de 10 Años."

boasted about 5,000 beds. However, there were fewer than 200 health centers in the entire country, most of which operated at under 50% capacity due to insufficient staffing and impediments to accessibility such as cost and transportation.[97] Religious and private clinics offered charity health care to the poor, but the care available was vastly insufficient to the population's needs. There were 1,551 doctors in Nicaragua, but eighty-five percent of them maintained only a private practice, and the vast majority practiced in Managua, León, Granada, and Matagalpa.[98] However, almost forty-five percent of the doctors fled the country within the first months after the revolution, leaving only 1,200 doctors for a population of 2.6 million.[99]

In the months before the final Sandinista victory, crops were left to molder in the fields, inter-regional transportation ground to a halt, and the death count approached 40,000 as Somoza's war planes bombed, strafed, and napalmed civilian populations as well as guerrilla columns. The National Guard began bombing hospitals and health centers in the final months of the war, completely destroying four, and doing serious damage to five others.[100] The National Guard also targeted water and sewage treatment plants, leaving the population in dire straits. Government-run health facilities, inadequate under normal circumstances, shut down entirely. Hospitals ran out of supplies, and many health workers, fearing National Guard attacks, stopped coming in to work. Even the Red

97. Garfield, 12.

98. Analysis de 10 Años.

99. MINSA "Plan de Salud 1982."

100. Cesar Amador Kuhl, "Report on the health situation in Nicaragua to the 33rd World Health Assembly," (Managua: MINSA, 1980). Cited in Garfield, 16.

Cross was compromised, as the *Guardia Nacional* murdered several Red Cross workers who defied orders to stop assisting civilian populations.[101] War injuries went untreated, and people went without food as the government troops attempted to starve the people into submission. Within days of the revolution and the installation of the National Governing Junta of Reconciliation (JRGN), the Nicaraguan health care system would be put to the test.

Conclusion

The Sandinista government committed itself to improving the Nicaraguan health care system, but due to geographic and political impediments, the Ministry of Health would find almost overwhelming obstacles in its way. This chapter has argued that geography, foreign intervention, and problems with leadership have had a meaningful impact on the history of Nicaragua. Moving into the 1980s, the Sandinistas would find those same three elements hampering their dream of building a post-revolutionary utopian socialist state.

The three geographic zones of Nicaragua are the Pacific Lowlands, the Mountainous North, and the Atlantic Coast. At the risk of oversimplifying, these regions traditionally fill particular roles in Nicaraguan history. Government, for example, takes place mostly in the cities of the Pacific Lowlands. The Mountainous North provides shelter for rebel movements. The Atlantic Coast, ethnically and linguistically distinct

101. Ueli Bollag, "Utitization of local first aiders in the provision of health care for prisoners by the international committee of the Red Cross in Nicaragua," *Journal of Community Health* 10, no. 1 (1985):17-21. Cited in Garfield, 17.

from the western half of the country, is historically at variance with the rest of Nicaragua. As had the Spaniards, British, and Nicaraguan caudillos and dictators before them, the Sandinistas would find these three geographic distinctions to have significance for their administration, as well.

Foreign intervention, whether from the Spanish, the British, or the United States, has been formative to Nicaragua's history from the colonial period through the twentieth century. Though Nicaraguans have not been mere pawns in the drama of global geopolitics, the presence of international hegemons has impacted the way politics have played out in Nicaragua. During the 1980s, the Sandinistas contended with global Cold War politics playing out in Nicaragua, with support from communist and socialist countries helping to bolster their regime, while the United States worked to destabilize and overthrow their government via the Contra War.

Problems with leadership, perhaps an overly polite way of saying dictatorship or *caudillismo*, have also presented persistent problems to stability and broad-based economic development in Nicaragua's post-colonial history. From Zelaya's overweening ambition and propensity for authoritarian rule in the late nineteenth century to the warring factions of Liberals and Conservatives who battled for the presidency during the first three decades of the twentieth century, to the repressive regime of the Somoza dictators, Nicaragua was treated to a series of leaders who valued personal enrichment, and nationalist glory over good and fair governance. The country thus found itself, by virtue of widespread poverty, high unemployment, and grossly inequitable wealth distribution, on the verge of social revolution in the late 1970s. The Sandinistas would

also contend with problems of leadership as, inexperienced and idealistic, they sometimes bumbled their way through important internal policies, in the process alienating large segments of the population.

Last, this chapter described the history of health care and health systems in Nicaragua prior to the Sandinista Revolution. During the colonial period there was no formal health system. During the early twentieth century, spurred on by United States foreign policy objectives, Nicaragua took tentative and hesitant steps into implementing certain health campaigns, always funded by U.S. aid organizations and private foundations. The Somozas created a rudimentary health care system, but the chaotic way in which the system worked made it function as one part of a complex patronage system that the Somozas used to prop up their dictatorship. Poorly funded and poorly distributed throughout the country, only government and private industry employees had reliable access to fairly good health care in the nation's major hospitals. The working poor, the unemployed, subsistence farmers, and the landless rural poor had almost no access to health care whatsoever, beyond a few scattered and over-taxed charity hospitals and clinics. As a result, health indices in Nicaragua were abysmal in 1979.

Chapter Two: Socialized Health Care in Sandinista Nicaragua, 1979-1990

> *Considering: That the Political Constitution guarantees that all Nicaraguans have equal right to health, and that the State must establish the basic conditions for its promotion, protection, recuperation, and rehabilitation… and guaranteeing the efficient, efficacious, and equal access to these services.*
>
> — Ley Creadora del Nuevo Sistema Nacional de Salud

The law that called the Nicaraguan Ministry of Health (MINSA) into existence on August 8, 1979, expressed politically transformative ideas. For the first time in Nicaraguan history, government undertook the responsibility of providing preventive and curative health care to every citizen, regardless of wealth or status. In a nation where the government had historically exploited the vast majority of it's impoverished population for the enrichment of the elite, such a commitment was an extraordinary and revolutionary break with the past.

Grandiloquent ideas about equality, justice, and opportunity aside, however, the new Sandinista Ministry of Health would have a lot of work to do before they even approached implementing a nationwide socialist health care program. Indeed, the task before them was mountainous, and the obstacles in their way nearly insurmountable. Nonetheless, over the next several years, medical professionals and revolutionary leaders negotiated, compromised, and realigned themselves in a messy and convoluted dance,

eventually producing a system that, for all its failures and shortcomings, would become arguably the most well run Ministry in the Sandinista government.[102]

Relying heavily on oral history, newspapers, archival resources, and an institutional history of MINSA, this chapter will describe and outline the innovations, strategies, leadership tactics, and structural adaptations that the Ministry of Health employed to maintain effective administrative capacity during the eleven years of *sandinismo*.[103] During this long decade, MINSA's health policy and programming went through three distinct periods of growth and development, due to political and economic factors in Nicaragua specific to each period. In adapting to these changing demands the Sandinista government appointed Minsters of Health with distinct skill sets, ambitions, and leadership styles to ensure effective administration of the Ministry. The three periods and the Ministers who led during each are as follows:

1. **1979-1980, Minister Cesar Amador Kuhl**. Characteristics of his administration are: collaboration with disparate social and political groups, and rebuilding hospital infrastructure.

102. This is a controversial statement. Some would argue that the Ministry of Education could vie for this superlative because of its famous and successful National Literacy Campaign. I would argue that while Education did experience this spectacular florescence, government resources were soon directed away from education in support of war relief, part of which was necessarily medical in nature. As war conditions worsened throughout the 1980s, leadership changes in MINSA exaggerated the extent to which MINSA far exceeded other ministries in effective administration even in extremely challenging conditions.

103. Richard Garfield and Glen Williams, *Health Care in Nicaragua: Primary Care Under Changing Regimes* (New York: Oxford University Press, 1992).

2. **1981-1985, Minister Lea Guido**. Characteristics of her administration are: ideological consolidation, expansion of a primary care network, and popular participation.
3. **1985-1990, Minister Dora María Tellez**. Characteristics of her administration are: contending with worsening wartime difficulties and diminished resources, austerity and efficiency, and decentralization.

The rest of this chapter will use these three periods to describe and analyze the goals, successes, failures, and achievements of MINSA during the 1980s. In many ways, each of these discussions will also reflect what was happening concurrently in the FSLN government, more broadly, as it attempted to navigate the tumultuous waters of government-building, international pressures, and internal civil war.

Cesar Amador Kuhl: Collaboration and Rebuilding (1979-1980)

As described in the last chapter, the health care system in Nicaragua during the Somoza period was fractured, inefficient, and inequitable. Nonetheless, the transition to a socialized and expanded health care system was not one welcomed by all.[104] It was, in fact, a difficult undertaking, not only logistically, but also because there exists a significant conflict inherent in the socialization of health services, even in a country with

104. Donahue; Anthropologist John M. Donahue takes great pains to dissect the differences between socialized medicine, medicine in a socialist regime, and nationalized health programs. This research project is not concerned with the semantics of such an argument, but it is worth noting as an aside that, according to Donahue's definitions, health care under the Sandinistas began in 1979 as 'medicine in a socialist regime,' with its top-down organizational structure, and gradually moved closer to his definition of 'socialized medicine' with the expansion of popular participation and reliance upon brigadistas as the decade wore on.

a health profile as abysmal as Nicaragua's was. The key to this conflict lay in the inequity of resources prior to 1979.

Although the statistics paint a grim picture, health care was not a disaster for *all* Nicaraguans prior to the revolution, though it was for the majority.[105] For a vocal and visible minority, in fact, the expansion of health care services that began in 1979 would constitute a reversal of fortune. Before the Sandinista victory, the wealthy elite and the roughly 26,000 unionized government employees had reliable, private access to affordable health care of reasonably good quality. After the revolution, however, these privatized services and under-utilized resources were quickly submerged under the flood of poor and socially disenfranchised Nicaraguans who seized the opportunity of free health care for the first time in their lives. To those few who were accustomed to the orderly, calm, and cloistered manner in which health care had been performed for them, to suddenly have to wait in long lines, or wait hours and days for an appointment, a surgery, or a medicine, constituted a dramatic and despised change of circumstance.[106]

This, then, was the challenge of health care administration in the early days of the Sandinista triumph – how to fulfill the revolution's promise of health care for all without antagonizing the upper class, middle class, and the medical establishment, all of which had collaborated in ousting the Somoza government, but none of which swam in the same ideological waters as the more radical Sandinistas. This is not to say that the *Junta de Gobierno de Reconstrucción Nacional* (Governing Junta of National Reconstruction, or

105. For health care statistics in 1979, see chapter one of this dissertation.

106. Garfield, 33.

JGRN) intended to pander or cede ideological ground to the loyal opposition. In fact, the JGRN was comprised of a number of more moderate and centrist members as well as the Sandinistas, and there was broad consensus on the necessity of fixing the badly broken health care system. Almost immediately upon seizing power from Somoza, they swung into action.

Only two weeks after their military victory over Somoza and the National Guard, the Sandinistas enacted a law (the *Ley Creadora del Sistema de Salud*) that created the *Sistema Nacional Unico de Salud* (Single Unified Health System, or SNUS) in Nicaragua, which would be organized and governed by an enlarged and newly empowered *Ministerio de Salud* (Ministry of Health, or MINSA).[107] In one fell swoop, the twenty-three distinct state offices dedicated to health administration, and the nineteen *Juntas Locales de Asistencia Pública* Local Juntas of Public Assistance, or JLAPS) were consolidated under MINSA's umbrella, which had a national mandate.[108] MINSA *was* health care in Nicaragua, and received anywhere from ten to seventeen percent of the national budget (estimates vary, see footnote) to support its development and expansion.[109]

107. *Ley Creadora del Sistema de Salud*, 1979. MINSA Archives, N WA 525 900 1979.

108. Ibid. Título II, Capítulo I, pg 8.

109. The 17% figure comes from "Analysis a los 10 años," 6. MINSA. The 10% comes from "El Gasto Total en Salud en Nicaragua," MINSA/INS estudio, 2009. In 1991, all Sandinista budgets were thrown out, according to an interview with Jaime Gonzales Estrada, former vice-minister of finance under the Sandinistas, and current Director General Administrativo Financiero job in the new FSLN government (2009).

The law's ideological roots lay, as did much global health reform of the time, in the World Health Organization's 1978 Declaration at Alma Ata. This declaration expressed the urgent need for governments and health workers to make access to health care available to every person in the world, not only in urban, but also in rural areas. This lofty goal expanded traditional concepts of human rights, and mandated a focus on preventive, community-based care, long neglected in Nicaragua in favor of the development of curative, hospital-based systems.[110]

As they took their first baby steps as a national reconstruction government, however, the Sandinistas modified these high-flown ideals with the reality of necessary compromise in a multi-faceted post-revolutionary political landscape. In an effort to appease doctors, medical workers' unions, and the middle class (thus attempting to avoid the "brain drain" that happened in the wake of Castro's Cuban revolution), the JGRN made canny decisions that both furthered their ideological commitment to primary care, while simultaneously co-opting the medical establishment into the revolutionary project.

Thus, the first appointed Minister of Health was Dr. Cesar Amador Kuhl, a respected U.S.-trained pediatric neurosurgeon who, though he had little administrative experience, was open to working with the revolutionary government.[111] His appointment served to calm the anxieties of the medical establishment and the middle class, who recognized his family name (that of a prominent Matagalpan clan) and his foreign

110. Alma Ata Declaration, WHO 1978.

111. Though the informal naming convention in Spanish-speaking nations is to use the first of an individual's two last names, Cesar Amador Kuhl is widely known by Kuhl, rather than Amador, as a nod to his mother's socially prominent family. In this dissertation I will refer to him as Kuhl.

education as the marks of privilege. In large part it was Kuhl's appointment that helped curtail the flight of doctors and surgeons from Nicaragua in the wake of the revolution.[112]

In the same vein, in spite of the revolution's commitment to expanding primary health care, Kuhl directed the first influx of energy and monies toward repairing, developing, and expanding Nicaragua's curative (hospital-based) medical network. Though some have argued that this initial focus was a betrayal of revolutionary ideals, in the face of thousands of war wounded, widespread famine, caring for the ill and wounded, providing medical attention to the thousands of Nicaraguans who had never before had access to health care, a bombed out physical plant, rebuilding those curative health care structures, reassuring the medical community, providing concrete examples to indicate the government's commitment to health was imperative. [113]

Regardless of how the money was spent in the first year of the Sandinista period, the amounts of money MINSA was suddenly administering were hugely increased from the Somoza period. Indeed, not simply the amount, but also the percentage of the Nicaraguan budget dedicated to health care leapt upon the Sandinista takeover – from four percent in 1978 (under Somoza), to ten percent in 1980. The amount in dollars spent

112. Dr. Francisco Guttierrez, interview with author, October 10, 2008.

113. Bossert. "Health Care in Revolutionary Nicaragua," in *Nicaragua in Revolution*, Thomas W. Walker, ed. (New York: Praeger, 1982), 259-272; Bossert criticizes the Sandinistas for failing to immediately launch a massive nation-wide popular health campaign, instead focusing more on building (and re-building) hospitals and health centers in urban areas. I believe that given the context, MINSA made the right choice initially. It didn't take too long before preventive network was established, and the Ministry took steps to recruit and educate health brigadistas immediately.

soared from $26 million in 1978 to over $100 million in 1980.[114] Given the depleted state of the Nicaraguan treasury, almost all of that money came from foreign donations (including, initially, from the United States). Regardless of the source of donations, Nicaraguans saw and experienced the impact of those expenditures almost immediately.

Although MINSA's initial actions bolstered the curative medical network in Nicaragua, the organizational structure of the national health system reflected the Sandinistas' long-term goal of expanding nation-wide coverage. Recognizing that overly centralized supervision would impede rapid and flexible administration, Kuhl broke down MINSA's supervisory capacities into manageable regional and local divisions. Direct reporting structures, inter-agency communication, and meticulous, routine information-gathering sessions helped streamline the process of getting health care to the population in the most efficacious manner possible.

The national health care infrastructure was as follows: MINSA organized the nation into nine *Regiones* (Regions) and *Zonas Especiales* (Special Zones) that were largely, but not entirely, based upon previous departmental designations. Those nine Regions subdivided into ninety-six distinct *Areas de Salud* (Health Areas). Each Health Area varied in size in urban and rural areas, as an Area was intended to cover a population of roughly 5,000 – 20,000. Each Area was further subdivided into *Sectores de Salud* (Health Sectors), of which there were 500 nation-wide. Sectors accommodated populations of 1,000 – 3,000, approximately, and were staffed with personnel according

114. "*El Gasto Total en Salud: Nicaragua, 1970-2010*." MINSA/INS special study, from the work files of Jaime Gonzales Estrada, , MINSA. Given to author as supplementary documentation during interview of July 2010.

to local population and health needs. Lastly, each Health Area served as the resource center for anywhere from dozens to hundreds of MINSA-trained *brigadistas de salud*, responsible for community outreach, First Aid, vaccinations, record keeping, and health education within their community or canton. Each of these carefully defined zones had distinct administrative definitions –designations of the number and type of health services and medical personnel assigned to them, as well as their function within communities.[115]

Having established this structure, one of the first priorities for Kuhl was to rebuild the nation's shattered hospital and health center infrastructure. In the years prior to the revolution, USAID-sponsored construction had begun on a couple of new hospitals – among them, the pediatric specialty hospital called *La Mascota* in Managua, and a Regional Hospital in Matagalpa. During the war, however, those projects had gone on hold while the National Guard bombed existing hospitals, health clinics, water treatment plants, and sewage plants. The physical damage to hospitals and clinics alone reached an estimated $5 million.[116] Said Kuhl of the experience, "The infrastructure was destroyed in its entirety. Doctors were treating patients in tents and on sidewalks. Rebuilding and building new hospitals was a great triumph, but a very difficult one."[117]

During his one-year administration (July 1979-July 1980), Kuhl oversaw the collection of monies from foreign grants, authorized construction plans, and saw the first stone laid for five new hospitals: regional hospitals in Matagalpa, Rivas, and Estelí, and

115. MINSA "Plan de Salud 1980."

116. Donahue, *The Nicaraguan Revolution in Health*, 24.

117. Dr. Cesar Amador Kuhl, interview with author, July 10, 2010.

two hospitals in Managua, Manolo Morales (internal medicine) and La Mascota (pediatrics).[118] The cost of repair was, according to Kuhl, one million dollars in foreign aid.[119]

The pace of construction during the first year was frenetic, to say the least, but it was necessary. In 1979 there were fewer than 200 health centers and health posts in the entire country, a number woefully incapable of meeting the Sandinista promise of health care for all.[120] As a result of this frantic construction, by 1982, a combination of MINSA building projects, MINAG (Ministry of Agriculture) installations on state-owned farms, and community-building projects had added some 300 additional health posts to communities around Nicaragua.[121]

Not all construction was new construction. Many communities repurposed abandoned buildings to create new health centers and health posts. The former homes of exiled Somoza supporters, abandoned buildings, former prisons such as the one in El Cuá, and, in one memorably ironic instance, a former Managua brothel widely known as a favorite of the National Guard became a Maternal-Infant Health clinic.[122] Other communities, infused with the revolutionary participatory spirit, donated materials and labor and built their own health posts, such as the one built in a small canton near the

118. Kuhl interview; All five projects were originally BID-funded during the late 1970s, but by 1979 the money was gone but no real progress had been made in the construction of any of these hospitals.

119. Ibid.

120. Garfield, 26.

121. Garfield, 26; MINSA "Plan de Salud 1983."

122. "Motel Primavera será Clínica Materno-Infantil," *La Barricada*, January 7, 1980.

town of La Dahlia, about 3 hours from Matagalpa. Brigadista Wifredo Flores said of the experience, "People in those days, they just did what needed to be done. We knew it might take MINSA years to get to us out here, so we built a health post and they could come to us sooner that way."[123]

These achievements in construction, while certainly a highly visible sign of progress, on their own would not have signified much regarding public health in Nicaragua if it were not for other important programs MINSA launched in its first year in education and ministerial organization. Faced with the Herculean task of overseeing a nation of complex health care needs, MINSA increased the enrollment at the medical school in León from 100 students per year to 500 students per year.[124] Urged on by USAID loans, under Somoza doctors had been loosely required to perform a year of community service before beginning a private practice.[125] Now under Sandinismo, the required service period was increased to two years in rural or poor urban health posts for every graduating doctor, a system that provided personnel for MINSA's harder-to-staff health posts. Said Kuhl, "We did a lot to expand opportunities for medical workers. For example, we founded a school to teach seven technical specialties like radiology, X-ray, ICU, laboratory. That was an important step to ensuring quality care."[126] Other achievements Kuhl itemized as particularly important and useful include: leveling

123. Wilfredo Flores Rodriguez, interview with author, March 6, 2009.

124. "500 estudiantes en Facultad de Medicina," *La Prensa*. December 2, 1979.

125. Kuhl interview.

126. Ibid.

salaries so that medical workers earned the same amount, no matter their location; conducting the first national health census; soliciting and managing funds from donor nations; establishing foreign medical scholarships to train Nicaraguan doctors in specialties; and the most successful national vaccination campaign in the nation's history (in September 1979), which achieved 70% coverage against polio in some urban areas.[127]

The way in which Kuhl prioritized his recollections in prepared comments for an interview, however, is an important clue to the reasons for his eventual ouster from the Ministry. His priorities clearly were geared toward an orderly and top-down reconstruction of the health care system. He was firmly committed to expanding health care to all the population, but he saw this promise as an end-goal to a long process in which MINSA would prioritize hospital care and medical education. Upon developing a sound infrastructure, he believed, health care would then be more widely available to the general population.

It is telling that a major achievement of Kuhl's term as Minister of Health he did not mention in our interview was the inception of the health brigadista training program. In 1979 and 1980, MINSA trained the widely celebrated Literacy Campaign's 60,000 brigadistas in rudimentary health and sanitation, and sent them out into the country armed with a little *botiquín de salud*, an enhanced first aid kit.[128] When the Literacy Campaign came to an end, many of those literacy brigadistas became *brigadistas de salud* in their communities, and many of the individuals they had taught to read were empowered to

127. Ibid.

128. Garfield, 36.

become brigadistas themselves. This first wide spread health training became the blueprint for popular health participation later in the Sandinista years, but Kuhl placed relatively little importance on it, reflecting his prioritization of the curative system rather than the that of preventive and primary care. This perspective, as time would tell, was sharply at odds with the Sandinista leadership, and would bode ill for Kuhl's tenure as Minister of Health.

During the first months of the revolution, the Sandinistas made efforts to appear as if they were merely taking part in leadership as members of a governing Junta that also contained proponents of Western-style democracy – in short, that there was to be a true sharing of power across the ideological spectrum. In reality, however, the Sandinistas planned to consolidate power in their own hands. The five-member Junta contained three die-hard Sandinistas (Daniel Ortega, Moisés Hassan, and Sergio Ramírez) and only two moderates (Violeta Chamorro and Alfonso Robelo). The Sandinistas were able to overrule the moderates at any moment, and in early 1980, they began to do so, forcing the appointment of committed Marxist-leaning Sandinistas as Ministers of Planning, Agrarian Reform, and Defense. The sweeping program of nationalizing all Nicaraguan industries alarmed moderates, and then, in April of 1980, the Sandinista Directorate forcibly changed the make-up of the legislature to have a super-majority of Sandinistas. A few days later, Chamorro and Robelo quit the Junta in protest, and the Sandinistas consolidated their grip on power.[129]

129. Stephen Kinzer, *Blood of Brothers: Life and War in Nicaragua* (Cambridge, MA: Harvard University Press, 1991), 79.

Over at the Ministry of Health, Kuhl was destined to be one more casualty in this consolidation of power into the socialist/communist ideological framework. Not only was he a firm believer in democratic forms of government, he was also unreceptive to "suggestions" from either the Junta or the Directorate. According to Kuhl,

> After about a year, the government began to insert themselves into my Ministry. For example, they wanted me to re-hire an employee I'd fired, and [Minister of the Interior] Tomás Borge wrote me a letter telling to reinstate him as a political favor. But this person was completely incompetent, and impeded the distribution of medicines where he worked. I said, absolutely not, never. I'm not giving out jobs as a political reward.[130]

This did not sit well with the powerful Borge. More conflicts arose when Kuhl refused to comply with Sergio Ramírez's wish that he implement a particular health program that Kuhl felt MINSA was ill-prepared to handle at the moment. Kuhl remembers saying, "That's all fine, but how are we going to give medical attention to these people when we don't have health centers, health posts, nor certified health workers to attend them?" He paused for a moment, then laughed and shook his head. "This caused problems, because of my so-called inconformity."[131]

The death knell for Kuhl's administration was, ironically, one of the programs he is most proud of: the leveling of salaries for health workers across the nation. The Junta, upon discovering his action, was furious and almost immediately terminated his appointment as Minister of Health. "Oh, they were mad! Just furious. They yelled at the

130. Kuhl interview.

131. Ibid.

whole administration, but I said, hey, I am in charge, if you're going to yell, yell at me. And the next day Moisés Hassan called to tell me they'd decided to separate me from the Ministry."[132] Kuhl believes that the Junta's fury at his action was simply a failure of communication and understanding, and while he concedes that he raised salaries for health workers without getting the final okay from the Junta, he insists that the members were aware of his plans, and in private conversations had approved them.[133] Given the dramatic reaction of the Junta, there is room for doubt, and in any case, the writing seemed to have been on the wall, as the Sandinistas demanded increased levels of conformity and obedience from their political appointees. Kuhl was never going to be that person. On July 19, 1980, Lea Guido, a loyal Sandinista technocrat, was sworn in as the second Minister of Health. Her appointment signaled a shift in how health policy would be conceptualized and organized from the Ministry of Health.

Though it is easy to brush the early months of the Sandinista government aside as a chaotic time, these months of transition were of critical importance to the long-term success of the revolution. The adjustments and compromises inherent in the first year after "*el triunfo*" bought valuable time for the new government to consolidate its grasp on (and understanding of) power and governance. Appointments like that of Cesar Amador Kuhl were extended as conciliatory measures, and later rescinded as the Sandinistas tightened their grip on power.

---

132. Ibid.

133. The outrage stemmed not from the fact that he had leveled salaries, but that he did it autonomously, instead of waiting for the Junta to give him the green light.

The accomplishments of Kuhl's Ministry in that first year, however, bought valuable time for health care infrastructure to be rebuilt, for nervous middle-class doctors to relax enough to stay in Nicaragua, rather than fleeing to Miami or Costa Rica. And, though some have criticized MINSA's early focus on rebuilding curative systems, in many ways, the early work they did in rebuilding and expanding the curative health care facilities served as visible, physical signs of the new government's commitment to health care, thus maintaining the high spirits and enthusiasm of the people for the revolutionary project.

These alliances between moderates and ideological hardliners of the socialist or communist camp lasted only a short time before political opposition began to consolidate. The 'honeymoon' period was all but over by the middle of 1980. Nonetheless, in the wake of the Revolution, a wave of euphoria and the spirit of positive collaboration united Nicaraguans for a brief, yet transformative time. In spite of severe setbacks in economic development and gradually fracturing alliances within the political spectrum, these twelve months were something of an *annus mirabilis* of sandinismo. The wholesale participation of an inspired and optimistic nation led to tremendous gains in all areas. Relative to health, the programs set forward by MINSA and the achievements accomplished in that first year were nothing short of astonishing.

Lea Guido (1980 – 1985)

Lea Guido was a loyal Sandinista activist. Although she had no medical training whatsoever and was young for such a hefty title (only thirty-two years old), she was a

proven administrator, having had success in organizing and leading the national women's organization (AMNLAE, the Luisa Amanda Espinoza Association of Nicaraguan Women) and as the first minister of social welfare in 1979. Guido's administration constituted a radical ideological break from the Ministry of Cesar Amador Kuhl, but work continued on rebuilding and expanding the nation's hospital network. In the first four years of the revolution, the Sandinista government built (or rebuilt) four national and eight regional hospitals, all of which would serve as critical nexus points in the rural health networks that penetrated the interior. She also oversaw the opening of a second medical school in Managua.[134]

The focus of Guido's administration, however, was on expanding the primary care network into the rural areas, exurbs, and other under-served areas of Nicaragua. In the first public document published under her administration (a sort of extended, detailed press packet) Guido assured Nicaraguans that medical education and building projects would continue, but also made it clear that other programs were to take priority. For example, the creation of *Comisiónes Populares de Salud* (Popular Health Commissions, or CPS), which were charged with "bringing programs to the communities, collecting feedback and suggestions, and communicating those back to MINSA in a coordinated manner."[135] In this vein, campaigns such as Popular Health Days, Cleanliness and

134. "*La Salud: Un Derecho del Pueblo, Primer Añiversario del Sistema Nacional Unico de Salud*," MINSA HN WA 525 0266 1980

135. "*La Salud: Un Derecho del Pueblo, Primer Añiversario del Sistema Nacional Unico de Salud*."

Sanitation Days, vaccination campaigns, and education for *brigadistas de salud* took first priority.

Though MINSA tried to paint this transition as a seamless one in which all areas of health would receive equal levels of attention and funding, under Guido's leadership there would be a sea change in the way health was delivered and experienced in Nicaragua. As Richard Garfield ably summed up:

> Until now, the government had tried to please everyone by simultaneously developing primary and secondary medical care and concentrating on urban, rural, maternal, child, and occupational health concerns. Tough choices would soon have to be made, and not everyone would come up a winner. Much of this battle would be fought over issues of community involvement in health.[136]

In keeping with this goal, Guido quickly made choices that directed the bulk of MINSA's efforts towards expanding the primary care network: empowering local leaders to become health workers, national vaccination campaigns, and popular education on health care. Guido herself was clear that hospital care ran a distant second in the competition for resources in the new MINSA:

> Fundamentally, I focused from a public health perspective, so on things like primary care, prevention, health promotion, creation of *brigadistas de salud,* and the health councils. People's Health Days were essential. Also essential was the formation of human resources like technicians, doctors, health professionals that hadn't existed in the country, and doctors to specialize in areas of deficit. Also, [the provisioning of] essential medicines, and cost effective interventions like vaccinations.[137]

136. Garfield, 34.

137. Lea Guido, interview with author, March 16, 2014.

Her first major project reflected this mission. In 1980, MINSA organized a series of People's Health Days – national events organized around particular health issues, such as polio, measles, malaria and dengue, and environmental sanitation. Each of these campaigns was directed at the local level by the CPS, which heavily advertised prior to the event, and trained local volunteers to become community educators around each topic. A division of MINSA called DECOPS (Office for Popular Education and Communication), established in April of 1980, took very seriously the importance of educating the masses in order to improve health in the country.[138] In keeping with this perspective, DECOPS designed comic-book style pamphlets, published low-literacy manuals, and organized groups to perform didactic plays ("*sociodramas*") in communities with the goal of familiarizing and informing the public on key health issues.

For the first time, many uneducated and under-educated Nicaraguans were receiving basic instruction on disease prevention and preventive health precautions. One Nicaraguan woman, Dora Uveda, a housewife and part-time maid, remembered the day she first learned that houseflies transmitted germs and disease. "Oh that was such a surprise to me, because flies were just around everywhere, and always in the kitchen and

138. The creation of DECOPS and its prominent position in directing the course of health policy in Nicaragua created tension with proponents of a medical-centric view of public health. From 1980-1984 these two perspectives would struggle for dominance. The medical establishment wanted to retain preeminence and control, while the proponents of popular education pushed to empower the people to take control of their own health in their own communities. Eventually, with the pressures of war, the insufficient numbers of medical professionals, and increasing shortages of medicine and equipment, DECOPS won the fight, at least for the duration of the 1980s (concise summary in Donahue, 93.).

on the food. After that we tried to put covers on everything."[139] The lessons began to sink in, resulting in immediate improvements in the country's health profile.

MINSA organizers applied the lessons learned from the first anti-polio vaccination campaign in September 1979 in preparing for subsequent programs. In 1979, health workers found that Nicaraguans were so poorly educated that many of them, fearing that the vaccines were actually spreading disease, refused to allow their children to be vaccinated.[140] In 1980, therefore, before each campaign day, volunteers went door-to-door, explaining what was happening, what the diseases were, how they were spread, and how to prevent them.[141] The sociodramas, newspaper comic strips, billboard messages, and '*autoparlantes'* (cars with loudspeakers that drive around communities to advertise or alert) helped to spread the message, as well. Most importantly, because these were now local volunteers, the '*confianza*' (trust) neighbors had with each other outweighed much of the doubt and suspicion engendered by an unknown team of Managuan medical workers who arrived brandishing needles in 1979.[142]

As a result of these efforts, the People's Health Days were tremendous successes, with widespread participation as reflected in both national newspapers and in the memories of Nicaraguans thirty-five years later. "Oh, it was a marvelous thing, how much people back then just all participated and worked together," enthused Mario

139. Dora Uveda, interview with author, February 20, 2009.

140. Garfield, 35.

141. MINSA "Plan de Salud 1981."

142. Don Mario Zúniga, interview with author, February 9, 2009.

Zúniga, then-member of the Matagalpa CDS, and present-day Sandinista activist.[143] Even among those who came to despise the Sandinistas, the common perception was that volunteerism and community participation in those People's Health Days was exceptionally high. "Well of course I always participated, right up to the end [even though by then I hated them]. We all did it, because we were doing things to improve the quality of life in our communities. That didn't change until Doña Violeta [came to power]."[144]

Indeed, the statistics bolster this claim. In 1980 alone, MINSA trained over 30,000 local health brigadistas and educators to work in communities throughout Nicaragua.[145] (It would keep up this pace for the next five years, training over 20,000 brigadistas each year until 1985.[146]) Even more impressive, the much-vaunted antimalarial campaign of 1980 mobilized over 200,000 volunteers, a figure that constituted almost 10% of Nicaragua's population at the time.[147] Immunization rates shot up, as did levels of awareness about general health and sanitation. By the end of 1980, supplied with vaccines from donor nations and NGOs, MINSA had orchestrated the administration of almost 900,000 full courses of the tetanus vaccine, over 100,000 doses

143. Zúniga interview, February 4, 2009.

144. Dr. Virgilio Cisne, interview with author, February 11, 2009; "Doña Violeta" refers to Violeta Chamorro de Barrios, who was elected to the Nicaraguan presidency in 1990 at the head of an opposition coalition party.

145. MINSA "Plan de Salud 1981."

146. Garfield, 37.

147. "La educación popular y las organizacaiones de masa en la gestion de salud en Nicragua." *Revista Centroamericano de Ciencias de la Salud*. 17:159-72.

of the measles vaccine, and almost 300,000 of the polio vaccine (which was only given to children).[148]

In spite of Ministerial oversight, and in spite of these impressive statistics, coverage was not universal. Much of the work completed depended upon arrivals of donated shipments of medicines and equipment, and the hard work of brigades of volunteer medical workers, which at times were insufficiently trained, or failed to execute their office to its fullest capacity. Nonetheless, the energy with which the new ministry and the Nicaraguan people attacked these tasks was formidable.

Foreign aid, popular participation, and volunteerism enabled many difficult and time-consuming tasks to be accomplished quickly, and these campaigns made major headway in improving health in the country. The Environmental Sanitation Days went a long way toward helping reduce malaria and dengue, especially in urban areas, where public education helped drop malaria rates by 62%, almost without the use of pesticides.[149] MINSA's push to dig latrines in rural areas helped reduce incidences of diarrhea, which prior to 1980 had been the leading cause of death in children. Most spectacularly of all, however, was one outcome of the constant effort to immunize – levels of all immune-preventable diseases dropped drastically – so much so that in 1983

148. *Informe Annual de 1980*. MINSA, 1981.

149. Garfield, 60. Citing PAHO. "Status of malaria control programs in the Americas: 36th annual report." Washington DC, PAHO, 1988.; also Donahue, 58, citing MINSA "Plan de Salud 1983": 107, Table 31.

MINSA was able to declare the total eradication of poliomyelitis in Nicaragua.[150] It was a triumphant moment for the struggling revolutionary government.

Clearly, under the first few years of Guido's leadership, preventive health care took a giant leap forward, but both primary and curative care also advanced by leaps and bounds, as doctors, nurses, auxiliary nurses, nursing aides, and technicians began to fill new positions around the country. In 1980, the new hospitals under construction were yet years away from completion, but those hundreds of health centers and health posts built during the frenzied construction of Kuhl's administration were quickly becoming operational.[151] Monies donated by foreign governments and NGOs paid newly trained nurses, nurse assistants, and other health workers, as well as Nicaraguan, Cuban, and other foreign doctors to staff these centers. In those early days, newspaper headlines expressed amazement at the number of health projects taking place around the country, discussed how many nations were donating personnel and funding for health care, and constantly reported on new health centers and posts opening in towns around Nicaragua, and more.

As a result, more Nicaraguans were seeing medical professionals more frequently than ever before. In 1980 Nicaragua had a total of 1212 physicians. By 1984, that number was 1,474, with an additional 747 physicians from other countries (mostly Cuba) also

150. Lea Guido interview.

151. Donahue, 52; "After the flurry of construction in 1979 and 1980, only seven new health clinics and posts were opened in 1981 [due to a temporary freeze in finances]. Another 80 were built in 1982, and 26 were reconditioned."

working in Nicaragua.[152] The increase in physicians was most dramatic in areas that had been chronically underserved prior to the revolution. In Managua (Region I), where the ratio was 1.98 physicians per 10,000 citizens, the number increased only incrementally, by about one physician per 10,000 per year (that is to say, by 1982 it was 2.86 physicians per 10,000 inhabitants and so on). But in underserved areas such as Region V (Chontales and the Interior), where there had been only 1.17 physicians per 10,000 inhabitants, the number increased by roughly 3 physicians per 10,000 each year, at least in the first half of the Sandinista decade.[153] This is not to say that distribution was equal throughout the Regions, or that all patients had similar levels of access to doctors, but MINSA was moving in the right direction.

Evidence of this shift lies in statistics about medical encounters during the 1980s. With the increase in physicians working throughout the country, annual medical encounters also rose sharply. In 1980, Nicaraguans registered 4,982,623 medical encounters in hospitals, health centers, and health posts. By 1983, that number had risen to 6,467,187.[154] Those numbers reflect a 29.8% increase in the total number of medical encounters over three years. At least statistically, Nicaragua was making tremendous strides forward in health access.

The transition was not seamless, however, and the statistics obscure an important imbalance. Gaps in coverage still existed, most notably in the Atlantic Coast and the

152. MINSA "Plan de Salud 1981"; MINSA "Plan de Salud 1984."

153. Donahue, 47.

154. MINSA "Plan de Salud 1981"; MINSA "Plan de Salud 1984."

hardest to reach rural areas. In the furthest-flung communities, health coverage was often limited to a local brigadista or itinerating doctor, but by and large, Nicaraguans were enthusiastically adapting to life with increased access to medical care.

One of the most evident demonstrations of this shift was the change in maternal-infant health. Prior to the Revolution, the vast majority of births took place at home with a *partera empírica* (a midwife either self-taught or educated, apprentice-style, by a senior midwife in the community). *La Ministra* Guido, however, inspired by Cuba's example, launched a maternal-infant health program designed to increase the numbers of women receiving adequate pre- and post-natal care and medically supervised childbirth. The program also expanded the opportunities for midwives to receive formal training and certificates from MINSA. The success of the program was largely urban in nature – in rural zones even the best of intentions couldn't get poor women to a medical facility for check-ups, never mind for labor and delivery, whenever it came. Nonetheless, by 1982, 133,132 women were enrolled in MINSA's prenatal program, a number almost double that of 1981.[155] In 1983, MINSA piloted a midwife training program in Estelí and León/Chinandega that would expand nation-wide over the next few years.[156] This training program would prove critical in the latter half of the 1980s, as access to medical providers in conflict zones became more limited.

Thus, within three years of the Sandinista victory, the Nicaraguan health profile was vastly different than it had been prior to the revolution. This change was directly

155. MINSA "Plan de Salud 1983."

156. Donahue, 56.

attributable to Kuhl's early push to build and repair facilities, train more doctors and other medical professionals, and then Guido's later efforts to organize local health councils, train tens of thousands of health brigadistas each year, and launch vaccination campaigns and People's Health Days. Constant self-evaluation and re-tooling efforts met with increased success, as in the case of vaccination campaigns that largely eradicated the worst of vaccine-preventable diseases.

In addition to all these improvements in people's experience of health care, Guido's administration also enhanced the visibility of the Sandinista government in matters of health. Health ministers had rarely, if ever, gone around the country doing site inspections and morale-boosting tours. Lea Guido's leadership style, however, embraced this strategy. Guido, according to numerous oral history interviews, would schedule visits to hospitals, health centers, or rural areas' CDS commitees weeks ahead of time. The days prior to her arrival would be filled with frenzied activity as health workers prepared, cleaned, organized, prepared welcoming statements and the like:

> On the day of her visit, she would drive up in a convoy of jeeps with all her people with her, and everybody would say, "*La Ministra* is here, *La Ministra* is here!" She'd sweep in and shake hands and take pictures, and inspect things, make a speech, go to a meeting with some doctors or health leaders, and then she'd be gone, and we'd all go back to normal.[157]

This style of visitation was a deliberate display of authority, intended to remind health workers of their role in MINSA, but also in the Revolutionary state. Regardless of whether Guido's visits produced the intended sense of pride and responsibility, or invited

157. Dr. Orlando Rizo Espinosa, interview with author, March 21, 2009.

derision (it did both, depending on the respondent), her 'produced' visits represented a visible incursion of State power (and an implied State responsibility) in the health arena.

The intensification of the Contra War (an anti-Sandinista guerrilla campaign, funded, armed, and trained by the United States government), rising frustration with inefficiencies and inequities within the system, and increased levels of dissent against Sandinista leadership caused great difficulties for MINSA. In public speeches as early as November of 1980, Guido had addressed the impact of Contra attacks on the SNUS, and with a peppering of constant attacks throughout the years, there was certainly *some* impact. But as is evident from the progress cited above, the war did not impede improvements in health delivery by a substantial measure at that time.[158] But worries and tensions were beginning to surface.[159]

From a Ministerial perspective, Guido remembers the continual frustrations with which the Ministry contended on a daily basis. She recounted a series of these challenges with palpable exhaustion as she ticked them off, even at some thirty years distance from the events discussed:

> [The challenges] were tremendous. Limitation of resources, the 'curative' culture in health services, the limitations of cultural backwardness, the war, lack of knowledge, lack of sufficient personnel for prevention and promotion of health, limitations on communications throughout the country, and limitations to the health infrastructure in the capital, which is even today obsolete.[160]

158. "Clausura Seminario de Salud," *La Barricada*, November 27, 1980.

159. "Problemas continúan en hospital," *La Barricada*, December 28, 1980; "Mayoría con FETSALUD," *La Barricada*, November 1, 1980.

160. Lea Guido, email to author, March 16, 2014.

The challenges Guido recounted were significant obstacles to the effective realization of a streamlined and unified health care system. In some cases MINSA was unable to overcome these challenges, and in those instances, Nicaraguans grew frustrated with the gap between what they'd been promised (free and equal access to health care), and what they experienced (a fragmented system struggling to meet its goals). In spite of the successes MINSA achieved, frustrations inevitably came to a head.

Many of the concerns about MINSA revolved around the conflicts inherent to high demand and either limited or uncertain supply. Because Nicaragua relied so heavily on foreign aid, and because foreign governments donated so much of the equipment and medicine they used, hospitals and doctors had to contend with an inconsistent supply of medicines, and the risks inherent in using technology for which there were no replacement parts. If one month there was a glut of penicillin, when it ran out, there may or may not have been a shipment in place to re-up supplies. When the light bulb broke on a German-made X-Ray machine, as recounted by one physician, they had to share a bulb from another hospital or go without. When they did share the bulb, a territorial tug-of-war ensued, in which doctors carefully guarded their access to the bulb, and fiercely resented the times when it was in service at the other hospital.[161]

Other types of shortages also became a point of contention. As the demand for curative health services skyrocketed with the advent of free health care for all, hospitals often found themselves overrun. Due to shortage of funds, MINSA closed several hospitals in Managua in 1981 and 1982, while construction on new hospitals fell behind

161. Dr. Gerardo Mejía Maldonado, interview with author, October 9, 2008.

schedule.[162] By 1983, hospital care was more broadly distributed throughout the nation, but the available beds relative to the number of patients had actually fallen slightly behind the 1977 figures (from prior to the Revolution), after peaking in 1981.[163] In overcrowded hospitals, patients were occasionally put two to a bed. In other instances, patients either had to bring their own sheets or sleep on bare mattresses.[164] Shortages of medicines and equipment were occasionally dire. This sort of instability and insufficiency of resources led to tension among both health care providers and patients.

If the curative network dealt with supply issues, so did efforts in preventive care. "There were problems, lots of problems, especially at the beginning," recounted Corina Centeno, who served in the 1980s as Secretary of the Matagalpa chapter of the medical workers union, FETSALUD (*Federación de Trabajadores de Salud*). "Lots of brigadistas could barely read, or had just learned to read. This caused certain problems. They couldn't always remember things the right way and had to be re-trained." [165] Dr. Freddy Meynard, a doctor who itinerated for two years in the mountains, and Wilfredo Flores, a brigadista from a community outside of La Dahlia, a town between Matagalpa and Siuna, spoke about the difficulties of using the ad-hoc 'red fría' (cold-storage network), which largely consisted of thermoses. "It was pretty difficult if for example, one of the

162. Donahue, 52.

163. Ibid., 51.

164. Dora Uveda interview.

165. Corina Centeno, interview with author, March 17, 2009.

thermoses broke. And then sometimes the vaccine wouldn't have survived when you got to where you were going," said Flores.[166]

Opposition propaganda spread by radio programs broadcast both in Nicaragua and on the Honduran border also complicated delivery of some preventive health care, most notably, vaccines. Messages falsely claimed that, "anyone refusing to take the medicines would be fined and prevented from leaving the country."[167] More insidious and memorable were claims that the vaccines were actually spreading Communism by injection, as part of a Cuban and Russian plot. Nicaraguans still remember those messages – almost in every one of the seventy-five interviews conducted for this dissertation there was some mention of the "those vaccines are spreading communism" confusion that plagued the disease prevention campaigns.

Although delivery of preventive care steadily improved during the early '80s, these early signs of discord and dysfunction continued to pepper MINSA's successes in greater numbers until, by the end of 1983, it appeared that MINSA's golden years were drawing to a close. A large part of this decline in efficacy, however, had to do with large-scale escalation of the Contra War in that same year.

By 1983, the U.S. funded Contra War was about to change the way health systems could function in Nicaragua. An organized counter-revolutionary movement, the "Contra" began as scattered groupings of dissident Nicaraguans and former National Guardsmen who roamed the Mountainous North, occasionally peppering the countryside

166. Wilfredo Flores interview.

167. Garfield, 59.

with spurts of guerrilla violence. After Reagan's election to the U.S. presidency in 1980, however, an organized opposition began to take real shape under C.I.A. and State Department leadership and guidance.[168] *New York Times* reporter Stephen Kinzer wrote, "Senior officials of the Reagan administration, including President Reagan himself, reacted to the Sandinistas with a fervor that bordered on obsession. Fueled by that emotion, Nicaraguans were soon at war once again."[169] In 1981, the *Fuerza Democrática Nicaragüense* (Nicaraguan Democratic Front, or FDR) formed in Miami, dissident exile leaders making common cause with ex-National Guardsmen at the C.I.A.'s insistence. What would become known as the Contra War was under way.

With funding, training, and military intelligence supplied by the CIA and the State Department, the FDR and its ally groups built a full-scale rebel army in Nicaragua. Said a former Contra leader,

> [We] grew into a well-organized, well-armed, well-equipped fighting force of approximately four thousand men capable of inflicting great harm on Nicaragua. This was due entirely to the CIA. ….[Most] critical to our military activities was the intelligence that the CIA provided to us. With this information, our own forces knew the areas in which they could safely operate free of government troops. If our troops were ordered to do battle with the government troops, they knew where to set up ambushes, because the CIA informed them of the precise routes the government troops would take."[170]

168. Kinzer, *Blood of Brothers*, 88.

169. Ibid., 137.

170. Edgar Chamorro, quoted in Kinzer, 146.

The U.S. State Department negotiated concessions from a friendly Honduran government that allowed the Contra to make its base camps in Honduran territory, just out of the northern reach of the Nicaraguan Army.

It took some time to build up to such a fighting force, however, and so it was not until 1983 that the Contra were prepared to launch a massive intensification of the war to topple the Sandinista government. That year, thousands of Contras, equipped and supplied from bases in Honduras, flooded into northern Nicaragua, while smaller numbers of them pushed up into southern Nicaragua from bases in Costa Rica. By the end of 1983, Contra forces numbered between 12,000 and 15,000 troops, a dramatic increase over years past.[171]

This intensification had immediate and devastating effects. Kinzer wrote, "The form of warfare they adopted in their first years was straightforward terror, and… torture and murder… were not anomalies but part of a pattern that gave them a fearsome reputation."[172] Rather than waging an all-out war against government troops to topple the government they abhorred, the Contra instead engaged in what the U.S. Army called "low intensity warfare."

This military strategy was designed to de-legitimize the Sandinista government, thereby causing it to fall either in an electoral defeat or through popular uprising. Thus, in addition to skirmishing with government troops and terrorizing citizens, the Contra also made targets out of civilian targets like dams, power stations, schools, farms, and health

171. Garfield, 68.

172. Kinzer, 147.

clinics. Kidnappings, torture, and murders of social service workers like teachers and health care professionals were commonplace. The Sandinista leadership, with its multiple missteps, press censorship, and increasing authoritarianism did itself no favors, but the Contra terrorized and paralyzed the countryside. By late 1984, a tremendous percentage of the Nicaraguan territory was so contested that, one by one, government Ministries, including the Ministry of Health, surrendered their purview.[173]

This escalation had an immediate impact on health delivery in Nicaragua – both in conflict zones and in the relatively unmolested regions of the country. It not only drew public support away from Sandinista projects, it also directed both money and energy away from preventive health and towards war relief. Under siege, the Nicaraguan government had to curtail spending on health care, which forced MINSA to rethink the way it allocated resources. In Richard Garfield's summation:

> Until 1983, Nicaragua's health budget increased the share for primary health care and reduced the proportion for hospital care. Since 1983, however, the proportion allocated to hospital care increased in order to cope with the influx of war-related injuries requiring hospital surgery, and to reduce the deterioration of hospital services. It appears that the war led to a retreat from community-based, primary health services with an emphasis on prevention.[174]

In other words, MINSA had to divert its limited resources away from hospitals and heath campaigns toward providing curative care for the army and civilians in the war-torn Mountainous North.

173. Dora María Tellez, interview with author, February 22, 2014.

174. Garfield, 86.

Such a summary of events, however, hardly captures the reality of what was extremely stressful and worrisome to Nicaraguans who had come to rely on the State to organize health care in an equitable manner, and were experiencing a failure of that system. An anecdote related by Stephen Kinzer (the *New York Times* Nicaragua bureau chief from 1976-1990) captures the stress of this experience. In late 1983, the Minister of the Interior, Tomás Borge, was walking through a Managua marketplace with journalists in tow. According to Kinzer, one stall vendor loudly complained that she had been unable to find medicine for her sick children at any pharmacy or hospital (a frequent complaint of the time). "'We don't have enough medicine to give you because we have to send so much to our soldiers,' Borge shrugged. 'The enemy cannot defeat us, but he is taking a toll on the country.'"[175] Borge's dismissive response captured the manner in which the relationship between government and people was shifting away from unity and towards conflict and tension.

The hardships of war took a phenomenal toll on Nicaraguans' morale, but also, especially in the war zones, on their access to health care. The Contra treated health centers, health posts, and health workers as military targets, with predictable results. Health centers were repeatedly bombed and burned in conflict zones, doctors and nurses were subject to threats, intimidation, kidnapping, and murder, and the Contra routinely robbed brigadistas for medicines and basic health equipment. According to a report by the Nicaraguan Institute of Social Security and Wellbeing (INNSBI), by mid-1984, the destruction the Contra had inflicted upon the health infrastructure amounted to $1

175. Kinzer, 132.

million.[176] Ironically, this was the same amount quoted by Minister of Health Cesar Amador Kuhl when he estimated the cost of rebuilding the infrastructure damaged by the National Guard during the Revolution (cited earlier in this chapter). To be more specific, by the end of 1983, in reaction to constant threats and attacks, a total of twenty health centers had permanently closed their doors where fighting was the heaviest, in the Special Zone of North Zelaya (the Atlantic Coast) and in Region I (Estelí, part of the Mountainous North).[177] The Contra had killed or kidnapped several medical professionals, blown up multiple supply convoys with road mines, and begun a campaign of terror and intimidation in the countryside.

In spite of these challenges, both external and internal, MINSA soldiered on, in 1984 launching a radical reorganization of their structural and functional models in order to increase intra-Regional efficiency. The nine offices that reported to each Regional Director became only four: Primary Care, Preventive Medicine, Medical Instruction, and Finance.[178] The end result of this contraction was to prioritize hospital-based curative care (which had long suffered under tight budgetary constraints), even as MINSA began relying more heavily upon preventive care networks built up over the previous five years. Under the new plan, hospitals would receive increased portions of the health budget, and brigadistas' training programs would highlight first aid and war wound triage, in addition to their traditional primary care training.

176. INSSBI 1984 "Repercusión del Terrorismo de Estado de la Administración Reagan en la Vida del Pueblo Nicaragüense," found in the Centro de Estudio e Investigación de Salud (CIES) archives.

177. Donahue, 94.

178. Ibid., 93.

This reorganization, however, would be 'too little, too late' for Guido's administration when it came to turning the ship around. While preventive medicine had come a long way, according to former Health Minister Kuhl, "curative medicine was a disaster. We did not have the materials or the equipment, or even basic things like paper to run a hospital. The buildings themselves were falling apart."[179] Long neglected maintenance issues reached crisis point in many facilities. Electricity was unreliable, as was running water. As recounted by Richard Garfield,

> Many of the older hospitals had a medieval atmosphere about them. The wards were long, dark chambers, in which two patients often had to share a single bed. Psychiatric patients wandered freely across dirt courtyards, dogs and children scavenged in garbage heaps, while laundry women scrubbed blood-stained hospital laundry over open-air concrete sinks.[180]

MINSA continued working toward improvements in hospital care. As the newly constructed hospitals opened, the worst of the old ones closed their doors, and in 1983 MINSA increased hospital salaries in an effort to attract and maintain more qualified medical professionals.[181] In spite of this, however, doctors remained overworked and under-provisioned, while hospitals remained the first choice for many seeking medical care. Health centers and health posts, on the other hand, were generally under-utilized.[182]

179. Kuhl interview.

180. Garfield, 92.

181. Ibid.

182. Ibid., 99; Garfield mentions a study that found 70 percent of patients treated in the ER had no medical need to bypass their local health center, but does not cite it.

Doctors were increasingly outraged by MINSA's decision-making process, and in June of 1985, some 500 doctors met with Guido in Managua to voice their concerns. Accompanied by President Daniel Ortega and the Ministers of Finance and Transportation, she lead a meeting in which the doctors expressed outrage and concern about the state of health care in Nicaragua, specifically the insufficient supplies of medical equipment and drugs, and the horrible state of public hospitals. As recounted by Richard Garfield, "President Ortega was frank in admitting the failures of the new health system: 'We spread out to build hospitals in every direction… without taking realistic account of our human and financial limitations.'"[183]

Then, on July 2, 1985, *La Prensa* broke a story that pushed public and professional tolerance for Guido's administration to the breaking point. The front-page article revealed that several top MINSA officials had been selling pharmaceuticals on the black market.[184] Low morale, public scandal, and an insufficiency of solutions to the problems plaguing the health care system made it inevitable: later that same July, a 31 year old military commander named Dora María Tellez took *La Ministra* Guido's place at the helm of Nicaragua's struggling Ministry of Health.

Though Guido left the Ministry under a cloud of scandal and public discontent, she nonetheless had achieved some dramatic improvements in health. While in Managua the disaster of curative care loomed large, in the countryside, MINSA's advances in preventive and primary health stood the population in good stead. Guido counts among

183. Ibid., 94; Source for the quote uncited in his endnotes.

184. "Lea Guido: Hay sectores inmaduros e incomprensivos," *La Prensa*, July 2, 1985.

her greatest achievements, "establishing the People's Health Days, improving access to basic services in remote locations where they had never even seen a doctor, and the completion of five hospitals: Matagalpa, Masaya, Rivas, Bluefields, and Jinotepe."[185] Though she would not speak of the transition other than to say it was "orderly," Guido remains rightfully proud of the advances in public health Nicaragua achieved while she led the Ministry of Health.[186]

Dora María Tellez (1985-1990)

As Ortega's choice to lead the Ministry of Health through the straitened times in which it struggled, Dora María Tellez brought with her a proven track record for strong leadership, unconventional thinking, and achieving results. She would prove herself once again at the head of MINSA, serving from 1985 to 1990. Also known as "*Comandante Dos*," (Commander Two) Tellez was a prominent member of the FSLN army during the Revolution, achieving fame as one of the chief perpetrators of (and the lead negotiator for) the dramatic 1978 hostage taking at the National Assembly.[187] Prior to joining the Sandinistas, she had been enrolled at medical school in León, but in her second year she left to join the revolution, and never returned. Instead, she continued to work for the

185. Lea Guido interview.

186. Ibid.

187. Tellez was second in command during the famous (and unbelievably brash) hostage taking at the Nicaraguan National Assembly on August 22, 1978. Though only 22 at the time, she was responsible for negotiating a series of humiliating concessions from Somoza, including the release of several key Sandinista leaders (including Tomás Borge), a million dollars, safe escort, and a private plane to fly the guerrillas to Cuba. This event was key to the Sandinistas gaining credibility on the international stage, and made them into national heroes. Thousands of young men and women joined the FSLN in the aftermath, and this "toma" is widely considered to be a catalyzing event in the last big push to topple the dictatorship.

revolution in various capacities in government from 1979 until she was tapped to be Minister of Health, by far her most prominent position yet.[188]

Though they were both young women who occupied unusually high positions of authority within the Sandinista government, there the similarity between Lea Guido and Dora María Tellez ended. Where Guido seemed to appreciate the pomp and circumstance of governmental authority, Tellez eschewed such trappings. Instead, she dedicated herself to a morale-lifting campaign of high visibility and accompaniment. Dr. Orlando Rizo explained it thus:

> Well, if you know that at any minute the Ministra could arrive, and she did so frequently, one had to be prepared at all times. And that had a psychological effect on the workers. Knowing that the Ministra is here, even at one o'clock in the morning, in the Regional Hospital, without letting anybody know she was coming, it made us much more responsible and dedicated. She traveled with the military convoys because of the risk of ambush, and often came to the war zones, to Matagalpa, to Matiguás or to Rio Blanco, and that was important to us. Because she was conscious of being present with us, who were suffering the most – the health centers in far-flung zones, where the war was most dangerous, and health care was the most difficult, and there she was, letting us know she was with us, and that we had to do our best.[189]

Brusque, straightforward, and very funny, Tellez was a gifted leader, inspiring loyalty and admiration among her colleagues and subordinates. She tolerated no nonsense, and involved herself in the details of day-to-day management. Tellez matter-of-factly assumed responsibility for whatever problems existed. As she saw it, "when

188. She was well known in Managua for her role in organizing the Sandinista Defense Committees (CDS).

189. Dr. Orlando Rizo Espinosa interview.

people complain, it's for a reason. People never complain about nothing, so when they did, it was our job to try and fix it."[190]

From the outset, Tellez dispensed with the highest-flying rhetoric about the revolution's goals for health. With the Contra war at its zenith, advanced economic deterioration wreaking havoc with health, and insufficiencies of medicines, equipment, personnel, transportation, communication, infrastructure, and political good will, "the mission was simply to contain the deterioration," Tellez said during an interview, in a typically blunt assessment.[191] Her recollection twenty-five years after the events matched the professional assessment she and her team had compiled at the time:

> Health policy [in 1985 and 1986] was directed towards containing the deterioration provoked by the war and the economic crisis as a central element to the strategy of survival, selecting as priority groups those to whom the survival of the society was assigned (combatants, workers, children), at the same time that [we took] actions that permitted the health system to rationalize the use of the few available resources towards the end of functioning more effectively and efficiently.[192]

Toward this end, Tellez began addressing the people's concerns one at a time in priority-setting process that demonstrated unflinching realism.

In her first assessment of the Nicaraguan health system, the conclusion was clear. In spite of good intentions, "At this moment there is no health system in the strict sense. What exists is a combination of uncoordinated subsystems with diverse objectives,

190. Dora María Tellez, interview with author, February 22, 2014.

191. Tellez interview, October 20, 2008.

192. "Analisis de 10 Años 1979-1989." Biblioteca Nacional de Salud (MINSA) N WA 525 1142 1989.

priorities, and technologies."[193] Tellez inherited a health system comprised of the following resources: thirty-one hospitals, three polyclinics, 105 health centers, and 500 heath posts.[194] In spite of these increased resources, however, hospital (and health center) care was inadequately provisioned, uncoordinated, and poorly structured, leading to both over-crowding and under-utilization, depending on the facility. Medical education was disastrous, graduating physicians who were unprepared for the job they had to perform.[195] The office of External Cooperation did not proactively manage donations of money, medicines, or equipment, leading to redundancy and scarcity in equal parts. Primary care programs had been successful in many ways, but diarrhea was still the leading cause of death in Nicaragua, indicating that sanitation and education needed to improve.[196] Health professionals and volunteers were discontented. Nurses, auxiliary nurses, and nurse assistants were overworked and saw no path towards professional advancement. Brigadista programs had high drop out rates, necessitating the maintenance of new training programs. In war zones, doctors and other health professionals were unwilling and unable to work, for fear of kidnapping and assassination, leading to a large swath of territory where MINSA's programs could not penetrate.[197] To further complicate the situation, regionalization (decentralization) of the health system was insufficient, creating

193. MINSA "Plan de Salud 1986."

194. MINSA "Plan de Salud 1988-1990"; The country also had three military hospitals under the Ministry of the Interior, seven private hospitals, 150 private health centers, and 62 private health posts.

195. Dora María Tellez, email to author, March 14, 2014.

196. MINSA "Plan de Salud 1986."

197. Ibid.

a clogged chain of command, a sense of institutionalized helplessness, and the sense that Regional and Area Directors had no decision-making capacities of their own.

In response to these seemingly insurmountable challenges, Tellez led the Ministry in a strictly pragmatic series of decisions.[198] They abandoned ideas of programs and campaigns, which had been popular in the first half of the decade.

> I didn't set absolute goals. We focused on certain priority areas, like health of the child, mental heath, malaria prevention, tuberculosis, vaccine preventable diseases, and others, but in my time at the Ministry, we didn't have the resources or the personnel to implement specific programs like that. By '85 we weren't capable of mounting those kinds of campaigns. We didn't have the money, we didn't have the resources, and we didn't have the personnel.[199]

Without the ability to launch campaigns and programs, and with seemingly insurmountable challenges to successful operation, MINSA instead began tackling the problem areas in ways that focused on cost-effective, procedurally focused solutions.

The first order of business for Tellez was to relieve the heavy administrative burden on MINSA's central offices, and to free regional and local offices to operate with more autonomy, while still remaining under MINSA's supervision. Though the effort to decentralize began in 1983, in 1986, Tellez accelerated the process rapidly, freeing Regional Directors to determine

198. One of my favorite moments in all the research I did was in my first interview with Dora María Tellez (2008). When I asked her what were some of the goals she'd been unable to meet during her tenure, she was affronted. She sat up straighter, pinned me with a laser glare, and stated matter-of-factly, "No me pongo metas que no puedo cumplir." (I don't set myself goals I can't meet.) It took some soft-pedaling to get her to relent and once again discuss the events of her Ministry, but that statement, especially in light of all I later learned, captured the pragmatic nature of her leadership perfectly.

199. Tellez interview, 2008.

> how to optimize the use of available supplies, personnel, and funds. The setting of norms, targets, evaluations, remained a national responsibility. Decisions about how to meet the norms or respond to the evaluation were to be made at the regional level.[200]

This decentralization push was effective, and allowed MINSA to save time and money, and reduce a top-heavy administrative apparatus in Managua. In June of 1986, Tellez authorized the termination of 400 administrative jobs in Managua, and requested the termination of an additional 300 duplicative positions.[201]

In 1988, then, Tellez pushed decentralization even farther, in what Richard Garfield called "an innovative experiment in decentralization."[202] She transferred budgetary authority to Regional Directors, which meant that decisions about which types of health personnel to train, which programs to emphasize, and which groups to mobilize took place at the Regional level, so as to best address regional health needs.[203] Tellez also authorized the formation of regional inter-ministerial groups that could work together to best mobilize local resources. If vehicles were scarce, for example, the local MINSA office, could follow regional agreements for vehicle sharing among government offices. Dramatic budget cuts in 1988 and 1989 (ten percent and 30 percent, respectively), only reinforced the process of decentralization, as MINSA's central office had to lay off even more administrative positions. By 1989, MINSA employed only 300 administrative staff,

200. Garfield, 108.

201. MINSA, Resolución Ministerial #38. Dora María Tellez. June 5, 1986. IHNCA, UCA, no call number.

202. Garfield, 108.

203. MINSA "Plan de Salud 1988-1990."

from a high of 1,000 in 1985.[204] There was funding to meet only the most acute needs, which, due to the war, varied widely throughout the country. Decentralization, while both cost effective and situationally responsive, did not, however, absolve MINSA from resolving the worst problems in health care, nationally, and Tellez attacked those issues with a sense of urgency and resolve.

Hospital care in Nicaragua had suffered greatly under stringent budgeting and lax governance during the first half of the 1980s. In order to solve the worst problems imbedded in the curative health care system (hospitals, health centers, and health posts), Tellez immediately increased the hospitals' share of the health budget.[205] She also mandated a series of procedural reforms designed to enable them to provide better care to patients with less strain on the staff. In Managua, for example (as in other major cities in Nicaragua), hospitals suffered from intense overcrowding, while a majority of patients could have been treated at health centers or health posts. Richard Garfield cites a study at Manolo Morales Hospital in Managua, which found, "that seventy percent of patients treated in the emergency department had no medical need to bypass their local health center."[206] The reason patients leap-frogged the system straight to the hospital, Tellez explained, was "because those health centers didn't always have a doctor on staff, and they had shorter hours than hospitals. Many closed their doors at 1pm."[207] In order to

204. Garfield, 195.

205. Ibid.

206. Ibid., 99; He does not cite the study, just writes about it in the text.

207. Tellez interview, 2008.

incentivize patients to seek care first at a health center, Tellez authorized a series of reforms that mandated 24-hour service for all health centers, having a doctor on service or on call around the clock, adding beds to health centers that didn't have them so as to provide in-patient care, and instituting the first specific hygiene standards for health centers, which increased their quality of care.[208] These reforms were useful; health centers saw an increase in their patient load, and hospitals were somewhat relieved of their overcrowding.[209]

Tellez also addressed the dire need for repairs to hospitals' physical structures, as well as the equipment upon which doctors and patients relied.[210] Interestingly, however, she also designed a system of distribution for those funds that would depress the likelihood of corruption at the local level. Monthly payments were to be reciprocated with timely delivery of receipts, contracts ("to be written in the simplest legal language,"), and time sheets so as to indicate proper usage of the funds, with the threat that, "failure to deliver the same will impede delivery of funds in successive months."[211] In addition to these monthly reports and documentation, she made Regional Directors responsible for tri-annual reports on progress to repairs to MINSA's central accounting office so that the Central Budgeting Office could flexibly plan any re-arrangement of

208. MINSA, Resolución Ministerial #50. Dora María Tellez. April 21, 1987. IHNCA, UCA, no call number.

209. Tellez interview, 2008.

210. MINSA, Resolución Ministerial #49. Dora María Tellez. March 24, 1987. IHNCA, UCA, no call number.

211. MINSA, Resolución Ministerial #32. Dora María Tellez. February 12, 1986. IHNCA, UCA, no call number.

funding for crisis needs (i.e. an accident that put an ambulance out of commission, or the sudden bombing of a hospital in the Mountainous North, for example).[212]

Lastly, in order to improve the patient experience in hospitals, Tellez authorized a series of reforms to procedural mechanisms. The problems were vast. As noted in the 1986 Plan de Salud,

> In emergency rooms no system exists to prioritize patients according to the risk factor they present, which is detrimental to the quality of attention patients receive. There is also a total lack of procedural organization, which leads to a chaotic and unpredictable, unmonitored medical experience for patients.[213]

Tellez implemented a series of reforms that explicitly outlined the job responsibilities of Ward Chiefs and attending physicians, mandated stricter record keeping, and implemented full staff meetings at the end of each shift to consolidate notes and thoughts on patients.[214]

Hospital care was also gravely problematic in maternity wards, especially in Managua. Berta Calderon, the OBGYN specialty hospital, came to be known as the "Managua Baby Factory." Designed to handle twenty births a day, it instead handled between forty and seventy a day since 1979.[215] Women were crowded cheek-by-jowl, and, as Richard Garfield noted, "hair-raising stories circulated of babies being born in

212. MINSA, Resolución Ministerial #32.; Dora María Tellez interview, 2014.

213. MINSA "Plan de Salud 1986."

214. MINSA, Resolución Ministerial #35. Dora María Tellez. March 19, 1986. IHNCA, UCA, no call number.

215. Garfield, 115.

showers, in wheelchairs, and at the admissions desk. Staff… worked under extremely difficult conditions. Stress levels resembled those in a disaster relief operation."[216] Though MINSA equipped health centers to attend childbirth, strain on hospitals (and patients) remained intense.

In response, Tellez turned to the midwife training programs piloted under Lea Guido's administration. A vigorous effort to increase training programs for *parteras empíricas* led, anecdotally, to an increase in women choosing to give birth at home rather than face the stress of a hospital delivery.[217] Certainly the numbers of women giving birth in hospital did not rise significantly in subsequent years.[218] An additional reform that enhanced the patient experience in hospital care was Tellez's 1986 change of the requirement for the husband's consent when a woman wanted to be sterilized, granting physical autonomy to women for the first time in the nation's history.[219]

Though progress was underway to improve the curative health care system, given the limited funds MINSA had at its disposal, Tellez also had to implement reforms to ensure a steadier, more useful supply of medicines and equipment, most of which came by way of foreign donations. She did this in conjunction with the Office of External Cooperation, through which most donations of money and material for health were routed. MINSA's 1986 Plan de Salud noted that foreign governments, NGOs, and

216. Ibid., 116.

217. Tellez interview, 2008; Lucilla "Chila" Mantilla, interview with author, February 3, 2009.

218. Garfield, 116.

219. Ibid., 113.

support groups had donated some $8 million of equipment and supplies, but that, because forty percent of those donations were "of a spontaneous nature, without being requested, and therefore were of little use, it is necessary to re-organize and control the management of donations."[220] A more structured approach to donations management was key to improving the utility of donations offered.

Therefore, in collaboration with Tellez's Ministry, in early 1986, Minister of Foreign Cooperation Henry Ruiz issued regulations for the management and processing of foreign donations. A year later, however, with implementation falling short of the goal, Tellez created and authorized a MINSA-specific system of donations management that was, in its degree of detail, testament to the total lack of organization with which the office functioned. Among other minutiae, the Resolution iterated into which account at which bank cash donations were to be deposited, insisted that an accountant assume responsibility for projects funded by the donations, that there be some form of reporting on progress in these projects, and that Regional and local responsible parties strictly follow the reporting structure written in the rules.[221]

In order to better manage the supply of medicines and equipment, Tellez insisted that MINSA direct the Ministry of Foreign Cooperation to solicit donations based upon the Basic Medicines List co-authored by the World Health Organization and the Pan-

220. MINSA "Plan de Salud 1986."

221. Resolución Ministerial No. 53. Dora María Tellez, Minister of Health. June 30, 1987. IHNCA, UCA, no call number.

American Health Organization.[222] In order of priority, the list detailed which medicines were most critical for a health system to keep on hand. Nicaragua was never able to fulfill the entire list, but the guidelines established at least gave Foreign Cooperation and MINSA a framework for knowing which medicines were most needed, and with what urgency to solicit donations for which medicines. Tellez also implemented a cost-sharing program for medicines that helped control the black market.

> The systems of administration, purchasing, and distribution of medicines had to change. We organized a system of responsible purchasing, authorizing individual units within the health care system to purchase medicines wherever they found the best price. We reformed the Basic Medicines List to achieve better provision of medicines, and introduced a small charge for those medicines that were not on the 'Basic List' to help with those health problems that were more common and treatable at the primary level, while still maintaining all medicines for free in the hospitals. These policies stimulated the private market for medicines, allowed for optimization of the limited resources available, helped stimulate and supply the private market, and, to some extent, eliminated the black market.[223]

These guidelines, in conjunction with Tellez's personal involvement in hounding the National Medicines Commission (which she founded) to stay abreast of supplies and demands, the scarcity of critical drugs improved, though shortages continued to plague the country due to economic sanctions and the U.S. blockade of major port cities.[224]

Another segment of the curative health arena that needed immediate attention was medical education. Although Nicaragua continued to grow the total number of doctors

222. Resolución Ministerial No. 30. Dora María Tellez, Minister of Health. February 1, 1986. IHNCA, UCA, no call number.

223. Tellez, email to author, April 17, 2014.

224. Tellez interview, 2008.

working in the country, it was difficult to retain medical school graduates. Since 1979, Nicaragua had graduated 1,300 new physicians from the medical schools in León and Managua, but the total number of Nicaraguan physicians practicing in country had only doubled in 8 years, from 1,000 to just under 2,000.[225] In 1987 there were 1,955 Nicaraguan physicians, and when the number of newly graduated physicians is taken into the calculation, this number indicates a gradual emigration rate of almost 50 percent over the course of the decade.[226] Although in the early 1980s MINSA had increased doctors' salaries in an attempt to retain them, by the late 1980s, given the difficult economic and workplace conditions, the Ministry could do little to stop the outflow of doctors. Numbers of nurses and auxiliary nurses were more substantially increased, as they were more likely to stay in Nicaragua after graduating; 1,300 nurses and 3,800 auxiliary nurses had graduated since 1979.

Apart from the issue of retention, another problem facing the medical profession was the deplorable state of education students received at the country's two medical schools.[227] Textbooks were altogether missing from classrooms, practical education was insufficient, and students were often rushed through their last years of school to participate in national campaigns, to join the army, or to begin working. The realities of medical practice often came as a shock both to these young graduates, and to the better-trained physicians with whom they worked. Numerous doctors interviewed for this

225. Garfield, 172.

226. Ibid., 173.

227. MINSA "Plan de Salud 1986."

dissertation recalled the low quality of medical education in the 1980s, and the challenges that engendered for providing good quality care to patients.[228] Though MINSA constantly urged the medical schools to increase the quality of doctors' education during this period, Tellez matter-of-factly conceded that they were unable to make headway.

> What fell to me at MINSA was the training of specialists and interns. The medical school was under the direction of the UNAN [*Universidad Nacional Autónoma de Nicaragua*] Managua and Leon. It was impossible to convince the leadership at the universities to reduce the quantity of doctors trained. Evidently they didn't have the capacity to guarantee the quality of such a quantity of people. Even today, we continue with the same problem.[229]

Nonetheless, Tellez did what she could within the purview of her Ministry to improve medical education. Beginning in 1986, MINSA no longer permitted students to volunteer for health campaigns, harvests, or service in the militia or army. Work-study programs were cut from twenty to ten percent of course time, and medical schools began teaching basic sciences in the first year of medical school.[230] Tellez remembered other solutions she implemented:

> We established programs for specialist training to avoid an overcrowding of students who could not be served. We formed a committee to select medical graduates that could address different specialties based on their skills and qualifications, and we tightened requirements for training. We also strengthened the role of specialists who taught each specialty in work-study arrangements. Moreover, we organized various specialty conferences to promote research and debate on the topics of the different specialties.[231]

228. Dr. Virgilio Cisne, interview with author, February 11, 2009.

229. Tellez, email to author, March 22, 2014.

230. Garfield, 167.

231. Tellez, email to author, March 22, 2014.

These methods had a limited but beneficial effect on the abilities and preparedness of doctors graduating from the Nicaraguan medical schools.

For other medical professionals, MINSA had a greater ability to impact their education, training, and potential for professional advancement. Nurses, auxiliary nurses, and nurse assistants had become discontented over time. Overworked and underpaid, they saw limited opportunities to advance themselves professionally, take on more responsibility, and therefore, demand a higher salary. In order to appease the concerns of these critical health care providers, and in order to increase the quality of health care, Tellez enhanced continuing education programs in nursing, and instructed Regional Directors to authorize temporary leaves of absence for this purpose.[232] Tellez also created a National Council of Nurses (*Grupo Nacional de Enfermería*) to work more closely with MINSA to "guide and advise on education, professional, and technical needs of the profession."[233] This Council succeeded in reestablishing the three-year basic program for nursing education, expanding training options available, increasing some salary levels, and allowing nurses to enter a post-graduate program in epidemiology.[234] Neither oral history nor existing documentation made reference to what, if any, systematic improvements resulted from these efforts, but a few nurses I spoke with mentioned

232. Resolución Ministerial #47. Dora María Tellez. February [no date noted], 1987. IHNCA, UCA, no call number.

233. Resolución Ministerial #54. Dora María Tellez. February 20, 1986. IHNCA, UCA, no call number.

234. Garfield, 171.

having done programs in continuing education in the late 1980s.[235] Presumably, these efforts then had at least a limited benefit.

For all that MINSA made great strides in attempting to improve the struggling curative health care system during Tellez's administration, the strain of economic sanctions, war, and other challenges meant that hospital care under the Sandinistas would never attain the levels hoped for and promised in the rosy afterglow of revolutionary victory. Nonetheless, between 1985 and 1990, MINSA did manage to contain the deterioration. As Richard Garfield summed it up, "A two-tiered system of care emerged with the war."[236] In urban areas, MINSA prioritized bolstering the curative care network needed for war-related pathologies. The rural system, on the other hand, was run by brigadistas, and focused on preventive and primary care strategies.

In 1985, however, the rural system was nowhere near capable of implementing MINSA's rural health care strategy. Primary and preventive care programming demanded remediation during this period, and, indeed, received priority from a Ministerial perspective. The 1986 Plan de Salud stated, "We need to make primary care the priority in coming years, making the best in human and material resources available to this effort in order to overcome the challenges to providing health care to the population."[237] As Dora María Tellez commented, "What we had to do in that moment was stabilize the

235. Betty Soto, interview with author, September 30, 2008.

236. Garfield, 86.

237. MINSA "Plan de Salud 1986."

situation, and consolidate what we could accomplish. We had to be very practical."[238] In order to make this possible, Tellez increased the funds dedicated to primary care. In 1981, primary care took up 14 percent of the budget. By 1986 it comprised 26 percent, and in 1989, 33 percent of the health budget.[239]

There were several challenges to implementation of this goal. The Contra war created extremely poor health conditions over a large geographic swath of the country (the Mountainous North and the Atlantic Zones), the cities were overrun with internal refugees living in *asentamientos* (settlement communities) on the outskirts, without sanitary infrastructure. Nation-wide, fatigue, poverty, and discontentment were wreaking havoc with voluntary participation levels on many projects, and poor sanitation led to high levels of easily preventable disease. Therefore, the problems MINSA needed to solve in primary care were three-fold: one, they needed to improve faltering community participation and health education; two, improve sanitation, and three, figure out how to ameliorate limited access to Contra-held areas to improve health access in those communities.

Sandinista leadership had long resisted the use of low-cost health technologies, what in the parlance of the development industry is called "appropriate technology." Examples of this type of health care include: oral rehydration units, use of the textbook

238. Tellez interview, 2008.

239. Garfield, 195; He does not cite a source for these statistics. Budget information is the hardest to locate at this point. For much of my information, I rely on Garfield's book. A careful reader might note that earlier in this chapter, I wrote that MINSA also increased the percent of funds going to hospital care, and wonder how both were able to rise at the same time. The answer lies in decentralization, which process reduced administrative costs from 25 percent of the budget in 1981 to 14 percent in 1986, and only 6 percent in 1990.

Where There Is No Doctor, and sanitation and vaccination campaigns. Minister of Agriculture Jaime Wheelock eloquently expressed the reason for this resistance: "We are not a country of 'appropriate technology,' that would have as its philosophy the institutionalization of underdevelopment."[240] Although this argument was worth debating, by the late 1980s, the health situation was sufficiently grave, and access to communities in war zones was challenging enough to obviate the debate entirely. Tellez unabashedly embraced the methodology of appropriate technology to solve the grave primary health care problems facing the nation, as stated in the 1987 Plan de Salud.[241]

To tackle the problem of community education and participation, Tellez took several steps. To be clear, popular participation, by all accounts, was always high for day-long campaigns. Where it lagged was in the volunteerism of trained *brigadistas de salud* who could lead community education efforts, monitor community health, and organize groups for specific campaigns and projects. Traditionally trained in short workshops for particular projects (ie., a one-day training for an upcoming vaccination campaign), brigadistas often ended their involvement after a short time.

In order to combat this high turnover, and to maximize MINSA resources for training, Tellez changed the system. Instead of quick, frequent trainings, MINSA began offering fewer but longer, more education-intensive workshops that gave brigadistas a better basis in basic health and sanitation, and increased their commitment to the task.

240. Jaime Wheelock, "El sector agropequario en la tranformación revolucionaria." *Revolución y Desarollo* 1, no. 14 (1984), cited in Garfield, 96.

241. MINSA "Plan de Salud 1987": "It is important that we embrace the wider search for, and application of, low-cost, simple, alternative technologies."

These brigadistas were trained for one or two weeks in order to assume ongoing responsibilities rather than be trained for only one day for short-term campaigns.[242] The result was instructive on the importance of the investment of time and energy on volunteer retention. A good number of the health workers interviewed for this dissertation got their start in brigadista training programs in the late 1980s, and not only continued working as health leaders twenty-five years later, but had pursued careers in health care.

Having a solid, well-trained corps of volunteer health workers was critical to the success of MINSA's next goal: solving the many problems of poor health and the persistence of preventable disease. As Tellez remembers it,

> Well, diarrhea was still a terrible problem, the worst problem. Leshmaniasis got a lot worse. TB also got worse, malaria was harder to control. The health problems in war zones were much worse. Also in that time was the beginning of our problems with dengue, and although it wasn't talked about then, we also had the first problems with the modern epidemic of AIDS. The Contra living in Honduras were training in Florida, and so they were exposed to AIDS and little by little it started coming into Nicaragua through the Contra army.[243]

In spite of this recitation, it is important to remember that by 1986, after six years of hard work to improve health indices, many indicators had indeed improved. Polio, measles, malaria, and other vaccine preventable diseases had either disappeared or were greatly

242. Garfield, 42.

243. Tellez, interview with author 2008.

reduced. Nevertheless, other problems that persisted included hepatitis, whooping cough, and typhoid fever.[244]

However, the leading cause of death in Nicaragua was still Acute Diarrheic Illness (EDA), which led the field by more than 1,000 deaths per year, and the methods undertaken to solve this problem were emblematic of Tellez's approach toward problem solving.[245] Diarrheic illness could be fixed with low-cost, low-technology solutions, and so that was Tellez's focus. As stated in the 1986 Plan de Salud, "[Of all these problems], the only thing fixable in the short term is Acute Diarrheic Illness, which means that the majority of our efforts ought to be directed toward that."[246]

From a curative perspective, she ordered hospital admissions criteria expanded to admit patients before they became critical. She also ordered that planning departments allow for an increased allotment of beds reserved for patients with EDA, and that epidemiological monitoring include EDA for the first time.[247] She ordered Regional offices to form commissions for the control of EDA, to reinforce existing Oral Rehydration Units (URO), and to open new ones in areas of heightened need.

At the community level, she directed DECOPS and local popular education groups to educate the population about the early management of children with diarrheic illness, and to place a strong emphasis on the use of rehydration salts, which could be

244. MINSA "Plan de Salud 1986."

245. MINSA "Plan de Salud 1986."

246. MINSA "Plan de Salud 1986."

247. MINSA Resolución Ministerial #28. IHNCA, UCA. No call number, no page numbers

easily procured at UROs, or made at home with a simple recipe.[248] MINSA also reinvigorated its push to encourage Nicaraguans to build latrines in every home, which had faltered in previous years due to poor distribution of toilet seats. Tellez had no patience for such problems.

> Any kind of latrine is better than defecating in the open air. If we don't have the resources to make latrines with good seats, even just a simple hole in the ground will suffice. We have to be ready to meet our needs with whatever minimal resources are available and not wait for better conditions.[249]

Such methods had an immediate impact in areas of the country where MINSA had good access to communities, reducing rates of EDA significantly in some locations.[250] The war zones, however, were another issue altogether, and demanded even more creative problem solving from the Ministry of Health.

War zones in Nicaragua presented a persistently intractable problem for the Ministry of Health. The Contra's policy of bombing health posts and health centers, destroying water and sanitation infrastructure, mining roads, and kidnapping and killing medical workers and assaulting and robbing *brigadistas de salud* (euphemistically called "low-intensity warfare" by the Reagan administration) had done terrible damage to health in the region. A combination of Contra propaganda, outright threats and intimidation, and collective fatigue and/or outrage at Sandinista missteps had turned large portions of the population against the Sandinistas, and therefore resistant to MINSA's efforts.

248. MINSA Resolución Ministerial #28.

249. Tellez, quoted in Garfield, 97; The quote is not cited.

250. Tellez interview, 2014.

Nicaraguan doctors refused to work in war zones, reasonably afraid for their lives, and even the prospect of doing day trips into combat zones carried with it the constant threat of death by land mine or ambush. As a result, MINSA was forced to withdraw health workers, close many health centers and posts, and could only enter with protection from armed forces. Tellez remembered that, "In many places we were able to enter only with the army. In with the army, and out with the army, and that was the only way we could attend the population. It was very complicated, very difficult, and not very effective."[251]

Once again, Tellez's capacity for pragmatic solutions helped resolve a seemingly impossible problem. Putting politics aside, she directed her Ministry to work with the Contra to bring preventive health care into Contra-controlled territories.

> We had to adapt to the reality that in war zones, the health personnel we would find there were Contra. We couldn't pretend, anymore, that we were all Sandinistas and as Sandinistas we worked for the Sandinista government. We had to come to some sort of accord with those communities. They didn't work for us. They were Contra. We simply provisioned them to work in health. The politics in that moment weren't important. What mattered was making sure our health goals were being met even in those communities, like in the *Zona Miskita* [Atlantic Coast].[252]

With the Contra collaborating with MINSA to bring health supplies into their zones, MINSA was able to at least enter into the most abandoned health areas and provide training and materials for those communities, even if only in small measure.

---

251. Tellez interview, 2008.

252. Tellez interview, 2008.

Thus did MINSA, under the able leadership of Dora María Tellez, work to fix the worst of the health care problems facing the Nicaraguan nation during extremely difficult times. So well did her Ministry handle these challenges, in fact that she is widely rumored to have received a UNESCO award for exceptional progress in health. This, it turns out, is the myth of celebrity, as Tellez herself is quick to point out. "That is a mistake often repeated, but I do not remember receiving any UNESCO prize."[253]

In her own assessment of the work she led from 1985-1990, however, she is frankly proud of MINSA's accomplishments.

> In similar circumstances it would have been difficult to do any better. Because the war occupied a large part of the national territory, it was very difficult to guarantee coverage. So that's what we put ourselves to - increasing coverage, maintaining health in the preventive sense even in the war zones, and improving hospital care. And we did it well, very well. With negotiation and learning to look for creative solutions, we maintained a minimum level of health for the nation and resolved a lot of the problems that had been difficult for the [health care] system."[254]

It is difficult to report with the certainty of statistics on the relative success or failure of the reforms implemented under Tellez's Ministry. First and foremost is the utter lack of documentation. In the aftermath of the 1990 elections, huge quantities of Ministry documents were burned – the passive voice is deliberate in this instance, as some insist that Sandinistas burned their records to make administration more difficult for the incoming government, and others claim that the new appointees from the opposition

253. Tellez, email to author, March 14, 2014.

254. Tellez interview.

burned the papers in an effort to erase the last ten years from the national memory. At this distance the truth is impossible to discern. Nonetheless, widespread popular opinion from both pro- and anti-Sandinista respondents concur that health care improved under Tellez's tenure as Minister of Health, and that she was a top-notch administrator.

In 1990, however, nationwide election results came in, and the Sandinista period came to an end. President Daniel Ortega handed over the reins of government to the head of the opposition coalition, the new President Violeta Chamorro de Barrios. At the Ministry of Health, many appointees lost their jobs to people promised jobs by Chamorro's campaign. It was a time of chaos and transition, and MINSA would undergo an almost total overhaul in the next few years. The new neoliberal administration was, unsurprisingly, a proponent of privatization, and the era of free health care for all came to an end. The portion of the national budget dedicated to health care plummeted. Many of MINSA's community-based programs came unraveled, and popular participation, which had remained high until the very end, crashed.

Conclusion

In spite of this ignominious end, however, what the Ministry of Health accomplished during the 1980s under the leadership of Kuhl, Guido, and Tellez, has left a lasting mark upon Nicaragua's history, and forever changed what Nicaraguans would expect of their government in the arena of health care. In the ten months of fieldwork conducted for this dissertation, one consistent theme emerged from a majority of interviews – that the Sandinistas, whether a respondent loved them or hated them – had

done a good job with health care, especially when taking into consideration the difficult conditions of the time. Former Minister of Health Cesar Amador Kuhl was more emphatic than most, averring that MINSA had been the most well run of the Sandinista ministries.

> In spite of all the shortages, the problems, the shortage of resources and whatever politicizations that happened, it was still the best, because it was a priority of the revolution, and also, with all humility, because of excellent leadership in all three Ministers.[255]

Kuhl was not blind to MINSA's many problems, but nonetheless, he, like many others, believes that MINSA did a consistently excellent job throughout the 11 years of Sandinista rule, not flagging in the face of challenges from economic sanctions, war, and political opposition, and being responsive to changing circumstances.

During the terms for all three Ministers of Health, MINSA made progress toward a distinct set of goals, each of which had a lasting effect on both the curative and preventive health care systems in Nicaragua. Minister Kuhl devoted his tenure to rebuilding, expanding, and improving the curative health care system. The hospitals, health centers, and health posts upon which Nicaraguans would rely for medical attention throughout the 1980s were all either begun or built during his one year term. Minister Guido, upon assuming control in mid-1980, undertook a tremendous expansion of the primary (preventive) care network, training dozens of thousands of health brigadistas, prioritizing popular health education, and launching campaigns to improve maternal-

255. Kuhl interview.

infant health and vaccination rates throughout the country. As economic and conflict conditions began worsening, these ambitious and expansive goals proved difficult to maintain. When Minister Tellez took the reins in 1985, then, her goal was to contain the deterioration and rationalize a system that was easily abused and in which health delivery was often impeded by an overly centralized bureaucratic structure.

At the end of the decade, what MINSA leaders, medical professionals, and an organized population had accomplished was impressive. They had cut infant mortality in half. They had eradicated polio. Measles went from one of the deadliest killers of children to being a contained threat with only occasional outbreaks. Malaria was much more under control than it had been, and the population was equipped with knowledge and techniques for controlling outbreaks. Most importantly, there was one unified health system led by the Ministry of Health – the twenty-three separate institutions and balkanized health system of the Somoza years was gone for good. Nicaragua now had an eleven-year history of organized, methodical, nation-wide health care administration and planning. This, more than anything, would inform what Nicaraguans expected and demanded of their government moving forward, even in the privatization that took place in the 1990s. The Sandinistas had eradicated the last vestiges of dictatorship by encouraging Nicaraguans to believe that government was responsible for ensuring health access to the entire nation, not just to the wealthy and politically well connected.

Lea Guido reflected upon the great revolutionary project, saying, “I think free and equal access to health services was the dream, to improve health conditions, and

democratize access to medical education."[256] The Sandinistas did not accomplish what they envisioned in 1979, but what they did was impressive, especially in light of the challenges they faced. As Dora María Tellez pithily summed it up, "We did very well."[257]

256. Lea Guido interview.

257. Tellez interview, 2008.

Chapter Three: Matagalpa and the Mountainous North

Matagalpa was the seat of it all. It was here the Revolution was born. Here in Matagalpa we were on the front lines, bombarded by the National Guard, and we sacrificed much in the struggle. But there was so much will among the people to fight, to overthrow Somoza. And then after the victory, here we suffered again with the Contra. It seemed to me like it all happened in Matagalpa.

— Don Mario Zúniga[258]

Matagalpa, the eponymous capital of the Region of Matagalpa in the Nicaraguan highlands, is perhaps the perfect place to study the Sandinista health care reforms of the 1980s. In the years leading up to the Revolution, Matagalpa was a primary urban base for the mountain-based FSLN *guerrilla*. During the final offensives of 1978 and 1979, Matagalpa was an enthusiastically pro-FSLN city and came under intense bombardment from the National Guard. In the immediate aftermath of the Sandinista victory, popular will to support the new revolutionary government was higher here and in surrounding mountainous cities than nearly anywhere else. If there were a place in Nicaragua where a Sandinista program like health reform were going to work, then Matagalpa was that place.

Conversely, if there were a place in Nicaragua where Sandinista reforms like health care were going to fail, it would have been in Matagalpa and its surrounding areas. During the 1980s the Contra War put the Mountainous North under increasing duress. Guerrilla warfare, bombardment of the physical infrastructure of health care (health centers, health posts, road mines), the constant threat of death, injury, and kidnapping to

258. Mario Zúniga, interview with author, February 4, 2009.

health workers, and the increasingly difficult task of accessing Contra-controlled territories made the prospect of delivering health care to remote areas both dangerous and difficult. Tensions ran high within Matagalpa City itself, while entire communities in the interior 'turned Contra.' Implementing effective reforms to the health care system in these mountains was more daunting in Matagalpa and the Mountainous North than anywhere else in Nicaragua save the Atlantic Zones.

This oral history project, conducted in Matagalpa and the surrounding Mountainous North, sheds light on not just the successes, but also the challenges, problems, dangers, and difficulties of the campaigns, programs, building projects, and systems implemented by the Ministry of Health during the Sandinista era. The previous chapter of this dissertation outlined in broad strokes the events of the post-revolutionary decade as relates to the nature of the Sandinista health care reforms during that time. In such summary, however, there is necessarily a paucity of detail, especially the type of detail that allows a reader to understand how a typical Nicaraguan might have experienced the radical changes to how the Ministry of Health administered and provided health care.

The purpose of this chapter, then, is to provide that detail, and give some sense of the "lived reality" of everyday Nicaraguans, vis-à-vis health care. In light of the scarcity of documentation on the period, a robust oral history collection fills in much of the gaps, though certainly not all.[259] As an analysis of personal stories of health care in Matagalpa

259. As explained earlier in this dissertation, the bulk of MINSA documentation was burned in the 1990 post-electoral purges in which the newly elected neo-liberal government unseated the Sandinista administration.

during the long Sandinista decade of 1979-1990, it expands the scant existing literature on the Sandinista health administration, providing the only community study of health care in Nicaragua.

Thus, the stories compiled in the following pages paint a picture of health care reform in Nicaragua during both its zenith and its nadir. The object of this analysis is not necessarily to render judgment on successes, failures, or sustainability, or to establish a chronology. Rather, this chapter aims to simply describe how health reform impacted citizens' lives, and how central leadership decisions, the influx of foreign volunteers, and the actions of foreign governments and domestic dissidents affected individuals' experience of health care delivery during the 1980s. Lastly, the collective stories of more than fifty Matagalpans shed light on not just what their narratives tell about the past, but also how those narratives inform the present day and their hopes for the future.

From the tangled mass of personal recollections of health care, a few arguments emerge. First, the Sandinista commitment to improving the quality and accessibility of health care for all Nicaraguans was serious, effective, and long-lasting. Even in the worst areas of combat where MINSA failed to maintain its initial advances, health workers (both professional and volunteer) continued working to ensure basic health care, even if that care was insufficient to the population's needs. Second, differences between the curative and preventive health care systems grew more dramatic as the war gathered strength and MINSA found itself increasingly limited. The differences between urban and rural health care also polarized during this time. And third, in spite of achieving an overall positive reputation during the 1980s, at the Regional and local levels, politics and

patronage sometimes impeded health care delivery in spite of the Ministry's commitment to providing the best health care to the largest segment of the population as was possible.

Matagalpa: A Brief History

While the span of this project extends throughout the Mountainous North, Matagalpa is the keystone to the area for economic, historic, and political reasons. Located at the southernmost extension of the Segovia Mountains, Matagalpa is tucked into a valley a few thousand feet above the flat plains of the Pacific zone (home to Granada, Managua, and León, the most historically significant and economically powerful cities of Nicaragua). Matagalpa is a more recent addition to the pantheon of important economies in Nicaragua, tracing its robust economy back to the mining and coffee booms of the late nineteenth century. In spite of its relative youth, however, it has become, perhaps more than any other place in Nicaragua, a barometer of sorts for the health of the nation for several reasons, all of which revolve around the inherent dynamism and heterogeneity of the region.

First, Matagalpa has a long and proud history of revolution and bellicose nationalist movements, having played host to several major rebellions and armed uprisings in Nicaraguan history. This is the region that birthed the Army of the Serpentrión that defeated William Walker and his Filibusters in 1857.[260] In 1881, a peasant rebellion in Matagalpa protested continued government expansion of the rights of the (often foreign-born) coffee and mining elite at the expense of the indigenous

260. Gobat.

peasantry's lands and rights.[261] Then, in the 1920s, the Segovia Mountains provided men, materials, and shelter to General Augusto Sandino and his guerrilla army during their long fight to oust U.S. Marines from Nicaragua.[262]

In this tradition, Matagalpa can also claim significant ownership of the *Frente Sandinista para la Liberación Nacional* (FSLN). Founder Carlos Fonseca (the illegitimate son of a Matagalpan coffee baron and a *mestiza* housemaid) was born here, and here he founded the FSLN with his comrades Tomás Borge and Silvio Mayorga. As with Sandino several decades earlier, the Segovias once again housed and sheltered the guerrillas as they carried out *foco* warfare as inspired by Che Guevara and the Cuban Revolution.

Part of what made Matagalpa and the Mountainous North so ideal to foment revolution had to do with communication and transportation in a relatively isolated region. Outside the capital cities of Matagalpa, Estelí, Ocotal, and the secondary city of Jinotega, small and medium sized coffee plantations dominate the agro-export economy, while small-scale subsistence agriculture is the backbone of the rural *cantones* (tiny rural communities). Communication has historically been difficult due to this isolation. Even as late as the 1980s, most communities relied on radio and word of mouth for connection to events in the nation and the outside world.

Poor transportation infrastructure also enabled guerrilla movements to thrive. By

261. Dora María Tellez Argüello, *Muera la Gobierna! Colonización en Matagalpa y Jinotega, 1820-1881*. Universidad de las Regiones Autónomas de la Costa Caribe Nicaragüense (URACCAN), 1999.

262. Gobat.

and large, infrastructure within the region is lacking, with the exception of the narrow, winding roads that connect larger urban hubs throughout the region. Many small communities in the mountains, both at the time of the revolution and even today, are inaccessible except for on foot or by donkey. This isolation made it easy for guerrilla groups to hide where the National Guard would find it difficult to penetrate.

Exterior to the region, however, Matagalpa is well connected to other regional capital cities. Highways of varying quality connect Matagalpa to Managua, Granada, and León. Within the Mountainous North, Matagalpa has direct highway connections to Estelí, Jinotega, Ocotal, and also, beginning in 1979, to the Pacific Coast.[263] These transit routes facilitate inter-regional transportation and communication. This combination of connectedness to the urban centers of the nation and isolation within the region itself was particularly useful for the cultivation of revolutionary fervor in urban hubs and building the urban support networks that were critical to the FSLN victory. While information, arms, volunteers, and supplies flowed easily from urban centers to Matagalpa, and from Matagalpa into the interior, the revolutionaries themselves were able to remain relatively cloistered except when they chose to engage.

Another element of Matagalpan life that made this region particularly supportive of the Sandinista revolution was the close alignment of the region's wealthy landowners with the other groups that composed the bulk of the guerrilla movement (the middle

263. Gary Prevost, "Cuba and Nicaragua: A Special Relationship?" *Latin American Perspectives* 17, no. 3 (Summer 1990): 120-137; Don Mario Zúniga, interview by author, February 4, 2009; A highway built with Cuban assistance immediately after the Revolution created a continuous roadway between Matagalpa City and Puerto Cabezas on the Atlantic Coast, the first of its kind. Previous to this road, the only access from western Nicaragua to the Atlantic Coast was by airplane.

class, student groups, and the working poor). Only the peasantry remained hesitant to join in the fight. As historian Eduardo Crawley explains, "Far from rallying to [the FSLN's] call, the peasants of Matagalpa remained indifferent or actually denounced them to the Guardia."[264] This intransigence lasted well into the late 1970s, but by 1979, the peasantry was more ambivalent vis-à-vis the Revolution.[265]

In the fight to oust the Somoza dynasty, Matagalpans of almost all walks of life sacrificed their safety, their fortune, and their lives, but the collaboration Matagalpa's unique local agro-export elite was invaluable. In his book *Coffee and Power*, Jeffrey Paige discusses the role of a core of relatively wealthy coffee plantation owners (whose businesses comprised the backbone of Matagalpa's economy) in facilitating the revolutionary victory in 1979. This coalition, Paige explains, was based on shared principles expressed by the Ortega faction of the FSLN such as a mixed economy, political pluralism, and non-alignment. Crawley offers a more economically pressing reason for their support for the Frente Sandinista.

> [Anastasio] Somoza held little sway over one segment of Nicaraguan economic life: the landowning, coffee planting oligarchy. He 'persuaded' landowners to part with choice lands the President coveted, often at half their market value, or even as outright gifts.[266]

Under threat of losing their lands to Somoza's predations, many of these planters supported the Revolutionary opposition. Paige and Crawley argue that a significant

264. Crawley, 133.

265. Ibid.

266. Ibid., 97.

minority of these Matagalpans either offered their coffee estates for guerrilla camps and training grounds outright, or simply turned a blind eye to their existence. Paige states that, "the [success of the] revolution was based on an implicit coalition between the FSLN, the aristocratic elite, and the agro-industrial middle bourgeoisie including many coffee and cotton growers."[267] For example, the dynastic Kuhl, Cuadra, and Bolt coffee families of Matagalpa, furious at Somoza's abuses of power, were among the FSLN's most open and assertive supporters.[268]

Interviews confirm this inclination. Coffee grower Eddy Kuhl of Matagalpa, for example, recalled, "I was never a Sandinista, but I was involved in the revolution, and supported it. I wasn't okay with Somoza, so I helped where I could. We were going to do great things, you know? It was going to be marvelous."[269] As a result of this cross-class defiant stance, Matagalpa sustained particularly intense bombardment from the National Guard in the last months of the Revolution. Although the elite and much of the bourgeoisie would turn against the Sandinista government a short time after the victory, this temporary coalition of heterogeneous actors was critical to the sustainability and success of the FSLN prior to the victory.

In the aftermath of the 1979 FSLN victory, a broad spectrum of social and economic classes in Matagalpa shared a sense of ownership in having toppled the dictatorship. In keeping with the widespread support for the Revolution, volunteerism

267. Jeffrey Paige, *Coffee and Power: Revolution and the Rise of Democracy in Central America* (Cambridge, MA: Harvard University Press, 1997), 40.

268. Crawley, 33.

269. Eddy Kuhl Araúz, interview by author, July 14, 2010.

and community participation were extremely high in Matagalpa, both in the urban hubs and in rural enclaves. The city and surrounding areas had been under tremendous assault from the National Guard, but they organized quickly, and prepared to embrace fully the political, social, and economic changes each group believed the Sandinistas would usher in.

At the national level, Matagalpa received somewhat preferential treatment from the Sandinista leadership. Many of the Revolution's most prominent leaders hailed from Matagalpa, and those who had contributed greatly to the revolutionary victory were rewarded with prominent government positions and protections when the revolution came to power in 1979. In the Ministry of Health (MINSA) alone, Dr. Cesar Amador Kuhl, Minister of Health from 1979-1980, and Dora María Tellez, Minister of Health from 1985-1990, were both Matagalpans. Other revolutionary luminaries of Matagalpan origin include Tomás Borge, co-founder of the FSLN and Minister of the Interior during the 1980s, and Doris Tijerino Haslam, one of the first women to join the FSLN guerrilla and the Chief of the Sandinista Police under the Sandinista government. Matagalpa was well positioned to reap the rewards of having been the "cradle of the revolution." For example, in 1979, Minister of Health Amador Kuhl directed the first Cuban hospital installation to be set up in Matagalpa, next door to the bombed-out shell of the Trinidad Guevara Hospital.

But Matagalpa is not simply an emblem for revolutionary spirit; rather, it also poses as its own counterpart. The same dynamism and heterogeneity that made Matagalpa such fertile ground for revolution and social change also reflected and

magnified the nation's later struggle to accept Sandinista leadership as times grew challenging. Though strong support for the FSLN was still present, as the decade wore on the region rapidly transformed from a seat of revolutionary power to the primary battleground in the violent counter-revolution movement of the 1980s, the Contra War.

Broad cross-class coalitions soon dissolved into internecine battles over specific interests. For example, the coffee elite and bourgeoisie who had supported the FSLN in the late 1970s soon grew disaffected and discontented with the Sandinista government's policies. The dynamic, non-aligned, politically neutral economic system they had dreamed of quickly lost ground to socialist and Marxist positions within the FSLN government.[270] In the aftermath of revolution, many pro-revolution coffee growers turned against the Sandinista government. Alarmed by their restricted ability under the Sandinista government to grow their businesses and access international markets, many of them had become of anti-revolutionaries. By 1986, the agro-elite's opposition to the Sandinistas was nearly universal according to Paige, though "those interviewed differed in their expressed willingness to negotiate with the Sandinistas and in their general sympathy with the revolution and its goals."[271] Coffee grower Eddy Kuhl, quoted above, left the country in 1981 and never returned until 1990. Among the middle and lower classes, many discontented urban and rural citizens, troubled by the increasingly communist policies and authoritarian bent of the Sandinistas, gradually either joined or began supporting the Contra.

---

270. Kinzer, 78.

271. Paige, 274.

This increased domestic alienation from the FSLN, in combination with the U.S. funded escalation of the Contra War in 1983, presented almost insuperable odds for Sandinista Ministries to overcome. The nation was at war, and early advances in education, agriculture, community organization, and health proved difficult to maintain. Nowhere was this more evident than in Matagalpa and the Mountainous North.

Relative to health care, the Contra War devastated the Mountainous North both in rural and urban areas. In the rural communities, roaming bands of Contra guerrillas, ambush attacks, and fear of road mines increased the isolation of settlements in the mountains. The Contra bombed health centers and posts, and killed or kidnapped enough health workers to instill panic among those who previously might have worked voluntarily in remote regions. The bombing of water and sewage treatment facilities increased the rate of diarrheic illness, typhoid, and other diseases related to poor water and sanitation. Fearmongering and propaganda made the uneducated poor wary of allowing MINSA to vaccinate their children.

The urban hubs of the Mountainous North faced similar problems. While the U.S. economic embargo created supply shortages nationwide, provisioning hospitals, health posts and centers in the mountains was made more difficult due to the constant threat of road mine and attack. Nicaraguan physicians frequently refused to serve in even urban centers, and foreign governments limited the ability of their medical volunteers to work in ‘war zones,’ a term that was broadly defined to include almost all of the Mountainous North. At most health centers, polyclinics, and hospitals, war wounds quickly outstripped the capacity to do more than triage the influx of wounded soldiers and civilians caught in

the crossfire. Contra bombs took out electric plants, making electricity an unpredictable commodity, which made certain kinds of critical care much more difficult. In some instances, political hostilities led to FSLN-aligned health workers denying care for Contra sympathizers, or vice versa. In short, in rural areas, cities, and towns, the Mountainous North had to contend with being on the front lines of a guerrilla war.

This unique combination of factors makes Matagalpa and the Mountainous North a particularly compelling case study for health reform in Sandinista Nicaragua. By contrast, Managua's struggles were almost entirely urban in nature, Granada and León were located far from the worst of the Contra War, and the Atlantic Coast was so isolated, so impoverished, and so anti-Sandinista that a study of health care would yield skewed results.

A study of health care in Matagalpa, however, highlights both rural and urban successes and challenges, as well as those of peace and war. With its long history of revolution and rebellion, an entrepreneurial, independent spirit among the bourgeoisie, and its combination of isolated communities and well-connected urban hubs, Matagalpa and the Mountainous North would prove throughout the Sandinista years to be simultaneously the hope and despair of the Ministry of Health.

Health Care in the Mountainous North

Health care was the lens through which a young Dr. Freddy Meynard experienced the revolutionary process, and for him, as with so many others, it was a transformative experience. After working for the Revolution in the late 1970s by providing medical care

to the "*compas*," (Sandinista guerrillas), when MINSA began organizing a national health program he volunteered in 1980 to work as an itinerant doctor to isolated communities in the rural Mountainous North. He remembers those days as a halcyon time, telling funny anecdotes about a particular mule that used to run away with his medical supplies, of trying to diplomatically share gifts of chickens and cheese that impoverished *campesinos* would offer him, or the thrill of realizing that he had, at the end of two years, several namesakes in each village ("there must be fifty or seventy Freddys up there!").[272] But mostly what he remembers is the sense of community, of service, of being appreciated. His face lights up as he recalls those days, even as he talks about long hours, uncomfortable conditions, and sporadic but life-threatening danger.

> It's an astonishing and wonderful thing, to arrive in a small community and see a line of 100, 150 people waiting for you to attend them. It's so different from the city, where you feel esteemed as a doctor, but the people come and expect you to treat them, as part of a contract, almost. In the mountains, you are more than esteemed, you are also loved and valued. There were times when it got to be very dangerous to work up in those mountains, as the Contra War got worse. But then you see these people depending on you, counting on you, singing your song, and that is true solidarity. And they need you. So if they are going to be there, well then, you stay.[273]

To hear him tell the story, medical service in the Mountainous North was a wonderful, inspirational experience.

As attractive as Meynard's narrative is, though, his is a much more complicated story than simply that of a young doctor, enthusiastic peasants, a backpack full of

272. Dr. Freddy Meynard, interview by author, October 8, 2008.

273. Ibid.

medicines, and an exceptionally feisty mule. The generally accepted narrative of health care during the 1980s says that the Sandinista government expanded health access to the entire Nicaraguan population on an unprecedented scale, and that, in spite of stumbles and missteps, this health care program greatly improved the nation's health indices.[274] But how exactly did that work on the ground, in communities, towns, and cities across the country?

In order to truly understand, at the level of communities and individuals, how the health system worked in Nicaragua during this time, a story like Meynard's is useful because under further questioning, his interview answers the following questions: How did he get into the mountains in the first place? With whom did he travel? How did he know which communities to enter? How did the communities know to expect him? Who provided the mule, the *mochila*, and the medicines? What types of illnesses did he encounter? Was he adequately equipped to treat them? Was his enthusiastic reception something to be taken for granted? What were the personal costs of rural health service? What were the dangers he encountered, and how did he manage those risks? Lastly, but importantly, his personal story is consistent with (if notably more colorful than) stories told by other respondents who lived and worked in the general areas, at the same general time.

This next section will discuss the methods, experiences, challenges, and successes of the great Sandinista health experiment as it played out in Matagalpa and the Mountainous North. Relying almost exclusively on oral history interviews, the chapter

274. See Garfield and Donahue.

will address themes individually, and move flexibly through time and geography. Meynard's story will, in concert with the narratives of seventy-two other respondents, help draw a picture of how health care delivery worked across the varied environments, both physical and political, of the Mountainous North during the 1980s.

What they reveal is a story in which good intentions and creative adaptations balanced out fumbles and errors in administration or execution. Health delivery in the Mountainous North was an uphill battle, often faced with insurmountable obstacles. Economic deterioration, the stress and dangers of living at war, personal politics, and even petty grievances occasionally impeded successful health delivery. Nonetheless, even when the Ministry of Health had to withdraw, revamp, and redirect its efforts, most Nicaraguan health professionals and volunteers maintained a high degree of commitment to their task, and maintained a health system that could have collapsed entirely.

Health Care Infrastructure

Having promised to expand health access to all Nicaraguans, one of the first tasks for the new Sandinista government was to build an infrastructure of health – both a physical infrastructure, and also a professional and community-based infrastructure. The first order of business, under the administration of Minister Cesar Amador Kuhl (1979-1980), was to build the physical structures of curative health care, acquire the medical apparatus needed to provision those centers, posts, and hospitals, and then staff those physical structures with medical personnel. In 1980, under the leadership of Minister Lea Guido (1980-1985), the effort to expand the infrastructure of health grew to include

community organizations and regional institutes of education for medical professionals. These latter two components worked to organize community participation, and to train the large numbers of doctors, nurses, and auxiliary nurses needed to staff the newly built hospitals, health centers, and health posts.

In the Mountainous North, creating the physical infrastructure of health had unique challenges. In 1979, there were fewer than 200 health centers in all of Nicaragua, and forty hospitals, with a total capacity of 5,000 beds. Complicating this insufficiency was a tremendous imbalance in resource allocation. Managua commanded over sixty percent of health resources and housed most of the nation's hospitals, while farther flung locales made do with small, under-funded, and under-provisioned medical centers. Most health centers operated at less than fifty percent capacity, and the hospital system was geared almost exclusively to the needs of the wealthy. Preventive care and rural health services commanded only sixteen percent of the national health budget in 1977. [275]

This geographic mal-distribution of health care resources was evident in the Mountainous North. Only two of the forty hospitals in Nicaragua were located in Region VI (the Department of Matagalpa). The two small cities of Region VI were Matagalpa (with an estimated population in 1979 around 20,000) and Jinotega (with an estimated population in 1979 around 10,000). The Region also contained thirteen municipalities. In 1979, each city had a small hospital – the Trinidad Guevara Hospital (formerly called the San Vicente Hospital) in Matagalpa, and the Victoria Mota Hospital in Jinotega.

275. Richard Garfield and Glen Williams, *Health Care in Nicaragua: Primary Care Under Changing Regimes, 1979-1990* (New York: Oxford University Press, 1992) 12.

According to Dr. Francisco Gutiérrez, the former Director of Health for Region VI (1984-1986), there was also a small health center in each of the municipal *cabeceras* (municipal capitals) of MuyMuy, Matiguás, Rio Blanco, and San Ramon, but the rest of this region, which covered over 3,000 square miles, was utterly without services.[276] To complicate the problem, divisions between regions on the map did not always correspond to the natural population drainage of a certain area due to how the terrain and the roads were laid out. Therefore, Nicaraguans from large portions of Estelí, Nueva Segovia, and the Pacific Zones all looked to Matagalpa for health services, significantly increasing the population pressure on the hospitals and health centers.[277]

This section will lay out the physical and social structure of the health care system of Region VI. The discussion will move from urban to rural, and from big, to small, but will move back and forth in time during the decade. First, a discussion of the hospital situation will explain on a large scale what some of the challenges were to successful curative care. Then, an explanation of the system of health centers and health posts will highlight different aspects of health in urban and rural environments. Lastly, a discussion of the social infrastructure will describe the critical role community organizations and individual volunteers played in ensuring health delivery to communities throughout the Mountainous North.

276. Dr. Francisco Gutierrez Cardoso, interview by author, March 3, 2009; Dr. Gutierrez, the former Regional Director of Health for Region VI, listed those *cabeceras* in our interview. It is likely that there were also health centers in the remaining departmental *cabeceras*, but I cannot confirm that, as direct questioning of other respondents yielded differing answers.

277. Dr. Francisco Gutiérrez Cardoso interview.

Hospitals in the Mountainous North were in a grave condition in the aftermath of the revolution. It took months to rebuild and years to expand their capacity. Trinidad Guevara, Victoria Mota, and the hospital in Estelí were all but out of commission from bombing sustained in 1979, and for a time, curative care took place in tents out on the sidewalks, or in city plazas. By mid-1980, however, these buildings were all repaired and once again treating patients indoors.

Expanding the Region's hospital capacity took quite a while longer, and was sometimes a bumpy process. In the early 1970s, the Somoza government had solicited and accepted development funds from either the BID (*Banco Interamericano del Desarollo*, Inter-American Development Bank) or USAID to build a Regional Hospital in Matagalpa.[278] By 1979 the funds were gone, but not even the first stone was laid, nor were there plans in existence for the building project.[279] Nonetheless, the land for the hospital, donated by the Familia Mailena, a wealthy Matagalpan family, sat vacant on a hillside just outside the city on the opposite side of the Río Matagalpa. Minister of Health Kuhl set about raising money to complete the project, and by 1980, he oversaw the laying of the first foundation stone for the *Hospital Regional* (Regional Hospital), and named the hospital for his son, Cesar Amador Molina, whom the National Guard had killed during the Revolution.[280] The projected building time was two years.[281]

278. Respondents differ. Former Region VI Director of Health Dr. Francisco Gutiérrez concurs with two other former Region VI Directors of Health, Dr. Johnston Serrano and Dr. Carlos Jarquín that the funds came from the BID, but other interviewees mention the funds coming from USAID. Based upon the professional status of Gutiérrez, Serrano, and Jarquín, the BID claim seems the most likely.

279. Dr. Cesar Amador Kuhl, interview by author, July, 10, 2010.

280. Eddy Kuhl, interview July 8 2010.

Missteps, poor planning, escalating economic difficulties, and poor engineering contributed to enormous delays in the hospital construction project. The economic embargo made some building materials difficult to access. According to some accounts, MINSA awarded general contracting jobs based on political patronage rather than competence, and the lack of oversight from well-trained engineers created difficulties that doubled the time allotted for construction.[282] By 1983 the building was complete, but to MINSA's horror, the hospital was so far distant and uphill from the city's water processing facilities that there was insufficient water pressure for the plumbing to function. "Oh it was terrible. They were so embarrassed, and it gave our enemies something to mock," recalled Matagalpan CDS member Mario Zúniga.[283] Former Region VI Health Director Carlos Jarquín smoothed the memory over in his retelling, saying, "Well, that was one of those problems that happen sometimes. It was unfortunate, but we fixed the problem and the hospital opened."[284] The entire plumbing system had to be dug up and re-routed from the city, across the river, and up the hillside, and the water treatment facility needed enhancements, but Jarquín was correct: it took over a year, but in 1984 the Regional Hospital of the Mountainous North opened to the public with a capacity of 250 beds.

---

281. Dr. Cesar Amador Kuhl, interview by author, July 10, 2010.

282. Dr. Johnston Serrano, interview by author, July 14, 2010.

283. Mario Zúniga, interview by author, February 4, 2009.

284. Dr. Carlos Jarquín, interview with author, October 15, 2008.

The opening of the Regional Hospital exposed the deepest dysfunctions of the Sandinista health system: an insufficiency of medical professionals, poor training in medical technology, insufficient funds and provisioning, a demand that outstripped the supply, and the difficulty of access for Nicaraguans in need of medical attention. Though headlines trumpeted the successful grand opening, and showcased its gleaming new equipment, there were problems from the moment it opened with personnel, equipment, access, and demand.[285] There simply were not enough doctors to staff the new facility, and so few Nicaraguan specialists that Cuban doctors staffed almost every one of the twenty-two specialties offered at the Regional.[286]

Nurses were also in great shortage in Region VI, and this negatively impacted hospital care. Though MINSA had opened a nursing school and a polytechnic training center in Matagalpa in 1985, the rate of graduation was simply insufficient.[287] By 1984 the hospital employed eighty auxiliary nurses and they opened with that staffing, though the need was for 100 nurses. But, remembers the then-Director of Health for Region VI, Dr. Francisco Gutiérrez, "It was hard to find 100 people who even had the education to begin the training to become nurses, never mind 100 nurses themselves. Where were we to find these people? We had some nursing students being trained, but until they

285. "Nuevo hospital Regional en Matagalpa," *La Barricada*, September 24, 1984.

286. Dr. Francisco Gutiérrez Cardoso interview.

287. Dr. Orlando Rizo, interview with author, March 21, 2009; MINSA didn't open a "new" nursing school, it relocated the one previously located in Aranjuéz to downtown Matagalpa, a three story building that currently houses the MINSA offices.

graduated, we had to solve the problem."[288] There simply were not enough nurses in Nicaragua to fill the needed positions at this hospital and others, and even the Cuban medical brigades were unable to fully fill the gaps.[289]

The struggle to use and maximize the new medical equipment also presented problems, Gutierrez recalled.

> Nobody knew how to use the new machines. How to program the computers, even the telephone system! Even that was ridiculous, with the dozens of buttons, and we had so few people that even knew how to use a phone. We weren't able to exploit all the machines' capacities. We used them only for minimal purposes.[290]

Because the machines were poorly utilized, because the hospital staff didn't understand their proper care, and because replacement parts were almost impossible to get, equipment deteriorated rapidly at the hospital. For example, few doctors and nurses knew how to use respirators, so they sat unused. Dr. Serrano recalled that the few times a doctor came who did know how to use them, the unpredictable electricity supply from the city made them unreliable, because if the power went out, the respirator went out. "It was safer to have an auxiliary nurse do manual respiration on patients in need."[291]

The U.S. embargo caused a deepening economic crisis that exacerbated problems at the hospital. Shortages of simple things like paper, soap, light bulbs, and bed sheets

---

288. Dr. Francisco Gutiérrez Cardoso interview.

289. Miguel Angel Estupiñan Estupiñan, interview with author, March 13, 2009; Estupiñan was a nurse on a Cuban medical brigade.

290. Dr. Francisco Gutiérrez Cardoso interview.

291. Dr. Johnston Serrano interview.

created difficulties for record keeping, optimal operating environments, and hygiene. Medicines were also in short supply. In 1985, Minister of Health Dora María Tellez implemented the Basic Medicines List as a guideline for soliciting donations and for MINSA purchasing, but the ever-lower MINSA budget impacted access to basic drugs. "In 1985 the list was 160, and it went down to 140, 120, to eighty. It was difficult to keep a supply of what we needed, even the most basic things," remembered Gutiérrez.

Massive demand for health care greatly exacerbated the Regional's troubles related to staffing, equipment, and supplies. Francisco Gutiérrez estimated that around 100,000 to 200,000 people "drained" into the Regional Hospital from around the Mountainous North, and the 250 beds were insufficient to meet those needs. Long lines formed at the doors day after day. Casualties from the Contra War increased both the demand and the wait time for other emergent patients, as military casualties took first priority. With these increased waiting times, and because the hospital was set at such a distance from the city that patients and family members had to come and go by bus or taxi, a shantytown sprang up on the hillside surrounding the hospital.[292] Former Regional Director of Health Dr. Orlando Rizo (1984-1986) recalled these problems:

> Because the people of Matagalpa had to travel such a long distance from the city, two kilometers, and this caused a lot of problems. There was a bus, but the poor couldn't afford that, so they just camped out around the hospital, a whole town of them.[293]

292. Dr. Noé García, interview by author, February 6, 2009; Dr. Orlando Rizo, interview with author, March 21, 2009.

293. Dr. Orlando Rizo interview.

With no access to running water or plumbing, this created a sanitation nightmare on the doorstep of the Region's greatest hospital.

These problems mirrored those of other hospitals around the nation. Nonetheless, MINSA soldiered on, providing the best care they were able given the circumstances and conditions. "Well we just did what had to be done," said Gutiérrez. "I was the only pediatric surgeon in the Region, so I spent a day every week at the hospital, operating on a volunteer basis. There was a '*mística de servicio*,' (mysticism of service) and we just did what had to be done."[294] Whether it meant operating by candlelight, assigning auxiliary nurses to manually respirate a patient twenty-four hours a day, putting patients two to a bed, or on pallets on the floor, in the hallways, and in the courtyards, the Regional Hospital of the Mountainous North fought to rise to the demands placed upon it by a population greatly in need of medical attention.[295]

In spite of this great pressure, however, hospitals were not the sole providers of curative health care. MINSA designed a system in which health centers and health posts provided non-emergent care on a smaller scale. In the aftermath of "*El Triunfo*," (the triumph), Nicaraguans of the Mountainous North poured out of the mountains into the towns and cities, looking for the health care that the revolution had promised them. In order to meet the demand, and in order to comply with the structure and design of the

294. Dr. Francisco Gutiérrez Cardoso interview; This phrase 'mistica de servicio' is a difficult one to translate. It captures not only the idea of a spirit of service, but also goes beyond that to capture an ethos of a time in which self-abnegation and submission of the self to the service of the greater whole was a prominent feature of Nicaraguan (Sandinista) culture.

295. Dr. Francisco Gutiérrez Cardoso interview; Dr. Freddy Meynard interview; Dr. Percy Arevalo, interview by author, March 11, 2009.

new *Sistema Nacional Unica de Salud* (Single Unified Health System, or SNUS), Matagalpans began building new health centers and health posts in towns, neighborhoods, and rural outposts to the best of their ability according to the regulations.

Reality in the Mountainous North often fell short of the goals. MINSA's regulations designated an *Area de Salud* (Health Area) for every 5,000-15,000 citizens. Each Health Area was supposed to have a health center staffed by a doctor, or a nurse at minimum. MINSA designated smaller population areas of 1,000-3,000 as Health Sectors, each of which should have a health post or a community center staffed by volunteer brigadistas or auxiliary nurses, and to receive visiting doctors.[296] MINSA saw mixed results from efforts to comply with these designations.

In urban areas of Region VI this was easier to accomplish, and over the long term, easier to maintain than in rural zones. In Matagalpa, for example, the *dirigentes* broke the city down into three sectors, in each of which volunteer labor forces built a health center staffed by a doctor, and from sectors into neighborhoods, each of which had a health post staffed by a nurse. Within neighborhoods, each *manzana* (block), had a *casa comunal* (community house), where meetings, health trainings, and other community business took place.

Health centers were receiving centers for non-emergent patients. Nicaraguans with sprained ankles, fevers, vomiting, and other assorted outpatient ills were supposed to seek treatment at their neighborhood health center. Health centers were also supposed to be the next step of escalation in the "pyramid of care," meaning that when a health post

296. MINSA, "Informe anual 1980." Found in MINSA archives, no call number.

was insufficiently staffed or equipped to treat a patient, they would send that patient on to the nearest health center. If the health center staff was unable to treat the patient, they would send the patient on to the hospital. In reality, this system rarely worked so seamlessly.

In the first years of the Sandinista decade, Nicaraguans continued to under-utilize health centers and posts in urban areas, preferring instead to go straight to the hospital. "I would sit there in my office, but nobody would come on some days, and on others only a few people. We really didn't have that much demand, at first," recalled one doctor from Matagalpa.[297] This situation improved after 1985 when Minister of Health Dora María Tellez expanded health center hours to twenty-four-hour service and increased physician staffing.[298]

In rural zones, health posts not only attended patients, but also filled an important role as a provisioning center and a location to headquarter vaccination campaigns. However, lack of personnel and danger from the Contra War soon complicated the situation. While itinerating health professionals made use of the facilities, the fact that these posts were often staffed only with a brigadista, or an auxiliary nurse with scant training discouraged patients from seeking medical attention there. These health workers were equipped to bandage a wound, inject a vaccine, treat diarrheic illness, or give a pain

297. Dr. Abel Maldonado, interview by author, March 2, 2009.

298. Dora María Tellez, interview by author, October 20, 2008; Dr. Felix Sosa Mas, interview by author, March 11, 2009.

pill, but for anything remotely serious, a patient would have to transfer anyway.[299] Nicaraguans who waited until they were gravely ill (as many did) therefore frequently bypassed the health post altogether and made the journey into the nearest large town or city in order to seek better medical care.[300]

Not every rural area had a health post, either because there was insufficient population to house one, or because the communities didn't organize to build one. As Dr. Gutiérrez conceded,

> It was a task that outstripped our capacity. We had to start from zero. Do censuses. Figure out what we had, what we needed, and organize personnel, supplies, and things for building. In general it was a great idea, even if we didn't always succeed in setting health posts and centers every place you might hope for, but we expanded the coverage so greatly that it worked really well. It wasn't perfect, but a tremendous improvement.[301]

The main obstacles to successfully establishing centralized health facilities were the tremendous geographic impediments (rivers, mountains, lack of roads), high levels of Contra activity or loyalty, and disperse population distribution.

In such locations, however, MINSA did its best to ensure that there was at least one trained *brigadista de salud* to increase basic health knowledge and serve as a communications hub, when needed. Oftentimes, MINSA turned to people in the community who already provided health care of some sort, either midwives or

299. Dr. Francisco Gutiérrez Cardoso interview.

300. Dr. Johnston Serrano, interview with author, July 14, 2010.

301. Dr. Francisco Gutierrez Cardoso interview.

curanderos (traditional healer). As Regional Director of Health, Gutiérrez spearheaded these efforts.

> We found the midwives in each community and trained them in basic health education, to make sure they weren't transmitting illnesses and infections, and to teach them to educate mothers about basic sanitation and hygiene. It was amazing how much some people really didn't know at all.[302]

These trained brigadistas or midwives were in charge of communicating with a MINSA representative in Matagalpa so that in the event of an outbreak or epidemic, MINSA could send medical teams to the community in order to control and treat the disease before it spread.

In such far-flung communities, the brigadista stood in place of any formal health structure for MINSA, and would often provide the physical structure needed for triage and staging for campaigns. Corina Centeno Rocha, a former brigadista (and later a MINSA employee) spoke of this arrangement.

> Well if we couldn't build a health post, there were 'base houses' that were just a home, the brigadista's home, usually, and there the community could house wounded and ill, this is because community members were very involved.[303]

The brigadista was therefore responsible not just for communicating with MINSA, but also for comprising part of MINSA's physical infrastructure for health in rural communities. Other *brigadista* responsibilities included collecting area censuses,

302. Ibid.

303. Corina Centeno Rocha, interview with author, March 17, 2009.

communicating with and organizing people for vaccination days, administering vaccines, monitoring pregnant women for signs of ante-natal illness or distress, arranging transportation for ill or wounded neighbors, and organizing food, lodging, and work space for itinerating medical teams when and if they were able to come to the brigadista's area.

The work was difficult and demanded a high degree of sacrifice from brigadistas in isolated communities. José Barrera, for example, served as a volunteer brigadista in his community, a small enclave of about 500 people in the mountains outside of El Tuma-La Dahlia.

> It was pretty difficult, you know, because we had to come in for trainings frequently, and it took most of an entire day just to come down from the mountain into the town, and sometimes when the [Tuma] River was high, after all that walking you couldn't even cross. But it was necessary, and I was one of the only ones who could read even a little bit because I went through first grade, so I volunteered.[304]

As a *jornalero* (day laborer), Barrera often had to take up to four or five days off work in order to vaccinate or do periodic censuses, or to help transport sick patients to the nearby town of La Dahlia. This constituted a significant economic sacrifice on his part. The trainings he received, however, made a difference in his community, as throughout the years Barrera was able to vaccinate most children in his area, reduce infant deaths from diarrheic illness, increase the numbers of latrines in area homes, and instruct his

304. José Esteban Barrera, interview by author, March 6, 2009.

neighbors, whom he characterized as "mostly receptive, thanks be to God," in basic hygiene and sanitation.[305]

The receptiveness of Barrera's neighbors was by no means a thing to be taken for granted in the rural Mountainous North, as more and more of the area turned sympathetic to the Contra. Indeed, Barrera himself was no fan of the Sandinistas, politically speaking, but was sufficiently committed to improving health to overlook those politics and take what MINSA had to offer. "At first I liked them," Barrera said, "but they didn't always treat us right. They didn't pay, or even offer food at trainings. And I was tired of the war, which brought bad things to our communities."[306] Not all communities were so fortunate, and in many places in the Mountainous North, health indices suffered as a result of the Contra War. "We had increases in mortality in those places," recalled Dr. Gutiérrez, "but we did our best."[307] Certainly without these efforts, health indices would have plummeted even further than they did. Dr. Gutiérrez's spirit of service, of putting the community above the individual, mentioned earlier, was important at all levels of care. It was also critical to another prominent feature of the health care infrastructure during the 1980s, that of community organizations and popular participation.

305. Barrera interview.

306. Barrera interview.

307. Dr. Francisco Gutierrez Cardoso interview.

Community Organizing

Community organizations were integral to the success of any health project during this time. The *Comités para la Defensa Sandinsta* (CDS, or Sandinista Defense Committees) were the most significant community organization when it came to health care delivery during the 1980s, but *comunidades de base* (Christian base communities, which were not Sandinista organizations) and the *Federación de Trabajadores de Salud* (Health Workers' Federation, or FETSALUD) also played significant roles in community organizing related to health.[308] It is important to note that these three organizations were by no means entirely separate from each other – indeed, tremendous overlap occurred, with members of one group frequently belonging to other organizations as well.

In urban areas, when it came to health delivery, the CDS were the most significant mass organization. In many neighborhoods around Nicaragua, the CDS sprang organically from the *Comités de Defensa Civil* (Civil Defense Committees, or CDCs) that had been an integral component of the urban insurrection. In other areas, the idea caught on in the weeks after the victory.

> In many areas community organizations formed nearly spontaneously as people gathered on street corners to hear the latest news and organize the cleanup and reconstruction of neighborhoods that had been reduced to rubble by National Guard bombing during the insurrection. The FSLN sent organizers into each *barrio* to hold elections for the leaders of what they christened Sandinista Defense Committees (CDS). Coordinators were elected by the residents of each block and an open assembly chose an overall coordinator and *barrio* committee.[309]

308. "CDS: Revolution in the Barrio," *Revista Envío*, Number 98, September 1989.

309. Ibid.

Nicaraguans view the CDS quite differently depending on political point of view. A Sandinista might describe them as "a model of grassroots democracy and popular power… neighbors working together at their own initiative to solve community problems."[310] Anti-Sandinistas, however, view the CDS as "an all-powerful network of Sandinista spies who informed on their neighbors and kept tight control over all aspects of life."[311] The benefits of and the problems engendered by the CDS would yield varying results over the 1980s, but always these committees were a critical tool for the Ministry of Health as it worked to improve health and hygiene in Nicaragua.

The CDS filled multiple roles in health care during the 1980s. In the early days, the CDS organized the building and outfitting of health centers and health posts in cities. As time passed, they became integral to the successful execution of *jornadas de salud* (community health days, which included vaccination campaigns and sanitation campaigns), As the Contra War grew worse, however, CDS's took on an additional role as they helped organize MINSA's work in the interior.

Janeth Castillo, a Sandinista *dirigente* (party leader) in Jinotega (from 1980-1984) and Matagalpa (from 1984-1990) recalled that in both cities, the local CDS were extremely efficient at organizing their communities to build health posts and centers. They were also a primary source of personnel for *brigadista* trainings, and critically important to organizing effective vaccination campaigns and community sanitation days.

310. Ibid.

311. Ibid.

> The week before a campaign we'd go door-to-door to let people know. We'd perform *sociodramas* (didactic plays) in the street, and somebody would drive the *autoparlante* (loudspeaker car) to broadcast news of the upcoming events. That way people knew what was coming, and knew to come out and participate.[312]

The CDS also kept an eye on needs of the community, and used their connection with the Sandinista government to accomplish those things.

From weekly meetings in the *casas comunales*, the CDS would discuss events in and needs of their communities, and strategize how best to address those needs. The steps they took ranged from organizing home visits to families who weren't vaccinating their children, to raising money to address sanitation needs of the *barrio*. Mario Zúniga recalls one such effort when his neighborhood's CDS threw a huge block party to raise money to install garbage cans on each street corner. "We charged a little money, just a few córdobas, to come in and there was food and music and dancing, and even a clown for the kids. And the money we raised bought the garbage cans we needed."[313] This type of social activity paired with community improvements ensured a high level of popular participation throughout the 1980s.[314]

MINSA recruited many of its health brigadistas from CDS groups. Mario Zúniga, Yolanda Hernández Blandón, Rafael "Don Payo" Hernández, Janeth Castillo, Rodolfo Aguilar, and many other long-serving brigadistas got their start as members of their local CDS. Don Payo Hernández, for example, lived in the working class neighborhood of La

312. Janeth Castillo, interview by author, February 19, 2009.

313. Mario Zúniga interview.

314. Dr. Virgilio Cisne, interview by author, February 11, 2009; Dr. Johnston Serrano interview.

Guanuca in Matagalpa. He became a member of the Guanuca CDS in 1979, and immediately volunteered to help organize *jornadas de salud* and vaccination campaigns. As he recounted the story,

> Our neighborhood was in ruins after the Guardia bombed us, and we needed to get organized, so I joined the CDS and helped with cleaning up and putting things back in order. And then word came from Managua about the vaccination campaign and the anti-malaria efforts, and I decided that I'd stay and help out with that. And that's how I got involved. It was necessary work.[315]

Other brigadistas referenced the CDS as a place that served as an organizing home for varied health projects, and a gathering place where they could learn and share their experiences with other brigadistas. Yolanda Hernández, a brigadista from La Guanuca, recalled that, "every Wednesday the brigadistas would meet at the *casa comunal* and we'd share our experiences, talk things over, and come to solutions."[316] Certainly there were brigadistas who had no connection to the CDS, but generally speaking, the CDS served as a nexus for recruiting, training, and organizing volunteer health workers throughout the 1980s.

Urban CDS groups also were key players in maintaining MINSA's limited access to combat zones in rural areas. In Jinotega, for example, much closer to the war zones than Matagalpa, the urban CDS's would help organize health workers to volunteer for trips into communities in the combat zones. Janeth Castillo said, "We would hear of an

315. Rafael "Don Payo" Hernández, interview by author, February 18, 2009; Hernandez is the longest-serving brigadista de salud in Matagalpa, still actively working on community health projects in 2009 at the time of this interview. He was also a member of FETSALUD, working as a laboratory technician for his day job.

316. Yolanda Hernández Blandón, interview by author, February 18, 2009.

epidemic, or some needs in the community, and we would help MINSA put together a team to go into the mountains. We'd help them find the volunteers, because most people didn't want to go. But we knew who would do it."[317] In such instances, the CDS often turned to FETSALUD members to put together the medical team.

FETSALUD, the FSLN government-sponsored health workers' union, served two purposes in the world of Nicaraguan health care. First, it provided membership benefits for health workers, such as preferred access to employment opportunities, and organized recreational activities like company parties, a baseball league, and a dance team.[318] And, according to former FETSALUD secretary Corina Centeno Rocha, the organization also provided "unity and solidarity, and the opportunity to solve problems together, collectively, rather than each on his own. This permitted us to survive through the hard times."[319]

Second, FETSALUD served as an important resource for MINSA as it planned health campaigns or forays into combat zones. According to Centeno,

> We were the only official national union, and it was our duty to help implement all the goals of the Revolution. It was up to us to go to the coffee harvest, to serve with the military, to belong to the Juventud Sandinista [the Sandinista Youth organization]. And so whatever the government needed from us, we provided that.[320]

317. Janeth Castillo interview.

318. Corina Centeno Rocha, interview by author, March 17, 2009.

319. Ibid.

320. Ibid.

Region VI boasted approximately 2,500 or 3,000 members during the 1980s, and MINSA relied on those health workers to serve not only in the safer urban areas, but also to help them penetrate the interior.[321]

In rural communities, neither FETSALUD nor the CDS were the organizing juggernaut that they were in the cities. Indeed, in most small towns there was no CDS or FETSALUD at all, and as anti-Sandinista sentiment swelled in the countryside as the decade progressed, the CDS lost some of whatever organizing power it had had in those pro-Contra areas. Instead, individuals linked up to MINSA as representatives of their entire community. Many times, these individuals were connected to no organization whatsoever, but in some cases, brigadistas were already community leaders in one sense or another, most often through Catholic lay leadership.

The Christian base communities that flourished during the 1960s and '70s had encouraged leadership development among the poor of Nicaragua. Encouraged by MINSA to take a role in community improvement, many Christian lay leaders became *brigadistas de salud* for their areas. In combat zones and where Contra sympathies ran high, links with the Catholic Church enabled MINSA-trained and -provisioned brigadistas to move within their area with limited fear for their own safety.[322] Victorino Centeno was one such brigadista. From a small community 18km from San José de

321. Ibid.; Sara Tijerino Haslam, interview by author, February 18, 2009.

322. Victorino Centeno, interview by author, March 14, 2009; Sister Sandra Price, interview by author, March 5, 2009.

Bocay, which itself was deep in the conflict zone, 100km from Jinotega, Centeno attended MINSA trainings for brigadistas from 1982-1987.

> My own community was mostly Contra, but even though I worked for MINSA, I was left alone because I was a *brigadista de salud*, and I was helping people, and because I was a Catholic Church lay leader, and my family was well known and well respected, always cautious. For these reasons, I think I was never attacked or kidnapped.[323]

Centeno further bolstered his standing (and therefore his protective cover) as lay leader by holding prayer meetings and leading a mass before and after his medical work. Other *brigadistas* were not always so lucky; the Contra often robbed them for their medical supplies. However, rarely were their lives in direct danger from attack or assassination.[324] Independent or Church-affiliated volunteer health workers provided a much-needed bridge into anti-Sandinista communities in the Mountainous North and elsewhere.

The infrastructure of health MINSA built during the 1980s, though seemingly simple, was actually a sophisticated mechanism for health delivery because it was both scalable and situationally adaptable. The physical infrastructure of hospitals, health centers, health posts, and even the rural homes that community members offered up provided a visible symbol of MINSA's presence in Nicaraguan communities, and, therefore, of the Revolution's commitment to health. As problematic as health care delivery could be in the Regional Hospital or in health centers and posts, they served to

323. Victorino Centeno interview.

324. Sister Sandra Price interview; Dr. Freddy Meynard interview; Dr. Francisco Gutierrez Cardoso interview; José Barrera interview.

remind Nicaraguans that, in spite of hardships and difficulties, the Sandinista government was committed to improving the nation's health indices. At times the care provided in these buildings was insufficient to the demands placed upon the system, but they still housed the doctors, nurses, technicians, and volunteers who worked for years to improve the nation's abysmal health conditions. Likewise, the community organizations that MINSA relied upon to reach out to Nicaraguans were a critical component to not just ensuring a broad reach when it came to preventive health care, but also to maintaining even the most basic health education and assistance in war-torn areas that MINSA, in its official capacity, could barely access at all. Both the buildings and the people who volunteered to work for health care were symbols of what the Revolution had promised, and what it struggled, against all odds, to provide throughout the Sandinista decade.

Adaptation to War: Crisis Management

In late 1984, Rodolfo Aguilar, a brigadista de salud from a poor neighborhood in Matagalpa, arrived back home after a six month training course in Cuba. He had been one of a special few designated to receive a scholarship to study preventive care in Havana, and upon returning to his city, expected to share all he had learned, and put that information to use in his work as a health volunteer. But, said Aguilar, when he showed up at the local MINSA offices, "Well, it had all changed. I didn't know them, and they didn't know me. They were all new people, and they didn't put me to work. So I went

home and waited, but they never needed me."[325] Aguilar never worked as a brigadista again.

Aguilar's story is confusing on its surface. How could a brigadista so committed and involved as to win a scholarship to Cuba return after six months and not know any of the health personnel at MINSA? Why would the personnel who were working not take advantage of a volunteer health worker with years of experience and six months of special training in preventive health care? Yet Aguilar's wife and friends confirm his story, and various employees of the Matagalpa SILAIS acknowledge the possibility of such a thing happening – especially, they say, given the timing.[326]

By 1984, MINSA was reaching a crisis point, both nationally and regionally. Economic hardship and the overwhelming nature of the Contra War (at its zenith by that year) had strained the system to the breaking point nationwide, but especially in the Mountainous North. The problems were multitudinous. To begin with, the national bureaucratic system was not sufficiently responsive to the nature of health care in a war zone. Medicine shortages were pervasive. Outbreaks of vaccine preventable diseases were popping up in the rural zones and threatening the health of the entire region, while war wounds quickly outstripped the abilities of rural health workers even to triage, never mind treat and transport the wounded. The Contra were killing health workers, bombing

325. Rodolfo Aguilar Rodriguez, interview by author, February 12, 2009.

326. Ibid.; Corina Centeno Rocha interview; Lea Membreno, interview by author, March 16, 2009; As an editorial note, I might add that this story, while dramatic and didactic, begs the listener to question why Aguilar did not just try a little harder to forge new connections. It is not as if MINSA were in the business of turning volunteers away. My suspicion is that he simply arrived at a hectic time and nobody followed up with him. Another visit might have yielded different results. Nonetheless, the fact that this story was *possible* in 1984 illustrates the point I wish to make.

health posts, and terrorizing the countryside so that few dared to leave their home village in search of medical care.

After years of taking pride in its growth and improvement, this accelerated deterioration forced MINSA to take stock of the situation; the Ministry decided that a re-organization was in order. In 1984 a massive program of decentralization began; it would overhaul the way health delivery functioned in Nicaragua. Started by Lea Guido in the last months of her tenure, this process accelerated under the leadership of Dora María Tellez in 1985. Aguilar's fate, odd though it was, was inextricably tied to this reorganization. This section will explain each of the above-mentioned points of breakdown and crisis, and discuss the solutions MINSA applied to each situation.

The foremost and most intractable problems confronting the Ministry of Health were those engendered by the Contra War. To state the problem simply, MINSA's bureaucratic structure was not flexible, competent, or responsive enough to deal with the urgent and unpredictable health needs of a conflict zone. The economic embargo and resulting shortages exacerbated these problems. MINSA's solutions varied, but generally fell under two categories: one, decentralization, and two, increased reliance on the Army and other local organizations to access combat zones.

The enormous 1983 escalation of the Contra War had disastrous effects on health in the Mountainous North. Between the danger of getting caught in crossfire and the very real threat of direct attack, the war effectively barred MINSA from accessing huge parts of the national territory in its official capacity. The Contra targeted health workers and clinics as part of the "low-intensity warfare" strategy designed to destabilize the regime.

They set up ambushes on the roads throughout the Mountainous North, and would attack MINSA vehicles, especially ambulances.[327] Many doctors and nurses were killed, kidnapped, or wounded, and the loss of each ambulance and its personnel was a severe blow to the already-taxed resources of Region VI and the morale of Nicaraguans.[328] In the mid-1980s, Region VI lost almost every ambulance it had to Contra ambush.[329] Throughout the decade, dozens of health workers died in ambushes. In 1988 alone, the Contra kidnapped eight health workers, wounded two, and killed two in Region VI.[330] The murder of health workers in these attacks, both foreigners and Nicaraguans, limited the number of health workers willing to work in the combat zones. "After enough people died or were wounded up there, it was hard to get doctors to work in combat zones. Even with the two-year social service requirement [for recently graduated doctors], sometimes they wouldn't stay."[331]

The Contra also targeted the physical structures of health care. By 1990, Contra attacks destroyed or damaged 128 of the country's 600 health facilities.[332] Most of those attacks were in the Mountainous North and the Atlantic Coast. Richard Garfield cites a note that Contra troops left for the nurse at the clinic in El Cedro, a town in Region VI:

---

327. Dr. Percy Arévalo, interview by author, March 11, 2009; Dr. Moisés Gonzalez, interview by author, March 12, 2009; Miriam Reyes Pravia, interview by author, March 16, 2009; Mario Zúniga interview.

328. Dr. Francisco Gutiérrez Cardoso interview.

329. Ibid.

330. Dr. Timothy Takaro, interview by author, October 24, 2008.

331. Dr. Francisco Gutiérrez Cardoso interview; Dr. Moisés Gonzales interview.

332. Garfield, 68.

"Stop your medical work or we will burn the clinic and you with it." [333] Three weeks later, on March 18, 1988, they returned and destroyed the clinic. The nurse was able to escape. In Cerro Colorado, another town in Region VI, the Contra blew up the health center there four separate times, each time warning the people not to rebuild. After the fourth time, they obeyed, and the center shut down permanently.[334] In Mulukukú, on the western edge of the *Región Autónoma del Atlántico Norte* (Northern Atlantic Autonomous Region, or RAAN), the Contra repeatedly attacked the health center, though it never closed.[335] These types of attack were fairly commonplace, and had a deleterious effect on MINSA's ability to provide health care to the region. They also instilled fear in among the local populations. "The message was clear," said Sandra Sister Price, an American nun who helped MINSA gain access to rural communities near Siuna. "If you use health clinics, you are pro-Sandinista, and we will target you. So people stopped using the clinics, and stopped leaving their villages." Residents of combat zones, after years of enhanced health access, became even more isolated than they ever had been during the Somoza years.

These Contra attacks also highlighted inefficiencies in the Ministry's bureaucratic structure. Dr. Percy Arévalo worked at the clinic in El Cuá, a strategically located town in the geographic heart of Region VI, and came under fire several times in his three years there. He recalled the worst of the attacks, a bombardment on the town in late 1983,

333. Ibid., 67.

334. Dr. Francisco Gutierrez Cardoso interview; Garfield, 69.

335. Gretel Sequiera, interview by author, February 25, 2009.

which lasted fifteen hours and left dozens dead. In the aftermath, treating the wounded outstripped his capacity. He needed medical backup and additional supplies. Unfortunately, because of the way MINSA operated at the time, he could not get what he needed quickly enough, and several other patients died.

> It was so frustrating, because I knew what I needed, but they couldn't just send it to me. They had to fill out forms, and send requisition requests to Managua, and a clerk had to process it, and then return word to Matagalpa. Oh, it was impossible, and a horrible way to work in a combat zone. They needed to be faster in responding.[336]

MINSA was not long in deciding the same thing.

At some point in 1984, Lea Guido held a meeting in Managua of all the Regional Health Directors, the purpose of which was to come up with a plan to increase MINSA's efficiency.[337] The group landed on a plan to decentralize MINSA's power, placing increased power, control, and responsibility on the Regional Directors' shoulders.[338] In this new, more responsive model of health care delivery, Regional Directors would assign (or re-assign) equipment, medicines, and personnel at their own discretion from their assigned pool of resources. The national office allowed them increased flexibility in using their budget, as well. Rather than having monies allotted for administration,

336. Dr. Percy Arévalo interview.

337. Ibid.

338. Ibid.; Carlos Jarquín interview; Dr. Orlando Rizo interview; Dr. Arevalo, Dr. Jarquín, Dr. Rizo, and many others referred to this new organizational structure as the SILAIS (*el Sistema Local de Atención Integral en Salud*, or the Local System of Integrated Health Care). This is technically incorrect, because MINSA documents refer to the foundation of the SILAIS system in 1990 by the Chamorro government. Time seems to have erased the collective memory about when SILAIS actually began, and in retrospect, people believe the decentralization that began in 1984 was called SILAIS beginning in that same year. In this dissertation I redact the word SILAIS from interviews so as to maintain historical accuracy.

equipment, education, hospital budgets, and the like, what began in 1984 was a gradual process of increasing autonomy at the Regional level. With each passing year the effectiveness of this model became more apparent. Dora María Tellez's 1988 decision to hand over budgetary authority in its entirety to Regional Directors was the culmination of this project.[339]

In Matagalpa, this decentralization led to new Regional policies, an almost immediate improvement in MINSA's ability to respond to immediate and urgent needs in war zones, and to a certain extent, a turnover in personnel. Mimicking what was happening at the national level as well, in Region VI, MINSA reduced its administrative apparatus, either laying off or re-assigning workers performing redundant or unnecessary tasks (which explains how Rodolfo Aguilar could arrive at the offices and not find his usual contacts there).[340] There was turnover even at the most senior administrative levels. A new Regional Director of Health, Dr. Orlando Rizo, a Jinotega-born pediatrician who had worked in an administrative capacity in Managua the past five years, took over from Dr. Francisco Gutiérrez Cardoso in order to implement this program.[341]

Decentralization was not uniform. Managua maintained ultimate control over health programming, but Matagalpa and other Regional capitals suddenly had greater flexibility for quotidian management of regional health needs. Education and programmatic decisions still originated in Managua, as did the supply for medicines,

339. MINSA "Plan de Salud 1988-1990."

340. Dr. Percy Arevalo interview; Dr. Francisco Gutiérrez Cardoso interview; Dr. Johnston Serrano interview; Miriam Reyes Pravia interview.

341. Dr. Orlando Rizo Espinosa interview.

equipment, and high-level personnel assignments. The Regional Directorate organized everything else. As Rizo summarized, "Just about everything was up to us. Fuel, transportation, human resources, brigadistas, health days, food, it was all for us to organize. If we needed a jeep for a quick re-supply trip, or to use as an ambulance, we just arranged it with other local groups."

This increased autonomy freed the Regional MINSA to coordinate locally with the Army and other local groups so that MINSA health teams and supply transports would have both flexibility and protection. Dr. Arévalo recalled that,

> After [decentralization] began, most of the time the medicines and supplies came in military transport, guarded by two or three military jeeps and several soldiers. This was to protect our resources, because the Contra were also in need of medicines.[342]

Orlando Rizo remembers it the same way:

> If we had to go to far distances, or into the heart of the war, we mobilized with the army. If we had to go to Wiwilí [a significant combat zone], for example, we went with the army. Or if we had to send medicines to Wiwilí, that's how we went, we just jumped in with a military convoy. If sometimes it wasn't convenient to wait for a military convoy, then we ran the risk of going alone, but usually we were accompanied, and this protected us very much.[343]

MINSA also utilized relationships with other local allies in order to respond quickly to changing demands for health care.

342. Dr. Percy Arevalo interview.

343. Dr. Orlando Rizo Espinosa interview.

These local relationships upon which MINSA relied in order to manage Regional health needs with flexibility and speed were part of what Orlando Rizo called a "*doble dependencia*" (double dependency). This meant that the Regional health directorate was subordinate to both the national MINSA headquarters, but also to the Regional Government.

> Our local efforts, we did through the local government, not through Managua anymore. We had a two-sided subordination, between MINSA and the Regional Government. This double relationship seemed like the best way to be able to coordinate ourselves within the territory – by relying on other organizations and local relationships. For example, if we needed a vehicle to go vaccinate, we didn't ask MINSA in Managua, we coordinated with local groups, like [the local women's organization] or an agricultural group.[344]

These changes substantially streamlined the process of getting health care to where it was most needed.

Doctors in war zones, like Dr. Percy Arévalo, noticed the change almost immediately.

> It improved and dynamized the process, and the movement of medicines, more than anything. Before [decentralization], if we needed medicines or equipment or staff, we had to petition to Managua, but with the [decentralization], we just radioed to Matagalpa and the Director organized it so we could get what we needed immediately.[345]

344. Ibid.; "The local women's organization," redacted above, was the FSLN-affiliated AMNLAE (*Asociación de Mujeres Nicaragüenses Luisa Amanda Espinosa*, or the Luisa Amanda Espinosa Association of Nicaraguan Women).

345. Dr. Percy Arevalo interview.

This increased flexibility also meant that MINSA was better able to supply the health posts still open in rural zones, and more responsive to outbreaks of vaccine preventable diseases in rural areas.

Lastly, decentralization made Regional health offices more able to control the pervasive problem of profiteering in pharmaceuticals. Loopholes in the system had permitted a vibrant black market to flourish, which was undercutting the hospitals' and pharmacies' efforts to provide free medicines for sick patients.[346] Because the supply of medicines available was highly dependent on donation cycles, severe shortages of even critical drugs were common.[347] Dora Uveda, a Nicaraguan housewife and part-time maid, recalled the great hardships caused by these shortages.

> The *farmacia del pueblo* (people's pharmacy) was up there in the park where the call center is today, you know it? Well imagine a line that stretched down the street, around the block, around the park… All the way around. And all the mothers standing there under that terrible hot sun with their babies crying, or sometimes in the rain. And there were no private pharmacies then, so you had to get your medicine there, and it was supposed to be more affordable for the people. Ha![348]

Nicaraguans reacted to this instability in a predictable, if counter-productive manner: stockpiling medicines and selling them illegally during times of shortage. Uveda was incensed by this practice:

346. Dr. Orlando Rizo interview; Dr. Moisés Gonzales interview; Dora María Tellez interview; Dora Uveda, interview by author, Febraury 22, 2009.

347. Dora María Tellez interview, 2014.

348. Dora Uveda interview.

> Well you know how people are. So they'd go to the hospital, to a health post, to another doctor here, another one there, with the same story of oh, it hurts here, oh, that gives me such pain, and the doctors would give them a prescription and they'd come to the pharmacy with three or four prescriptions. So they'd take up all the medicine and then sell it again later on the black market for higher prices, or they'd sell it even to the same doctor when he needed it in his office! Shameless.[349]

The national leadership worked to solve the black market problem by closing those loopholes that had made it possible. Dora María Tellez implemented policies to better manage donations of medicines. She introduced the Basic List of Medicines in 1986, and in 1988, MINSA introduced a fee structure for some medicines.[350] Meanwhile, at the local level the Regional directorate was at least better able to manage the supply of medicines and mitigate the worst excesses of black market profiteering.[351] Yolanda Hernández, a brigadista from La Guanuca in Matagalpa remembers that, "The [Regional Office] had more flexibility to buy and distribute medicines. It was easier to get the things you needed when you needed them."[352] Decentralization would prove to be MINSA's answer to the demands of providing health care while burdened by scarcity of resources, economic hardship, and an internal guerrilla war.

349. Ibid.

350. Dora María Tellez interview, 2008.

351. Dr. Orlando Rizo interview.

352. Yolanda Hernández Blandón, interview by author, February 18, 2009.

Health in the Mountainous North

The Contra War did not only impact MINSA's ability to access the interior of the Mountainous North and other war zones – it also considerably worsened health indices in those areas. For the first three years of the Sandinista government, MINSA led a dedicated and successful effort to increase health accessibility for the rural areas, to lower infant mortality rates, and to control mosquito-born and vaccine preventable diseases. As the Contra War worsened from 1983 on, urban residents in the Mountainous North saw scarcity and limitations of the curative health system, but preventive care remained more or less stable, with excellent popular participation in MINSA-organized sanitation, vaccination, and health days.[353] In rural areas and combat zones, however, the escalation of the Contra War first stopped and then reversed those advances, in spite of MINSA's best efforts.

In the rural Mountainous North, the primary illnesses with which medical workers contended were as follows: Acute Diarrheic Illness, Acute Respiratory Illnesses (tuberculosis, pneumonia, and bronchitis), mosquito-born illnesses (malaria, dengue, and leshmaniasis), vaccine-preventable diseases (measles, whooping cough, and tetanus), war wounds, and stress-related mental health conditions.[354] MINSA's health workers sought to combat these problems in a variety of ways. In some cases they had success, and in others, they did not. This brief section outlines those problems, and the accompanying efforts to mitigate them.

353. Dr. Orlando Rizo interview; Dr. Francisco Gutiérrez Cardoso interview.

354. Dr. Percy Arévalo interview; Dr. Freddy Meynard interview.

MINSA's contact with rural areas had been very good for three years. By sending itinerating doctors and outreach teams, they began building bridges to better health from 1980-1982. But by 1983, these arrangements began to fall apart, particularly in combat zones. In fact, by 1983, as health professionals became increasingly unwilling to venture into combat zones, MINSA relied more and more on volunteer brigadistas to access interior communities. Victorino Centeno, a brigadista from the combat zone near San José de Bocay, described the progression of events as follows:

> In 1983 the war got worse and they stopped sending doctors. Only brigadistas went to communities. We'd walk four or five hours into the mountains with a backpack and the thermos of vaccines. But by 1987 we couldn't even do that. We couldn't walk into the mountain with the thermos because it was MINSA property and there was the fear that they'd kidnap or kill you, and take your supplies. So we still went out, but without vaccines. At that point they only administered vaccines in health centers. We still helped in communities in other things, but not vaccines.[355]

Steering community members to their nearest health center was an unsuccessful solution to the problem of impenetrability. Nicaraguans living in combat zones were all too often either unwilling or unable to undertake that trip. As a result, Nicaragua saw a proliferation of vaccine preventable diseases that previous efforts had greatly reduced. In 1984 and 1985, for example, a terrible epidemic of measles increased levels of infant mortality throughout the Mountainous North.[356]

355. Victorino Centeno interview.

356. Dr. Orlando Rizo interview.

In some areas, doctors still attempted to enter the combat zones, but health care provision in these instances was coincidental and improvised. Dr. Percy Arévalo, serving in El Cuá, described his attempts to treat patients on small farms and in tiny communities in the mountains surrounding his small town.

> Once, I showed up at this woman's house, she was sixty-something years old, and living in conditions that weren't fit for a human being. And here she was, more dead than alive, surrounded by flies and with stagnant water and no latrine, she and her family defecating in the open air. And she was dying of a simple lung infection, bronchitis, nothing more. So I went daily to her house for a week, giving her antibiotics. And she recuperated entirely. That's how you had to save lives out there.[357]

Arévalo's dedication is admirable, but because his efforts were not replicated everywhere, as they had previously been, health indices in the region continued to fall. His account of the abysmal living conditions he found also speaks to a deeper systemic problem in which lack of adequate sanitation facilitated disease transmission.

The lack of vaccine coverage and regular medical attention had a detrimental impact on health in the Mountainous North, but the effects of the Contra's low intensity warfare were equally harmful. When they bombed water treatment facilities and power plants, mined roads, and cut phone lines, the Contra effectively destroyed the network of basic social services that ensure basic sanitation, communication, and transportation. As a result, communities were left without clean water or effective sewage processing. Because the roads were dangerous, transporting the ill and wounded was dangerous, and

357. Dr. Percy Arévalo interview.

often postponed until too late. Towns and communities found themselves isolated from other urban areas when electricity and the phones went down.

In the worst areas of combat, the Nicaraguan Army often evacuated and relocated entire swaths of the population into *asentamientos* (internal refugee settlements). Often crowded, the asentamientos were a breeding ground for disease, but also provided an opportunity for MINSA to treat, vaccinate, and educate large chunks of the population they were hardest pressed to reach. Orlando Rizo recalls that,

> In the people fleeing the war, we detected high levels of disease, perhaps those levels had always existed, and the people had always suffered, but because they arrived to the asentamientos, to the cities, and to the health centers and posts, we recorded levels of these illnesses like never before. The only good thing was that when they were in the clinics, at least we could treat them, and teach them about sanitation.[358]

Mosquito-born diseases were discovered to be more pervasive than the already-high numbers MINSA had assumed. Malaria, hemorrhagic dengue, and leshmaniasis in particular flourished in war zones, where poor sanitation was common. There is insufficient documentation to make confident assertions about the extent of disease management or the relative status of health indices in the Mountainous North. The education and treatment Dr. Rizo remembers was likely ineffective from a statistical standpoint, as oral history and the existing documentation indicate that health conditions

358. Dr. Orlando Rizo interview.

in war zones continued to deteriorate well into the 1990s, past even the official end of the Contra War.[359]

The final health conditions MINSA struggled to cope with were unique to the population living in combat zones: first, war wounds, and second, traumatic stress disorders. Dr. Percy Arévalo spoke about war wounds from a clinical perspective: "Most crisis care was from detonations. Some bullet wounds, but bombs, mortars, rockets, these did the most damage. I did a lot of amputations up there."[360] MINSA worked to train and provision doctors, nurses, and brigadistas to be able to treat these types of wounds. The Army's doctors and hospitals were able to absorb some of these patients, as well.[361]

Mental health, however was another story. Even among the civilian population, much of which was pro-Contra, stress from living in a combat zone was high. The persistent fear of road mines, and the realities of being caught in crossfire, or being in a village under attack took a heavy toll. The manifestations of this emotional and mental strain presented in psycho-physical symptoms. In El Cuá, a town that came under persistent bombardment, and in which civilians died by the hundreds throughout the war years, Dr. Arévalo saw many patients with these symptoms.

> There was lots of mental illness, stress illness. Body tremors, insomnia, loss of appetite, nausea, headaches, anxiety attacks. Unfortunately, there wasn't anything

359. MINSA "Plan de Salud 1988-1990"; Dora María Tellez interview, 2008; Dr. Orlando Rizo interview; Dr. Johnston Serrano interview.

360. Dr. Percy Arévalo interview.

361. Dr. Orlando Rizo interview; Dr. Percy Arévalo interview.

> we could do about those problems. There was no treatment for mental health at that time.[362]

Aware of these problems, Minister of Health Dora María Tellez began designing a plan for providing mental health care to veterans and residents of combat zones. Other than an Italian-funded pilot program in Managua, however, MINSA had no resources in mental health, and residents of the Mountainous North continued to suffer from traumatic stress disorders for years without treatment.[363]

Although the Sandinista government had promised to expand and improve health care to the entire Nicaraguan nation, despite MINSA's continued efforts to improve, then maintain, and finally, to contain deterioration, the Mountainous North proved an especially difficult challenge to this goal. After a three-year fluorescence is which the curative and preventive health systems managed to achieve great improvements in health across Nicaragua, the Contra War put an end to that forward momentum. In light of wartime conditions and economic deterioration, the entire country suffered a setback in the curative care system as the Nicaraguan state struggled to adequately fund and provision its Ministry of Health. In spite of these challenges, in urban areas the brigadista-based preventive care system continued to function. In rural zones, however, especially in the Mountainous North, maintenance of even preventive care proved exceptionally difficult. As a result, MINSA saw a worsening of even the most basic health indices in these areas from 1983-1990.

362. Dr. Percy Arévalo interview; Dora María Tellez interview, 2014.

363. Dora María Tellez interview, 2014.

Political Imediments to Health Delivery

In 1989, after two years working in a military hospital in Pantasma and three years of service in El Cuá, Dr. Percy Arévalo finally returned to city life. His marriage had broken up under the strain of separation and political differences, and Arévalo acknowledged that he was reaching the limits of what he could tolerate in terms of living in a combat zone. He took a position at the old Trinidad Guevara Hospital, which had been converted to a health center in Matagalpa.[364] Looking forward to a calmer work life, Arévalo showed up at work on his first day full of optimism and relief.

His hopes, however, went unfulfilled, as workplace politics in Matagalpa would cause him as much stress and trouble as working in a combat zone ever had. On his first day of work, he walked around the hospital trying to figure out where his office was. Encountering a group of nurses in the hallway, he stopped to ask if they knew where it might be. One of the nurses looked at him and, according to Arévalo, snorted derisively.

> She said 'You're a shitty doctor! What kind of doctor can't even find his own office?' and laughed, mocking me for no reason. She didn't even know me! And I have no patience for stupidity like that in a hospital, so I asked her name and she told me, and I said, 'Oh good, the immunology department asked me to find you and tell you to come by.' 'Why?' she asked, very suspicious, and I said, 'Well they need to vaccinate you against *la rabia*.'[365]

Arévalo's response was a very bad move, politically. The nurse, it turned out, was both a powerful CDS leader and the mother of the mayor of Matagalpa, Margine Gutiérrez. For

364. Dr. Percy Arévalo interview.

365. Ibid.; "La rabia" has a double meaning in Spanish. It is the term for rabies, a vaccine-preventable disease, but it also means rage or antipathy.

the next three years this Sandinista family pursued every political means at their disposal to punish and discredit Arévalo, have him fired from the hospital, and even deported from Nicaragua.[366] Only Arévalo's personal relationship with Tomás Borge (the Minister of the Interior) and his long history of service to the Army and in combat zones saved him.

It is telling that even at this distance from the events, doctors who spoke freely on any number of topics either refused to comment on this well-known episode, or asked me not to use their names if I used their words. One highly placed physician said, "It was ridiculous. [Arévalo] was a good doctor, one of the best we had, and he maybe shouldn't have said that, but what they did was awful and we could have lost a good doctor for no reason but personal malice. They thought they were so powerful, but it was trivial."[367] At the time of these interviews, however, Margine Gutiérrez was once again the mayor of Matagalpa, and politics in Nicaragua have only gotten more fraught with time. In light of this story, their circumspection was perhaps wise.

Thus far, this chapter has focused on the best efforts and good intentions of the Ministry of Health, but this next section will examine the failures of the system, most of which have to do with political infighting, power struggles, and the patronage system. From a Ministerial perspective, it is easy to argue that the Sandinistas' commitment to health care was both serious and lasting, even in the light of war and economic hardship. Indeed, most Nicaraguans will concede that health care was one area where the

366. Arévalo, though a naturalized Nicaraguan citizen, married to a Nicaraguan and a former member of the Nicaraguan Army, is Peruvian born and Argentine educated.

367. Anonymous, interview by author, July 14, 2010.

Sandinistas did a good job. But there are some who discredit even MINSA's most well-known achievements. Why do so many anti-Sandinistas speak negatively of health care during the 1980s? In a political system as polarized as Nicaragua's became in the 1980s, especially at the local level, personal politics and the patronage system sometimes impeded health delivery and alienated citizens as much as either the Contra War or economic problems did.

These political challenges were far more pronounced in urban areas than in rural zones. In Matagalpa, for example, under-qualified political appointees often displaced competent administrators, and health workers who were members of FETSALUD had better work opportunities and greater job security than qualified health professionals who were anti-Sandinista.[368] In August of 1979, for example, Dr. Johnston Serrano's colleagues elected him to serve as the first Director of Health for Region VI. Serrano, who had supported the revolution, but not taken any active role in it, was a competent administrator. Nonetheless, in 1980 MINSA ousted him and put the inexperienced Arnaldo Pastora (the brother of Edén Pastora, who was the high ranking '*Comandante Cero*' of the FSLN army) in his place as a political favor. This transition was part of the Sandinista's consolidation of power to which the first Minister of Health, Cesar Amador Kuhl also fell.[369] Pastora lasted only a short time in the job before MINSA replaced him with party loyalist and technocrat Carlos Jarquín, who proved a more able administrator, but the damage was done for many medical professionals and Matagalpans who had been

368. Mario Zúniga interview; Corina Centeno Rocha interview; Dr. Johnston Serrano interview.

369. Dr. Cesar Amador Kuhl interview.

on the fence about the new government. Patronage, in their view, was no way to run a health care system.[370]

> I was an elected director, but the Sandinistas were very political. They wanted me to wear a military uniform for my identification picture, and I wasn't okay with that. I wasn't okay with how political everything got, so quickly. So then the JRGN got rid of me and named Arnaldo in my place. It was ridiculous and insulting, both to me and to the medical profession.[371]

For Serrano and many of his colleagues, this move confirmed their worst fears about the new revolutionary government. "We weren't pro-FSLN, we were just anti-Somoza," Serrano explained of his initial support for the revolutionary government. "But we didn't sign up for being militants, or for communism."[372] Incidents like this caused many Matagalpans to turn sour on the Sandinista government.

At the regional and local levels, similar situations played out. In many cases there was a discrepancy of power between an individual's professional status and political standing. In Percy Arévalo's case, for example, the woman who persecuted him was merely a nurse compared with his position as attending physician. But her position as a "*Sandinista de broche*" (a badge-wearing Sandinista leader of the CDS) and the mother of the Sandinista-appointed mayor of Matagalpa gave her political power that outstripped even that of the hospital's Director. She threw all of that political weight behind her pursuit of a personal grudge. "She walked around like she was the last Coca-Cola in the

370. Dr. Virgilio Cisne interview.

371. Dr. Johnston Serrano interview.

372. Ibid.

desert, that's how much power she had," said Arévalo. The nurse, whom Arévalo refused to name for legal reasons, went to Managua with her daughter (the mayor) and denounced Arévalo as a CIA spy.[373]

In Arévalo's case, his years of service in war zones and in the Army saved him. The subcommissioner of the police, Omar Jarquín, knew Arévalo from his military service and, after a lengthy (but rather perfunctory) investigation, issued a decree that the accusations were without merit. Enraged, the nurse then went to Tomás Borge, the Minister of the Interior, with her denunciations. Borge, however, who also knew Arévalo well from his service record, would have none of it.

> They returned to Matagalpa humiliated because of how public they'd made their attack on me. The nurse resigned as CDS leader and quit her job at the hospital. But she had made life so miserable for me – I felt like a leper. The crowds would part before me as I walked through the hospital, because nobody wanted to be contaminated or associated with me. So Borge intervened and got me a better job at the Regional Hospital, and I worked there.[374]

The same political patronage system that the nurse used to mount her attack in the end saved Arévalo's professional life in Nicaragua. In other instances, however, even high-level health professionals could fall to internecine politics.

As members of a party-sponsored and affiliated workers' union, the health workers of FETSALUD had great power to determine the rise and fall of directors and supervisors in the hospitals and health centers. Corina Centeno Rocha, the then-secretary

373. Dr. Percy Arévalo interview.

374. Ibid.

of FETSALUD, recalled the 1980s as a golden age for the union members. "We had the support of the government, so if we had a conflict with a director we didn't like, the government would support us against that person."[375] She recalled one hospital director in particular, Argentina Parajón, whom Centeno and her colleagues felt was "too centralized." FETSALUD lobbied against her appointment, and before long, "they fired her and we got somebody better."[376] Although Parajón was a member of the Sandinista party, the combined power of the unionized health workers was sufficient to have her removed from her job for what amounted, in the end, to unpopularity.

This system gave preference to party loyalists over those not affiliated with Sandinista organizations, and in doing so, plowed the seeds of discord more deeply into the already tense political environment. Gabriel Perez Rosales, for example, wanted desperately to be a doctor, and competed fiercely throughout his educational career with another boy, Vidal Ruiz Cerda, for the highest marks. In the year they were to graduate, a scholarship to study medicine in Cuba was the prize for top honors.

> At the end of it all, Vidal and I were tied for first place, but his father was a member of the CDS, and the FSLN gave priority to members and their families. And I wasn't even a member of the *Juventud Sandinista* (Sandinista Youth). So Vidal was selected to go to Cuba in 1982, and now he's a doctor, and there was no money for me to go to university.[377]

375. Corina Centeno Rocha interview.

376. Ibid.

377. Gabriel Perez Rosales, interview by author, September 24, 2008.

Perez carries a grudge against the Sandinistas even twenty-six years after this perceived injustice. He never had been a supporter, coming from an anti-Sandinista family, but he felt very strongly that such favoritism was unethical, and as a result became even more hostile to the Revolutionary government.

During the war, known or suspected Contra supporters were occasional targets for the anger and hostility of Sandinista health professionals. Antonio Araúz, a nurse who worked at the Regional Hospital in Matagalpa, said, "There have always been honorable people here who worked for everybody, but if ninety percent are good and ten percent are political, it still has a bad effect for the patients."[378] In particular, Arauz said that Sandinista health workers often treated *campesinos* (peasants) particularly badly.

> There were a few [nurses] that were just really bad. Campesinos would come in and they'd make them wait for hours, or they'd make them go away and come back another day, and these are people who earn so little that just paying their transport from 130 km away was straining their budget. They had to work a week to save up enough just to buy the one-way bus fare.[379]

Whether this type of treatment was rooted in the belief that all campesinos were pro-Contra (because large swaths of the rural zones in the Mountainous North were pro-Contra), or whether this behavior was simply the outcome of elitism and snobbery, it reflected badly on both Sandinista health workers and the FSLN party in general, and was both costly and extremely dangerous for the campesinos made to wait for needed health care.

---

378. Antonio Araúz, interview by author, March 16, 2009.

379. Ibid.

The worst abuses of power and the most obvious politically-motivated impediments to health care, however, happened in 1990 around the transition from the Sandinistas to the new opposition government headed by Violeta Chamorro de Barrios. President Daniel Ortega got credit at the time for accepting the election results and, contrary to U.S. predictions, facilitating a smooth transition of governments, but at the Ministry level and in cities and towns around Nicaragua the transition was often hostile and confrontational. Die-hard Sandinista loyalists, who for years had supported the revolutionary government in spite of rampant inflation, severe shortages, rationing, mandatory military service, and more, were in no way prepared to make the transition smooth for those coming to take over the positions of relative power they had held as "*Sandinistas de sangre rojo y negro*," ("Sandinistas of red and black blood").[380]

At the regional level, the impediments to a smooth transition reached heights of incivility that the national level didn't even approximate. At MINSA headquarters in Managua the outgoing administrators left records in disarray, work unfinished, and participated in demonstrations and protests for a short period of time.[381] In Matagalpa, however, the transition descended to outright hostility, theft, and blocking access to health care for patients in need.

The most militant and angry of the Sandinista health workers in Matagalpa reacted in three ways: one, they stopped working; two, they stole medical equipment; and three, they persecuted newly appointed health directors. As new policies came down from

380. Mario Zúniga interview; Red and black were the colors of the FSLN party.

381. Betty Soto interview.

Ernesto Salmerón, the newly appointed Minister of Health for the Chamorro government, the workers of FETSALUD went on strike for two months. Miriam Reyes, a FETSALUD health worker, said, "With the change in authority, it was like we didn't matter anymore, plus the new policies were very strict, so we went on strike. We wanted to leave [the Ministry] deprived and desperate."[382] Even after the transition, some ninety percent of hospital employees were Sandinista, and the strike had grave implications for those in need.[383] Antonio Araúz disapproved of the strike from a medical standpoint.

> Well they didn't like the new policies, so they just stopped giving medical attention. Patients would show up, some of them gravely ill, and the FETSALUD workers would bar the door. 'Sorry, there's no medical attention today, we're on strike.' That was unethical, because medicine is supposed to be separate from politics.[384]

Even after the strike was over, for several years Araúz said he saw a minority of Sandinista nurses and doctors treat patients with a "*pinta de liberal*" (a conservative look) badly, making them wait long periods of time, or sending them to the wrong offices.

After eleven years of volunteering for health campaigns, working for little in the way of compensation, and even donating time and equipment, many doctors saw the transition as a time to return to private practice to earn more money. In order to outfit their *consultorios* (medical offices), however, they had need of medical equipment. The Regional Hospital and local health centers were soon picked almost bare. "Again, I want

382. Miriam Reyes Pravia interview.

383. Antonio Arauz interview; Dr. Johnston Serrano interview.

384. Antonio Araúz interview.

to say it wasn't everybody," recalled Antonio Araúz, "but enough of them took things that the Hospital was left in poor condition." A different side of that story is that a few of those same doctors had donated that equipment in the first place. One Matagalpan ophthalmologist, who wished to remain anonymous, spoke of returning to private practice, and needing the equipment he had purchased and donated to the hospital in 1985. "I felt a little bad taking it back," he said, "but who knew what would happen, and I wanted to work on my own again. And it was mine in the first place, so I felt justified."[385] Whether the equipment was stolen or simply re-possessed, the Regional Hospital and several clinics still ended up more poorly equipped than they had been during the worst shortages of the Sandinista period.

Lastly, hostile Sandinistas also persecuted and bullied new political appointees. In Matagalpa, however, the "new" political appointee was actually a familiar face: Minister of Health Salmerón appointed former Regional Minister of Health Dr. Johnston Serrano to the same position once more. In the intervening years between Serrano's ouster as Regional Minister in 1980 and his reappointment in 1990, he had served as the Head of Gynecology at the Regional Hospital, and it was no secret he was anti-Sandinista. Hostile FETSALUD members perceived his appointment as a slap in the face, and went on the attack.

During the two-month strike, FETSALUD members harassed Serrano and his family to the breaking point. At first they organized groups to bang pots and shout at him from outside his office and around the hospital, but when that didn't yield results, they

385. Anonymous, interview by author, March 7, 2014.

took to stalking him in his private life as well. “Oh, we really got him,” one FETSALUD member bragged. “We burned tires outside his home, slashed the tires of his car, removed the brake fluid from his car, we painted the word “thief” in huge letters on his house, and we followed him everywhere banging pots and pans and shouting.”[386] Dr. Serrano remembers these events with a surprising amount of perspective. “They weren’t really striking against me personally, they were striking against the change in government and the stricter fiscal policies. I was just the excuse.”[387] In 1991, Minister of Health Martha Palacios (who had replaced Salmerón), told Serrano she was removing him as Regional Minister of Health in order to end the strike and get the hospital running again.[388] The stricter policies didn’t change, but this concession allowed FETSALUD to feel they had achieved one more victory before allowing the opposition to take over leadership of the Ministry of Health in Matagalpa.

Politics, interpersonal conflicts, and patronage, as in so many places, were intrinsic components of life in Nicaragua during the Sandinista administration. While at the national level MINSA worked to promote and improve health care throughout the country, at the Regional and local levels, political infighting and abuses of power sometimes impeded MINSA’s efforts to achieve a unified national health system with broad access for all citizens. These moments of breakdown limited health access for some Nicaraguans, raised impediments for anti-Sandinistas to work in health care, and in the

386. Miriam Reyes Pravia interview.

387. Dr. Johnston Serrano interview.

388. Ibid.

worst case scenario, brought the entire system to a halt. Given the overall positive track record that MINSA established for itself throughout the 1980s, these instances help explain the distaste some Nicaraguans express when discussing the Sandinista decade, even when talking about health care.

Conclusion

During the 1980s, Matagalpa and the Mountainous North were an exemplar of how popular participation and political goodwill could help build and bolster successful primary and curative care networks, even where none had previously existed. At the same time, however, these areas also served as an illustration of how guerrilla warfare, economic deterioration, and internal dissent could hamper the development and maintenance of those same health care systems. Collectively, the seventy-five oral histories collected for this chapter tell a story of health care in the Mountainous North that mirrors and highlights the dramas, difficulties, challenges, and successes the Ministry of Health faced throughout the eleven years of Sandinista rule in Nicaragua.

The results of this oral history indicate three conclusions of note. First, no matter which Minister was at the helm, throughout the 1980s the Ministry of Health was entirely dedicated to its goal of promoting equal and improved access to health care nationwide. In spite of setbacks, occasional incompetence, bureaucratic rigidity, and intermittently poor organization, MINSA nonetheless embodied a spirit of determined dedication to the tasks at hand. Volunteerism was high, and in places where MINSA was forced to retreat, health brigadistas continued to work towards improved health in their communities. As a

result, neither the Contra War nor economic hardship were able to entirely derail the expansion of a national primary health care network, nor that of the curative system, though both suffered from the impediments to progress these obstacles presented.

The second conclusion is that, as the difficulties of the decade progressed, the differences between urban and rural health networks, as well as between primary and curative care systems diverged. Urban and primary care networks continued to thrive, relatively speaking, while the rural and curative networks struggled to maintain even baseline functionality. Because of high popular participation, primary care in urban zones registered high levels of coverage in vaccination campaigns, levels of Acute Diarrheic Illness declined due to the increased stress placed upon oral rehydration units, and increased training for midwives helped bolster maternal-infant health indices. The curative network (hospitals and clinics), meanwhile, struggled to maintain adequate levels of equipment and personnel. In rural areas, especially in conflict zones, the curative network all but collapsed, but in most places the dedicated efforts of health volunteers maintained at least a baseline exposure to preventive care and basic health education.

Lastly, this chapter also concludes that, in spite of the Ministry of Health's generally positive standing in the court of public opinion, there were times when interpersonal conflict, local politics, and patronage systems impeded the successful functioning of the health care system. In such instances, the heightened tensions of the Contra War, the internal conflicts engendered by increasing levels of domestic dissent, and the petty grievances of interpersonal power struggles provoked anger, hostility, and

disaffection among Nicaraguans who otherwise conceded that the expansion of health care services had been a meaningfully successful byproduct of the Sandinista revolution.

Chapter Four: Doctors Within Borders: Cuban Medical Diplomacy to Sandinista Nicaragua

One of the primary goals the new Sandinista government stated upon assuming power in 1979 was to implement a massive nationwide health reform. Almost from the outset, however, the Sandinistas were beset by challenges they found difficult to overcome. A shortage of medical professionals, a badly damaged curative health care infrastructure, and an empty Treasury were problems complicated by the youth and inexperience of the directorate.[389] In order to implement this ambitious project, they needed assistance. The new government found an able and willing ally in Fidel Castro, a staunch supporter of the Nicaraguan revolution. Within a week of the Sandinista victory, the Cubans were on their way to Nicaragua. They would maintain a permanent medical delegation throughout the 1980s, leaving only upon the Sandinista's electoral defeat in 1990.

MINSA would not have been as successful without Cuba's technical, material, and advisory support. The erstwhile guerrillas who undertook governance of the Nicaraguan state were ill-prepared for governance. As a result, the new government was, almost from the moment it took power, in crisis. Given its almost total lack of resources in 1979, and the deteriorating economic conditions Nicaragua faced as the 1980s wore on, almost all of Nicaragua's government ministries relied upon foreign assistance programs to maintain services. MINSA depended upon many nations and non-

389. The oldest member of the FSLN directorate in 1979, Tomás Borge, was only 39 years old, and he was almost a decade senior to many other leaders. Some had attended college; few had finished their degrees. Many had dropped out of medical or law school to devote themselves entirely to the revolution.

governmental organizations for donations, but its most dependent relationship was with Cuba, from whom it received medicines, equipment, and training, but also thousands of doctors, nurses, and other health care professionals to staff Nicaraguan facilities over the course of the decade.[390]

During the Sandinista regime (1979-1990), Cuba assisted Nicaragua's *Ministerio de Salud* (Ministry of Health, or MINSA) in its efforts to build a nation-wide socialist health care system.[391] This aid was on a massive scale and critically important to the success of the Sandinista health program. Cuba stationed brigades of thirty to sixty health workers in every city, while more limited delegations went to smaller towns. In Managua, respondents assert that hundreds of Cubans worked in government positions, at medical schools, and in hospitals and clinics around the capital city.[392] Cuba sent shipments of medicine and equipment on a monthly basis throughout the decade, sponsored scholarship programs for medical education, and frequently evacuated critically ill Nicaraguans to Cuba for surgeries beyond the scope of what Nicaragua's hospitals could manage.

As a result, the Cuban presence was pervasive in Nicaragua during the 1980s. Among Nicaraguans there is a strong cultural memory of Cuba's role during the Sandinista government. As one Managua taxi driver put it, "Señorita, those Cuban doctors were everywhere. In every hospital, in every clinic, in the cities and in the most

390. Dora María Tellez interview, 2008.

391. Cuba also sent brigades to assist with Education, Agriculture, and Military programs, among others.

392. Dora María Tellez interview, 2008.

rural communities in the country. In those days you couldn't get up to use the restroom without tripping over a Cuban."[393] This Cuban presence meant different things to different people; to Sandinista loyalists, it was a positive presence, and the work they did was laudatory in the extreme. Opponents to the Revolution or the Sandinista government felt quite the opposite.

Fieldwork conducted in Managua, Matagalpa, and the rural Mountainous North from 2008 to 2010 confirmed that most Nicaraguans agree that health care reform was one of the Sandinista government's finest achievements. What's more, Nicaraguans freely acknowledge the importance of foreign assistance to that success, and - whether openly or begrudgingly - they point to Cuban contributions as particularly indispensable. This is not to say that there are not vocal detractors of Sandinista policies and Cuba's involvement therein, but a vast majority of seventy-five oral history informants (of which five are former Cuban brigadistas who now live in Matagalpa) concur with newspaper accounts and government documentation. Without Cuban aid, the Nicaraguan Ministry of Health would have been unable to achieve even a fraction of what it accomplished.

But what was the nature of this aid? In the fraught political climate of the Cold War, this health care program was invested with meanings, both sinister and noble, by advocates of capitalism and communism, respectively. Was Cuban activity in Nicaragua, as the United States feared, an attempt to convert Nicaragua into another beachhead for communism in the Western Hemisphere? In particular, were Cuba's permanent medical brigades and policy advisors merely a clever disguise for political propagandists to

393. Managua taxi driver, conversation with author, September 24, 2008.

penetrate the government bureaucracy? Were doctors and nurses inculcating a communist fervor in the deepest rural reaches of the Nicaraguan countryside? Or, as the Cuban medical professionals themselves saw the project, were they simply acting on a commitment to humanitarianism and a sense of moral obligation rooted in the desire to build a revolutionary utopian society?

As historians digest events of the recent past and attempt to understand the actions of governments within a geopolitical context, all too often the "lived reality" of these struggles goes understudied. This chapter examines the impact of Cuban aid-based foreign diplomacy on the development of a socialist health care system in Sandinista Nicaragua. By focusing on the local and the personal as well as the global, this study explores not only what Cuba's aid to Nicaragua meant vis-à-vis the Cold War and U.S./Latin American relations, but also how the Cuban medical aid program to Sandinista Nicaragua shaped the lives of citizens and participants.

A careful reading of oral histories, newspaper accounts, MINSA documentation, and secondary sources allows for a fairly comprehensive reconstruction of the general themes and quotidian realities of the ongoing Cuban medical mission to Nicaragua, and points to several conclusions.[394] First, in spite of the broad perception that Cuba was a

394. Lamentably, many of the statistics regarding Cuban medical aid to the Sandinista government are unknown due to an absence of archival records in Nicaragua. Given the lack of archived budgets, invoices, signed accords, professional reports, proposals, or personal communications, it is impossible at this point to reconstruct a statistical portrait of the program. For example, we do not know the numbers of Cuban medical workers that served in Nicaragua from 1979 through 1990, nor can we know the quantities or monetary value of medicines and equipment donated by the Cuban government, or the specific input of advisors and administrators working at the national and regional levels. Nonetheless, oral histories, published annual health plans, the scattered remnants of MINSA documents, and newspaper accounts fill in many of those gaps.

magnanimous donor nation, the relationship between Cuba and Nicaragua was a mutually beneficial one. Though Nicaragua unquestionably received the lion's share of benefits in the relationship, Cuba perceived both practical and non-tangible advantages in maintaining a permanent medical mission to Nicaragua. In practical terms, Cuba saw its support of the Sandinista government as part of its global mission to promote its health care policy and oppose the hegemony of the capitalist United States in Latin America. Thus, Cuba helped the socialist Sandinista government succeed by building and maintaining social services throughout Nicaragua. Non-tangible benefits the Cuban government perceived included the continuing education Cuban medical workers received as they worked in abysmal Third World health conditions. Cuba had long since eradicated such conditions at home. In theory, then, an ancillary benefit to this exposure was to sustain revolutionary buy-in among its medical workers. The Castro government encouraged its health brigades to reflect upon the benefits of life in communist Cuba relative to the public health disaster that "capitalist" Nicaragua had become under the Somoza dictatorship.

Secondly, despite US and international fears that Cuba was using its medical missions as a propaganda tool, it appears that humanitarian aid was the primary purpose of the Cuba's medical diplomacy. The Cuban government structured its medical workers' experiences in ways that - as much as possible - curtailed their lives to the professional and restricted the extent to which they could engage in politics or form personal relationships with Nicaraguans. These efforts, by and large. were successful, though there were significant gaps in enforcement. Therefore, though Cuba's broad geopolitical

agenda was indeed to promote communism and revolution, the manner in which it managed its deployed medical brigades limited the extent to which its health workers in Nicaragua were able to promote communist ideology.

Lastly, evidence shows that the Nicaraguan government reinforced Cuba's efforts to isolate its medical workers from full social and cultural integration with the communities they served. Despite being modeled upon and reliant upon the Cuban Ministry of Public Health, the Nicaraguan Ministry of Health was at pains to maintain the illusion of autonomy and, if not self-sufficiency, at least self-determination. Although by all accounts the Cuban presence was numerically overwhelming in the realm of health care, government reports consistently elided the existence of large numbers of Cubans in Nicaragua. With a few exceptions, a researcher using only Nicaraguan government documentation would be hard-pressed to conclude that Cuba did more than minimal aid work in Sandinista Nicaragua. Newspaper accounts and oral histories, however, praise the numerous brigades of Cuban doctors and nurses to the point of tribute. This tendency to simultaneously minimize and mythologize the Cuban medical worker buttressed the Castro government's attempt to isolate its workers from social integration.

Thus, although a traditional Cold War interpretive lens would cast Cuba as the tireless promoter of communism in the struggle against capitalism, in the realm of health care, the reality was vastly more complex than such a straightforward binary construction. Without a doubt, the Castro government did see its role in Nicaragua as critical to beating back U.S. capitalist hegemony. Without Cuba's military, material, and financial support, the Sandinista government might have toppled to the U.S.-backed

Contra War in short order. Medical diplomacy was critical to legitimizing the Sandinistas' ability to follow through on their revolutionary promises, but in their view was not, ipso facto, central to the Cold War struggle against capitalism. On an advisory level, the Cubans certainly advocated building a system modeled upon their own, but the Sandinistas were not passive recipients of this aid, and the Cubans were remarkably cautious in the delegation of medical brigades throughout the country. Although the Reagan administration cast a broad accusation of communist propaganda across any and all Cuban activity in Nicaragua, and while Cuba may have seen this arrangement as an intrinsic part of winning their part in the global Cold War, for Cuban health workers on the ground, geopolitics had little to do with their work in Nicaragua. In the words of one Cuban doctor, "Propaganda? That's funny. We didn't even have enough time to grab a bite to eat between treating patients. Talking politics was the last thing on my mind."[395]

Global Impact of Cuban Aid in Light of the Cold War

As the lone representative of international communism in the Western Hemisphere, Cuba often opposed the United States during the Cold War period. After the 1962 missile crisis, Cuba avoided direct military confrontation with the United States, but it continued working in subtler ways to undercut the power of the capitalist hegemon to the North. Its major objective was to support revolutionary movements spreading throughout Latin America and Africa in the second half of the twentieth century and, through that support, to reinforce the potential benefits of communism as an alternative to

395. Dr. Geraldo Pais, interview by author, March 7, 2009.

capitalism. Funding, arming, training, and advising revolutionary groups throughout the Third World, providing disaster relief, medical aid, training for doctors, educational resources and teachers, and negotiating international accords with other governments are examples of Cuba's approach to Cold War geopolitics. [396]

In 1963, Cuba began a policy of providing direct medical aid to Third World countries, a policy it continues to the present day. The program grew so dramatically that by 1985, the *New York Times* wrote that Cuba had "perhaps the largest Peace Corps-style program of civilian aid in the world."[397] At the time of that writing, there were approximately 1500 doctors serving in twenty-five countries - more than the World Health Organization (WHO) at the same time.[398] In *Healing the Masses*, Julie Feinsilver provides a list of 32 countries receiving Cuban medical aid as of 1988, listed chronologically by the date the aid began. They are as follows: "Algeria (1963), Mali (1965), Congo (1966), Tanzania (1966), Guinea-Conakry (1967), Vietnam (1969), Democratic (South) Yemen (1972), Equatorial Guinea (1973), Laos (1973), Guinea-Bissau (1975), São Tome and Príncipe (1976), Angola (1976), Guyana (1976), Cape Verde Islands (1976), Mozambique (1977), Benin (1977), Ethiopia (1977), Saharan Arab Republic (1977), Iraq (1978), Kampuchea (1979), Nicaragua (1979), Uganda (1979), Burundi (1980), Seychelles (1980), Ghana (1983), Kuwait (1985), Burkina Faso (1985), Zimbabwe (1986), Sri Lanka (1986), Maldives (1988), and Botswana (1988). Grenada

396. Feinsilver, 156.

397. *New York Times*, January 22, 1985, A2. Quoted in Feinsilver, 157.

398. *Granma Weekly Review*, supplement, February 24, 1985, 3. Quoted in Feinsilver, 157.

(until October 1983) and Jamaica (until 1981) also received Cuban medical aid."[399] Quick reflection on the list above reflects the Cuban objective of providing aid to countries with political climates friendly to Cuba's communist ideology.

Thus, international medical aid was (and continues to be) an example of Cuba's policy of promoting revolutionary objectives in Latin America in order to undermine U.S. hegemony in the region. Cuba's well-established tradition of supporting health care in underdeveloped nations was not, principally, a challenge to U.S. foreign policy, though in some cases that was certainly a much-appreciated side effect.[400] In Nicaragua the Cubans worked to support the Sandinista regime at the same time the United States was funding, training, and organizing the Contra War. Thus, although the United States and Cuba never declared outright war against each other, they were nonetheless positioned on opposite sides of a war in which they both had a vested interest in the outcome. This sort of jockeying for influence and power was in line with key geopolitical aspects of the Cold War, which didn't always include direct military confrontation.

Broadly, Cuba's global focus on health promotion was also a direct challenge to a history of U.S. policy in Nicaragua that, with only a few exceptions, limited investment in social services.[401] In his preface to Julie Feinsilver's Healing the Masses, David Apter

399. Feinsilver, 160-161.

400. Here I wish to draw a distinction between the Cuban government's political purposes and the medical brigades' professional and humanitarian goals. Cuba sent military assistance to Latin American and to Africa, but this article deals only with its medical brigades. For more information on Cuba's military campaigns in Africa, see Piero Gliejeses' Conflicting Missions.

401. Here I should mention the Rockefeller Foundation's campaigns to combat hookworm in the 1940s, though that was a private enterprise and not a governmental initiative. Likewise, beginning in the 1960s the aid programs built into Kennedy's Alliance for Progress did encourage improvements in social services like

writes that in Cuba, "health care as a form of political outreach became one of the dominant narratives of the Cuban revolution.... Indeed, good medical practice [was] part of the historic and inversionary struggle against imperialism in general and American instances of such imperialism in particular."[402] In the case of Nicaragua, increasing the accessibility and quality of health care became, as Feinsilver writes, "symbolic of the contrast between socialism and capitalism, with aspects of U.S. society (and dependent capitalist societies) symbolic of capitalism's inherent inequality and failure to provide [José] Marti's goal, …a life of dignity."[403] In keeping with this socio-political orientation and a deep-seated belief in the superior virtues of socialism and communism, Cuba maintained a steady flow of personnel, administrators, advisors, medical supplies, and technical assistance to Nicaragua's Ministry of Health throughout the 11 years of Sandinista rule.

Intra-regional Relationships in Latin America During the Cold War Period

In spite of the strong arguments to be made for viewing Cuban aid to Nicaragua within the traditional concept of a Cold War framework—one in which the Capitalist West and the Communist bloc battle for supremacy—this is far from the only, or even most important, lens through which we can examine the relationship between Cuba and

---

health care and education, though Somoza appropriated much of those funds and employed the remainder to combat dissident movements in the mountains. As a result, this U.S. policy was unique, badly utilized, and spread unequally within the Nicaraguan nation. Therefore, in the minds of Nicaraguans, the U.S. influence over the years had been overwhelmingly negative.

402. David E. Apter, foreword to Feinsilver, xiii.

403. Feinsilver, 17.

Nicaragua during the 1980s. Understanding the relationship between these two leftist governments – one well established, one emergent – in a hemisphere whose recent history had been shaped and dominated by the United States is critical to grasping the full scope of Cold War geopolitics in Latin America.[404]

The process of examining the power dynamics within the Latin American and Caribbean Basin states is key to understanding the intra-regional considerations of the Cold War in Latin America. Looking at the ways Latin American states aligned and grouped themselves to either attract or rebuff U.S. involvement in regional issues opens up a different lens for understanding Latin American geopolitics. For example, throughout the Cold War period, post-revolutionary Cuba tried to position itself to assume a mantle of authority and responsibility within the Latin American and Caribbean region. As the sole Communist state in the Western Hemisphere, Cuba was the first government many Latin American revolutionary groups contacted for help. Besides Nicaragua, other Central and South American leftist factions, from communist parties to

404. While there is a rich and ongoing scholastic conversation about the nature of transnationalism, internationalism, and hegemony in the Western hemisphere, this discussion is directed almost in its entirety along a North-South axis, and focuses on U.S.-Latin American relations The essays in Close Encounters of Empire, edited by Gilbert Joseph, Catherine Legrande, and Ricardo Salvatore, offer a particularly well-conceptualized look at this budding literature, but still no concerted scholastic effort has examined the power dynamics within the Latin American and Caribbean Basin states – that is to say, looking at power dynamics when the United States is not involved, or at the ways Latin American states align and group themselves to either attract or rebuff U.S. involvement in regional issues.

Nonetheless, the theoretical and analytical tools employed by Gilbert Joseph, Steve Stern, Michael Schroeder, Micol Seigel and others in their examination of U.S.-Latin American relationships offer an excellent starting point for an exploration of intra-regional hegemonic and transnational relationships in the Caribbean and Latin America. It is outside the scope of this paper to analyze comprehensively the balance of power among nations of Latin America and the Spanish-speaking Caribbean, but it is worth noting the lacuna here and calling for a future debate that explores the complexities and nuances of the balance of power among and between and among Latin American states.

revolutionary groups, kept open lines of communication with Castro's Cuba, often soliciting advice, financing, military training, and public support.[405]

In this way, Cuba became, if not a global power, certainly a somewhat effective counterweight to the force of U.S. regional hegemony. Most visibly, Cuba exercised its authority in that respect through its medical aid programs, which by the 1980s were well organized and internationally well regarded. These aid programs, of course, were rooted in Cuba's concept of health care as an integral part of social justice and revolutionary privilege. Nonetheless, in becoming the bearer of aid, the seat of technical know-how, and the provider of substantial sums of money, material, and personnel, Cuba took on an almost paternalist role vis-à-vis regional revolutionary and communist movements, a role it took very seriously.

Cuban Medical Diplomacy to Nicaragua: National and Regional

Cuba's quasi-paternalism is evident in the case study of Nicaragua. Although there was much talk of Cuban *brigadistas* (brigade members) being "*compañeros de salud,*" (comrades in health) in reality, there was little doubt that Cuba was the dominant partner. In every aspect of the arrangement between the two countries, Cuba was the leader, the teacher, and the donor. Nicaragua, though it took pains to present an image of autonomy and downplayed the importance of Cuban aid in MINSA's official documentation and language, was the recipient of Cuba's largesse.

Cuban aid to Nicaragua's Ministry of Health consisted of several components: a

405. For example, the FMLN in El Salvador, etc.

ministry-level advisory role; the provisioning of materials, equipment, and financing for health care; training and education for medical professionals; and the staffing of hospitals and health posts with nurses, doctors, specialists, and support personnel. Even a cursory glance reveals the extent to which Nicaragua's MINSA mirrored Cuba's Ministerio de Salud Pública (MINISAP). Just like Cuba, the Sandinistas built a hierarchical structure of rural health posts, urban health centers, polyclinics, and regional hospitals. This system functioned like a funnel; thousands of small units (the health posts) stationed in rural areas and urban neighborhoods took care of preventive and rudimentary health care. Usually staffed by nurses and volunteer brigadistas, health posts referred cases beyond their capacity to the bigger health centers. Hundreds of health centers, usually staffed by at least one doctor, were located in towns and larger sections of cities. They took care of more serious illnesses, minor operations, etc. Anything a health center could not handle went to the small hospitals, of which there was one in each medium-sized city, and from there, to regional hospitals, of which there were seven. There were several even larger hospitals in Managua, some of which were known for a particular specialty - obstetrics, opthalmology, and pediatrics, for example.

In Cuba, the structured reorganization of clinical medicine began in the 1960s with the institution of a system broken down into bureaucratic sectors by population density. This system integrated clinical medicine and public health outreach by making local nurse-physician teams responsible for the health of a bureaucratically designated

community sector.[406] In Nicaragua, that same idea of regionalizing and sectorizing was the basis of the Sandinista attempt to build a national primary care based health care network. Though Nicaragua lacked the resources to fully staff the nurse-doctor teams employed in Cuba, MINSA nonetheless did its best to assign nurses and doctors to specific areas of cities, towns, and rural enclaves.

Following the Cuban model, MINSA inserted doctors into rural communities via compulsory social service assignments. The Ministry also recruited and trained local health volunteers (brigadistas) to educate and monitor local populations. Prior to 1979, in any given region except Managua, one or two privately owned hospitals had been the only health resource for hundreds of thousands of people. For the poor, it was rare to receive the care they needed; often they relied upon missionary and charity health clinics, which provided care to only the tiniest fraction of the population in need of care. Within a short period after the revolution, the Sandinistas, with help from Cuban and other international aid donors, had made health accessible not only to the urban elite, but also to the urban and rural poor for the first time. The system was far from flawless, but given the almost total absence of health care nationwide prior to the revolution, the change was remarkable for its breadth, depth, and the speed with which the network was built.

Dora María Téllez, Minister of Health from 1985 to 1990, frankly acknowledged the extent to which her Ministry relied upon the Cuban example. "Whenever we didn't know what to do, or how to resolve a problem, we looked for the most simple and effective solution. Many times—not always, but often—the example of the Cuban

406. Feinsilver, 214.

Ministry of Public Health gave us a good example to follow."[407] The permanent seat occupied by a "Cuban Advisor" in MINSA's main advisory council reflects the extent of Cuba's integration into the bureaucracy of the Nicaraguan MINSA.[408] By the mid-1980s the seat was usually vacant at monthly meetings, but Téllez asserted in an interview that, "by then we didn't need him there every time, but earlier on, the advisor was always there."[409]

Many of Nicaragua's national health priorities mimicked contemporary health projects in Cuba. For example, beginning in 1981, then-Minister of Health Lea Guido launched a maternal-infant health program (*materno-infantil*) that was closely modeled on a similar program that Cuba promoted in 1977. Nicaragua's project mandated a series of health care norms, among them being:

> Early detection of pregnancy; early consultation with the obstetrical health team, provision of at least nine prenatal examinations and consultations for women in urban areas and six for women in rural areas; education about hygiene, health during pregnancy, childbirth, and childcare, among other topics; special pre-nantal attention to women considered at high obstetrical risk; psychological counseling with regard to childbirth; instruction in birth exercises; and finally, provision that all childbirth take place in hospitals.[410]

Given shortages in personnel, problematic infrastructure, difficulty in accessing the rural interior, and the worsening Contra War, MINSA could not enforce all of these norms

407. Dora Maria Tellez, interview by author, December 3, 2008.

408. Actas Ministeriales, Dora Maria Tellez personal papers.

409. Dora Maria Tellez interview, 2008.

410. Garfield and Williams, 48.

effectively. Large numbers of women still gave birth at home with midwives, and in war zones few women approached the prescribed six prenatal visits with a doctor.[411] Nonetheless, in most urban zones and in some rural areas, Guido oversaw a radical transformation in both maternal and infant health and a steep decline in these respective mortality rates.

This Cuban-inspired program became the capstone of Guido's tenure in the ministry, and its effects were long-lasting. Even in 2008, at the time of the research conducted for this chapter, women's health cooperatives and local midwives still relied on many of the educational materials and methods emphasized in the early 1980s. For example, MINSA promoted oral rehydration units (ORU) that were so effective at preventing infant death from dehydration that women began mixing the solution at home. To this date, infant mortality rates due to dehydration and diarrhea have remained far below the statistical high water mark of the 1970s.[412] In addition, many midwives interviewed still used the training manuals and mimeographed information sheets they were given during the 1980s.[413]

On a regional level, the Cuban role as advisor was more limited. Dr. Orlando Rizo, former Regional Director for Region VI (Matagalpa and the Mountainous North), indicated that only in Managua did MINSA offices have a Cuban advisor. In Matagalpa and in other regions, he said that the Cubans had the capacity to shape health policy, but

411. Dr. Orlando Rizo Espinosa interview.

412. Dr. Francisco Gutiérrez Reyes, interview by author, October 24, 2009.

413. Lucia Mantila, interview by author, February 3, 2009.

only at a local level. For example, a Cuban surgeon at the Regional Hospital might share ideas about resource allocation, or a doctor serving at a local health post could point out a place where people were not getting equal access to health resources.[414] Thus, at a national level, the advisory role of the Cuban medical presence was more clearly defined and formalized, and on the regional and local levels, more informal. Interviews with Ministers of Health Téllez and Guido confirmed this, as did the stories of both Cuban doctors and Nicaraguan health workers in Matagalpa.[415]

Nationally, Cuba not only provided an important advisory role, it was also an abundant source of much-needed medicines and medical equipment throughout the 1980s. The commitment of sending a medical mission was not just to send doctors and nurses. Cuba also undertook to fully equip the teams with everything they needed – from food and clothing to medicines, syringes, surgical equipment, bandages, and the like. By ship and by plane, reliable consignments arrived on a daily, weekly, and monthly basis for more than a decade. Sister Sandra Price, a United States citizen working in the remote mountain town of Siuna, remembers the Cuban ship that came once a month to Puerto Cabezas with medicines, vaccines, and medical supplies for the Atlantic Coast and mountainous interior. Especially during the hardest years of the Contra War, Price commented, "That Cuban shipment was the only thing that kept us in any kind of health during that time. You know, the Sandinistas did a good job, and they really did the best

414. Dr. Orlando Rizo Espinosa interview.

415. Dora María Téllez interview, 2008; Lea Guido interview; Dr. Pablo Cuadra, interview by author, October 2, 2008; Dr. Victor Pérez, interview by author, March 10, 2009.

they could, but because of the war, they just couldn't get to us all the time. The Cuban shipment kept us going."[416] Without invoices or inventories of shipments, it is challenging to estimate exact quantities of aid, but oral histories indicate that Cuba was committed to a substantial level of material donation for the duration of the Sandinista regime.

To combat equipment shortages or to provide health care services for which Nicaragua was unequipped, Cuba also committed to bringing Nicaraguans in dire need of complicated surgical procedures to Cuban hospitals for those treatments. Many sources spoke about this service, noting that a plane would leave for Cuba once a week with Nicaraguans in need of intensive treatment. The Cuban government would provide room, board, health care, and transportation free of cost. "That was one of the only good things, how they would take care of the sick and wounded like that," said Gabriel Pérez Rosales, a Nicaraguan teacher who in all other respects was highly critical of Cubans as a people and Cuban involvement in Nicaragua.[417]

Cubans serving on medical missions served not only as doctors and nurses, but also as educators and administrators. Cubans staffed positions at the medical schools and at training academies for nurses and nurse assistants. One of the first orders of business MINSA undertook in the aftermath of the Revolution was increasing the number of medical students studying in any one cohort. In order to do this MINSA first expanded the class size at the medical college in León. By December of 1979, that school had

416. Sister Sandra Price interview.

417. Gabriel Perez Rosales, interview by author, September 21, 2008.

enrolled a class of 500 students, a ten-fold increase over earlier class sizes.[418] Second, the Ministry founded a second medical college in Managua in 1982. Many Cuban doctors and administrators served long missions at Nicaraguan medical schools in order to provide enough teachers for these larger classes, expand the number of specialties the schools offered, increase the quality of the medical education, and administer an efficient degree program.[419]

Lastly, Cuban medical aid took the form most commonly imagined: doctors, nurses, and technical support staff worked in hospitals, health centers, and rural health posts, working directly with the Nicaraguan people. These Cuban doctors were not, according to the Cuban-Nicaraguan agreement, technically allowed to supervise Nicaraguan doctors, but outside of Managua, in practice, this stricture was widely ignored. Dr. Félix Sosa Mas recounted a story in which he worked as a medical resident in the hospital at Jinotega, a position that was subordinate to the attending Nicaraguan physician. Dr. Sosa found, however, that his attending physician often deferred to him, the Cuban medical resident, in matters of significance.[420] Miguel Angel Estupiñán, a Cuban nurse, commented that upon arriving at his post in Matagalpa, he immediately found the need to take charge of the ward in which he worked to ensure that medical best practices were followed.[421]

---

418. "500 estudiantes en Facultad de Medicina," *La Prensa*, December 2, 1979, 1.

419. Dr. Francisco Gutierrez interview.

420. Dr. Félix Sosa Mas, interview by author, March 11, 2009.

421. Miguel Angel Estupiñán, interview by author, March 13, 2009.

Despite the imbedded nature of Cuban medical work in Nicaragua, the Cuban government shaped the experience of its health workers in ways that emphasized their separateness from the Nicaraguan people at the same time that Cuban medical workers personally participated in creating social change at the local, personal level. Though the doctors and nurses working in Nicaragua lived in and engaged with the communities at health posts, teaching facilities, and in hospitals, they lived in separate quarters.[422] The doctors had almost nothing in the way of spending money; the Cuban government provided everything for them from food to clothing to equipment.[423] The brigadistas came and left on a fixed schedule - they worked in Nicaragua for a two year period and then returned to Cuba. The mission chiefs discouraged fraternization, and often required Cuban doctors to travel in pairs at all times.

This "together but separate" ethos enforced a paradigm in which the Cuban government tried to hold its workers both apart from and above the Nicaraguan people while at the same time standing in solidarity with the Sandinista government against hostile U.S. and counter-revolutionary actions. This position reflected Cuba's confidence in what by the 1980s was a well-organized mechanism of providing international medical aid. As highly organized professional teams, Cuban medical workers arrived with the understanding that they were to work rigorously, serving a higher revolutionary goal. Socializing with locals was subordinate to the task at hand.[424] The restrictive lifestyle

422. Felix Sosa Mas interview, Miguel Angel Estupiñán interview, Mario Zúniga interview.

423. Dr.Victor Perez, interview by author, March 10, 2009.

424. Dr. Geraldo Pais, interview by author, March 7, 2009.

conditions, however, also addressed Cuban fears of their medical workers defecting to a semi-capitalist society while serving abroad. These doctors were being temporarily deployed, not permanently relocated, so acculturation had to be curtailed.[425]

Cuba sent medical missions to Nicaragua and other nations out of a sense of revolutionary duty and in order to cement their intra-regional position as an alternative to the United States for foreign aid. Nonetheless, Cuba did perceive obvious benefits from deploying these medical missions. The service Cuban medical workers rendered during their service missions was invaluable to both MINSA and to the health and well being of the Nicaraguan people, but, as Julie Feinsilver writes, "There is little doubt that the chance to do internationalist service and to see firsthand what colonialism, imperialism, and capitalism mean for Third World peoples, tends to increase the revolutionary zeal of Cuban youth, whose relative apathy worries Cuban leaders. In medicine, internationalism has provided Cuban doctors with experience in tropical medicine and diseases of poverty long since eradicated in Cuba and has given them even greater pride in Cuba's own medical accomplishments."[426]

Cuban medical professionals who served in Nicaragua repeatedly referenced their belief that they benefited from the educational opportunities presented by foreign service. For example, the medical conditions Cuban doctors witnessed in Nicaragua, especially in rural zones, were educational in the extreme, and, for many doctors, a reminder of just how well cared for - in health terms - the Cuban population was. In the words of Cuban

425. Dr. Victor Pérez interview, Miguel Angel Estupiñán interview.

426. Feinsilver, 13.

doctor Félix Sosa Mas, "Look, in Cuba we didn't always understand how bad it was for people in other places. But when you arrive to your clinic at six in the morning and there are 150 people lined up for treatment, not just one day, but day after day for months and months and months, and you don't stop seeing patients even once to rest until late in the night, well, then you start to understand."[427] The end result for Cuban medical workers was an appreciation of a well-run and comprehensive health care system such as Cuba's, and - hopefully - an increased loyalty to the homeland that provided such care for its people.

The Cuban Experience: A Personal Story

When the first Cuban medical brigade arrived in Nicaragua, it found health conditions that would challenge the education and experience they had had in Cuba. When the first field hospital opened in Matagalpa, the team found that "hundreds of patients queued up for treatment day and night. Within one month the Cuban team had used up medicines they expected to last for three."[428] Many of the Cuban doctors and nurses were shocked by what they saw. Patients suffered from diseases that had disappeared from Cuba, such as polio and neonatal tetanus. Malnutrition made the symptoms of measles so severe that the Cubans had difficulty recognizing this as the same disease that, in their country, had been controlled through mass immunization and improved nutrition. Miguel Angel Estupiñán, a Cuban nurse who arrived in Nicaragua in

427. Felix Sosa Mas interview.

428. JMC Cruz, "La salud en la revolución," *El Nuevo Diario*, November 27, 1980, quoted in Garfield, 20.

1981, said, “seeing diseases like tetanus and measles, a ton of illnesses that you never see in Cuba, well, it was a shock. Some were so bad they didn’t even look like the pictures I’d seen. But it was really good for my experience. And beginning to cure them, well that was excellent.”[429]

For some, however, the experience was not only educational, but also somewhat traumatic. Several doctors have particularly vivid recollections of treating leshmaniasis, a flesh-eating disease also called “mountain leprosy” that was endemic to the Mountainous North. For many others, the memory of treating the war wounded, in particular women and children lacerated by bombs and grenades, still causes intense emotional pain. “It was all-consuming work,” commented Dr. Victor Pérez, a sentiment echoed by other Cubans interviewed for this project. “We saw patients, some in horrible conditions, at every hour of every day in 12-hour shifts, 24 hours a day. It was work, work, work with no rest, and some of it was so hard, especially the war wounds. It still causes me pain to remember some of the most serious cases.”[430] Nicaraguans also recall the intensity and dedication Cuban medical professionals brought to their work. “I tell you, those Cuban doctors and nurses,” commented Dr. Orlando Rizo, the former Regional Director of Health for Matagalpa, “the work they did was extraordinary. They did the sort of work that Nicaraguans wouldn’t do, and in places Nicaraguans wouldn’t go, like right into the war zones.”[431] That dedication to service and health provision, while admirable, was not

429. Miguel Angel Estupiñán interview.

430. Dr. Victor Pérez interview.

431. Dr. Orlando Rizo Espinosa interview.

without a personal cost.

Matagalpa: A Case Study

Health workers on Cuban medical missions had disparate experiences depending on where they were stationed in Nicaragua. Cuban teams in urban areas tended to be numerically large. Their work schedules were predictable, and a resident brigade chief controlled their social interactions with the community. Smaller teams and individual doctors and nurses were deployed into the interior and into war zones, where work habits tended to be more itinerant and situationally responsive than in urban centers, while daily life was much more integrated with the local community in which the health worker was stationed.

The brigade stationed in Matagalpa city offers a good example of what life was like within an urban Cuban medical mission. The first Cuban medical brigade arrived in Nicaragua on July 24, 1979 armed with a three-month supply of medicine and a fully equipped field hospital. Within 24 hours they had set up an open-air clinic next to the bombed-out hospital in Matagalpa, the central city of the Mountainous North, a two hour drive north-east of Managua. They began treating patients the next day. To house the sixty person team, the local Sandinista command center requisitioned a home for them, a mansion that had belonged to Nacho Araúz, a Somocista who had fled Nicaragua when the Revolution gained momentum.[432] For the duration of the Sandinista period, a team of health workers switched out every two years. About half of those sixty workers were sent

432. Mario Zúniga, interview by author, February 4, 2009; Dr. Noe Garcia, interview by author, February 6, 2009.

to other cities or interior communities, and from 1979 until 1990 Matagalpa housed a contingent of between thirty and forty Cuban health workers at all times.[433] After Trinidad Guevara, the old hospital in Matagalpa, was rebuilt, medical treatment moved inside the building, and in 1984 when the new Regional Hospital opened on a hillside on Matagalpa's outskirts, the brigade split between the Regional and Trinidad Guevara, which became a 24-hour health center.[434] Cuban doctors were also stationed around the city in each neighborhood's health clinic. They participated in sanitation and vaccination campaigns, going door-to-door in the communities with other Nicaraguan health workers, and operated bi-annual continuing education programs for doctors and nurses. Though according to the Cuban-Nicaraguan agreement no Cuban doctors were technically allowed to be the boss or supervisor of a Nicaraguan, in practice this stricture was widely ignored. Of the thirty specialties offered at the Regional Hospital, twenty-six of the positions were filled by Cubans, and Cuban nurses were often put in charge of entire wards when Nicaragua could provide only a staff of auxiliary nurses.[435]

The effect of this aid had an immediate impact on the lives of Nicaraguans in very personal ways. Norma Ochóa, a domestic worker from Matagalpa, stated that before the revolution she gave birth with a *partera empírica*, or self-taught midwife, just like every other woman she knew. When asked if she had noticed a change in health care during the 1980s, she responded, "Yes, well of course, I began to give birth in the hospital because

433. Dr. Noe Garcia interview; Dr. Virgilio Cisne, interview by author, February 11, 2009.

434. Dr. Noe Garcia interview.

435. Miguel Angel Estupiñán interview.

then the medical attention was better there. Because the Cubans had come, the Cuban doctors, there were so many of them and they were very good, and the medicines [they brought] were free. They helped us out so much, and… a lot of Nicaraguan doctors went to Cuba to receive better training."[436] While many health care workers spoke about the Cuban medical brigades in positive terms, the fact that an uneducated, apolitical woman from the campo, also identified the Cuban presence in Nicaragua as being beneficial to the health of the Nicaraguan people indicates the extent to which these medical missions shaped not only the development of a primary health care system, but also the life experiences of ordinary Nicaraguans. While there were, and still are, vocal detractors of the Cuban medical missions, the overwhelming response among informants was a positive one.

Cuban medical workers were far from being the only foreign health workers volunteering their services in support of the Sandinista government, but the nature of the Cuban experience differed dramatically from that of other *internacionalistas*. Volunteers from North America, Europe, and other Latin American nations came either alone or in small brigades, and stayed for periods ranging from two weeks to eleven years. Bearing letters of introduction, they were relatively free to come and go in Nicaragua. They could leave the country at short notice or extend their service indefinitely, but while in the

436. Norma Ochoa, interview by author, February 3, 2009.

country they were subject to the dictates of the Nicaraguan state, and were assigned roles within the auspices of the Ministries of Health, Agriculture, or Education.[437]

The Cuban brigade experience, by contrast, was organized in a quasi-military fashion, though participation was voluntary. According to Dr. Sosa Mas, "it was like this. Sometimes you wanted to do something - study a specialty, or see the world, or learn a new skill, so you signed up for these brigades, because good *compañeros* were rewarded for volunteering for service."[438] In Sosa's case, he volunteered for a mission in Nicaragua in the hopes that he might subsequently be permitted to study for a specialty in cardiac surgery. Others recounted volunteering purely to serve people less fortunate, and with a greater need, like the young nurse Miguel Angel Estupiñán, who came to Nicaragua at age 17.[439]

Once on a brigade, however, the medical professional surrendered all autonomy, a situation they were well trained to accept. As Katherine Hirschfeld notes in her book *Health, Politics, and Revolution in Cuba Since 1898*, "Cuban doctors receive years of

437. As broad and varied a group as the internacionalistas were, it is difficult to describe the work they did in any brief way. In the city of Matagalpa, for example, people came from all over and for varied time periods to volunteer in any number of capacities, from education to agriculture to health care. In the arena of public health, for example, a group of East Germans arrived in the mid 1980s and stayed for 6 months to build a water treatment plant. A Peruvian military doctor became a Sandinista military trainer at the behest of Tomás Borge, the Minister of the Interior, after which he worked at Trinidad Guevara in Matagalpa as a doctor. A Spanish midwife came to conduct a two weeks training for local midwives, and ended up staying for the rest of her life. The most famous of all internationalistas is perhaps a young American named Benjamin Linder who volunteered in any capacity he could find, be it juggling to entertain children or riding his unicycle through town to promote an upcoming vaccination campaign. He was killed in a Contra attack while inspecting a dam for possible repair work. Though many volunteers came and went rather quickly, the opportunity for internacionalistas to imbed themselves in the communities in which they lived and worked was profound.

438. Dr. Felix Sosa Mas interview.

439. Miguel Angel Estupiñán interview.

military training as part of their medical education - training that emphasizes hierarchy, rank, and unquestioning obedience to authorities."[440] The Cuban government sought to control every aspect of its brigadistas' lives abroad, from time of deployment, the nature of their work, their location, the provision of supplies for daily life (food, clothing, spending money, etc.), and even when and with whom individual health workers were allowed to consort, an effort that met with greater success in urban areas, and lesser in rural placements.

Medical brigades were composed not just of doctors, but workers of all ages and experience levels: general practitioners, surgeons, medical specialists, dentists, nurses, equipment technicians, and medical educators. Each health worker was subject to the command of a brigade chief, and the brigade typically lived all in one house, homes that are still known in communities around Nicaragua as *las casas de los cubanos*, (cuban homes). Norma Ochoa, quoted earlier in her appreciation for the Cuban medical workers, was still rather dismissive of them in light of their reluctance to become part of the community. "Yes, they were good workers, but you know, they always stayed within their own circle, lived in their house, had their own lives there, and just went to work and then back home."[441]

The rather cloistered existence of the Cuban medical brigades was partly due to their brutal work schedule, but was also a strategic move by the Cuban government,

440. Katherine Hirschfeld, *Health, Politics, Revolution in Cuba Since 1898* (New Brunswick, NJ: Transaction Publishers, 2007), 217.

441. Norma Ochoa interview.

which designed these social restrictions for two purposes. First, the rules were designed to protect its health workers from being attacked by anti-Sandinistas who were unfriendly to the Cuban presence in Nicaragua. Second, the rules were in place to prevent Cuban personnel from permanently defecting to capitalist or mixed-economy nations. Though the popular mythology of the selfless Cuban doctor is that he served, in the words of Dr. Orlando Rizo, "in the most rural and most dangerous places, where no Nicaraguan doctor would even go," in reality, the Cuban government prevented its health workers from extreme personal danger both in designating where they were permitted to work, and how their lives were structured within their service location.[442] It is true that Cuban doctors worked in the war zones and in the interior, but when the Contra war heated up and medical workers started dying in bombings and kidnappings, the terms of Nicaragua's agreement with Cuba allowed them to be stationed only at well-guarded military hospital installations or in urban areas.[443] For example, in Siuna, an extremely dangerous conflict zone in the interior, Sister Sandra Price said Cuban doctors worked in the town as well as Nicaraguans, and initially they went out into the campo, at least in the early years. "[But then,] because of the war, the doctors were forbidden to go out into the campo, it would've been too dangerous. And we did have a few instances where doctors who did go out were kidnapped by the Contra and some of them were killed… so the doctors were

442. Dr. Freddy Meynard interview; Dr. Francisco Gutierrez Reyes interview.

443. Dr. Geraldo Pais, interview by author, March 7, 2009.

forbidden to go outside of the town."[444] This restriction, then, was a valid response to the fear of losing health workers to Contra violence.

The other reason for the restrictions was to prevent Cuban health workers from trying to settle permanently outside of Cuba. To prevent this, Dr. Victor Pérez explained,

> We had a lot of restrictions. It was prohibited to walk alone, or with a non-Cuban that wasn't part of our mission. This was because it was wartime, and we could have been kidnapped. That was the theory. In reality, it was because they didn't want us to get too comfortable living in another country – they didn't want to lose the investment they put in us, so they didn't want us to fall in love or stay here. But many of us did anyway, those of us who married Nicaraguans.[445]

This belief was expressed repeatedly, both by Nicaraguans and Cubans, and reflects reality in the sense that a great number of Cuban doctors who served abroad did eventually defect from Cuba to another country. Dr. Sosa Mas estimated that of his brigade of forty Cubans, perhaps only fifteen or twenty still live in Cuba today.[446] Not all had stayed in Nicaragua, but over time around fifty percent settled in or defected to other countries, indicating that the Cuban government did have reason to fear losing its personnel and therefore implemented strict lifestyle restrictions on their medical brigades in Nicaragua.[447]

In spite of these restrictions and their training, however, Cuban medical brigadistas often stepped outside their designated role and formed enduring relationships

444. Sister Sandra Price interview.

445. Dr. Victor Pérez interview.

446. Dr. Felix Sosa Mas interview.

447. Ibid.

with individuals or the communities they served. It is revealing of a deeper humanitarian impulse that in interviews many of these so-called *militantes de salud* (health warriors) spoke about serving "with love in their hearts."[448] One doctor, Geraldo Pais, spoke with great conviction, saying, "I did [my service here] from my heart, to serve, out of my true commitment to humanitarian medicine."[449] Dr. Felix Sosa said that the only thing that kept him motivated in the most difficult days of epidemics, scarcity of resources, hunger, and shortage of personnel was a genuine care for the poor and sick. "Our work here in that time was tremendous, voluminous, and absolutely exhausting. We worked around the clock, with no rest, on call for whatever emergency might arise. It was 24 hour a day kind of work. We did it because we cared."[450] Though confined to collective living arrangements, forbidden to walk about the towns and cities alone, and moved from station to station depending upon the needs of the health care system, some Cuban medical workers still managed to form affective ties and build personal relationships with Nicaraguans.

These relationships took different forms and evolved in different ways. Many Cubans fell in love and married Nicaraguan women. In these cases, doctors and nurses met their future wives in the course of their work. Félix Sosa Mas married his surgical nurse, and Victor Pérez married the daughter of one of his chronic patients. Miguel Angel Estupiñán fell in love "at first sight" with a girl who attended the school two doors down

448. Dr. Geraldo Pais interview.

449. Ibid.

450. Dr. Felix Sosa Mas interview.

from the Cuban's house. "I used to see her walking past our house every afternoon," he recalled, "and one time I couldn't stop myself, I just called out to her. She stopped to talk, and we fell in love. Two years later we married right before I had to go home to Cuba, and she came with me."[451]

Less life-altering relationships took place in the exchanges of daily life and commerce. The owner of a small cafeteria near one of Matagalpa's medical clinics, said that she always liked it when the Cubans came in for lunch. "Mostly because their accents were so funny," she said, "and they were always good for laughing at themselves." She remembered one of her favorite stories, of a time they came in for lunch and one of the doctors said, in a typical Cuban accent, "*Señora, quiero una sopa de pesca'o.*" She asked him why they always contracted the end of their words like that, and the Cuban looked back at her, somewhat perplexed. "*Oh, sí? Pues, no sé. No me había fija'o.*"[452] In these simple moments of cultural exchange, laughter, familiarity, and falling in love, Cubans and Nicaraguans managed to break down some of the barriers that the Cuban government placed in the way of those relationships. In spite of the social restrictions placed upon them by the Cuban state, medical workers serving in Nicaragua managed to form relationships with the people they served on a professional basis.

451. Miguel Angel Estupiñán interview.

452. Anonymous, interview by author, February 3, 2009. The English translation loses the joke because the last words don't compress the way they do in the Cuban's accent. Nonetheless, the exchange translates as follows: "Ma'am, I would like a bowl of fish soup." His response to her query is: "Oh yes? Well, I don't know. I hadn't noticed."

Voices in Opposition

Though the majority of Nicaraguans interviewed for this dissertation generally approved and appreciated the work Cuban medical brigades did during the 1980s, it is worth noting the vocal minority that accuse, criticize, and blame Cubans for many of the problems with which Nicaraguans contended during the Sandinista period. Besides feeling that the Cubans isolated themselves deliberately from communities, some Nicaraguans felt Cuban doctors were high-handed and acted as if they believed themselves superior to their Nicaraguan counterparts.[453] Some blamed the Cuban medical presence for inhibiting MINSA's ability to deliver health in rural areas.[454] More broadly, some blame the Cubans for causing the Contra war, and others believe that their "medical work" was really a front for ideological indoctrination.[455]

While some Nicaraguans like Norma Ochoa, who tried to remain neutral, simply offered the observation that Cuban doctors kept to themselves, others attributed a more sinister purpose to the isolated living conditions of the Cuban medical brigades. "They thought they were better than everybody else, that they should automatically be the boss over Nicaraguans," commented Gabriel Pérez Rosales, a Matagalpan teacher and health brigadista. "The trouble with the Cubans is that they are arrogant, and they made a lot of people mad,' he concluded.[456] In fact, some Cuban doctors did feel frustrated with what

453. Gabriel Pérez Rosales interview.

454. Dr. Virgilio Cisne interview.

455. Anonymous Mulukukú peasant interview; Rafael "Don Payo" Hernández interview; Norma Ochoa interview.

456. Gabriel Pérez Rosales, interview by author, September 24, 2008.

they perceived as antiquated and inefficient practices in the Nicaraguan hospitals. "Well, we had to teach a lot of people a lot of new techniques and sometimes even educate them about how to cure diseases they didn't understand," said Cuban nurse Miguel Angel Estupiñán.[457] As in many cases in Nicaragua, one's political perspective colored his or her perception of a Cuban's attempt to educate or improve.

Some felt, especially in the hardest years of the Contra War, that the presence of Cuban doctors was a challenge to the effective delivery of health services to rural mountainous zones. One doctor, Dr. Virgilio Cisne, explained, "Look, at first I was okay with the Cuban doctors. Sometimes I'd have them over to my house for dinner because they were here, working hard, and the poor bastards didn't have even a few cents to spend on the basics." Then, he continued, as the Contra War got worse and the Sandinistas got more rigid and ideological, the Cubans got bolder in talking about their politics. "And I wasn't all right with that, because health, in my opinion, ought to be separate from politics, and the Cubans can't see it that way." He went on to explain that many Nicaraguans, trying to avoid taking sides in the conflict, would avoid going to the doctor if he was Cuban, even if the Cuban was the only doctor around. "Because of fear, you understand? Especially out in the country, the thought was, if you go to a Cuban doctor, the Contra would come in the night and take you for a Sandinista."[458] Dr. Cisne was one of several who spoke about this conflict of interests and blamed the Cuban presence for actually restricting access to health care in rural zones.

457. Miguel Angel Estupiñán interview.

458. Dr. Virgilio Cisne interview.

Lastly, the most die-hard anti-Sandinistas blamed the U.S.-backed Contra War on the Cuban presence in Nicaragua. As a result, some ingenious (if decidedly inaccurate) rumors spread rapidly in the countryside to discourage the peasantry from interacting with the Sandinistas and their Cuban allies. "If the Cubans hadn't been here in the first place, the United States never would have attacked us," an anti-Sandinista peasant from Mulukukú asserted. "Or if they had, the Sandinistas would have fallen a lot faster."[459] He went on to mention how one of the most malicious things the Cubans did was spread Communism. When asked how, exactly, they did that if the peasants wouldn't even talk to the Cubans, he asserted matter-of-factly, "It was those 'vaccines.' They said they were curing polio or whatever, but we knew they were really injecting people with communism."[460] I later confirmed this seemingly outlandish story with several other informants. Brigadista Rafael "Don Payo" Hernández shook his head sadly when I asked him about it. "It was ridiculous, they didn't even know what communism was, but they knew they didn't want any of it, and that it came with the Cubans."[461] Norma Ochoa, the housewife quoted earlier in this chapter, also confirmed the story, though she giggled. "Yes, that's what some of us thought." I asked her what she believed communism was, and she responded, "Well, I don't really know. I think it's that little pain you feel after you get an injection, right?"[462]

459. Anonymous rural Nicaraguan, interview by author, February 24, 2009.

460. Ibid.

461. Rafael "Don Payo" Hernández Hernández interview.

462. Norma Ochoa interview.

As evidenced by these anecdotes, Nicaraguan fears of or anger towards Cubans was not always based on facts, or even a clear understanding of the issues at hand. Nonetheless, they were damaging not only to the work Cuban and Nicaraguan health care workers were trying to do, but also to the reputation and legacy Cubans would leave in Nicaragua after the Sandinista years ended. Though there are those people who commit themselves to achieving a world in which all people have access to basic health care regardless of political belief, stories like these illustrate how social improvement programs continue to be captive to the politics of ideology.

Conclusion

Cuba's role in Nicaragua was reflective of the Castro government's commitment to ideologically motivated international aid provision. Over the years, Cuba has sent aid to myriad developing nations in any number of circumstances: military involvement, disaster relief, and technical support for governments whose ideology aligned them with the Eastern bloc nations. In no other country, however, did Cuban support come close to the levels it reached in Nicaragua over the duration of the 1980s. In 1987 alone, Cuban doctors in Nicaragua attended 856,000 patients, performed 7,163 major operations, and delivered 1704 babies.[463]

Cuba's foreign policy of supporting health care initiatives in Third World nations has drawn much well deserved praise over the years, but the effects of this policy are poorly understood. This chapter, the first to study the nature and impact of such medical

463. Feinsilver, 162.

aid in a donor state, teaches us something about Cuba's geopolitical goals and logistical fears, but also about how these missions affected the lives of both the Cuban medical workers delivering care and the citizens of the country in which they served. This chapter has argued that Cuba's extraordinary support for the development of a socialist health care network in Nicaragua was part of its Cold War foreign policy, the objective of which was supporting leftist governments against U.S. coercion and aggression.

Concomitantly, however, Cuba attempted - with greater and lesser degrees of success - to constrain the lives of its medical workers and prevent their integration with Nicaraguan communities for two reasons: one, to assert community superiority over the emergent socialist Nicaraguan state, and two, to prevent Cuban medical workers from defecting to other countries. There is, then, an imbedded contradiction between the global and even intra-regional assumptions about the intent of Cuba's deployment of medical missions as a tool of foreign diplomacy, and what the structure of this medical aid actually lent itself towards. Though the United States and much of the world assumed that the ulterior motive of these brigades was to spread communism, Cuba constrained the lives of its medical workers so strictly to the professional as to limit the potential for that outcome. In reality, Cuban medical professionals serving in Nicaragua had very little ability to encourage Nicaraguans to become communist. Writ large, the brigades were able only to proffer an example of how communism could provide a path to equality and opportunity for all. Their proximate purpose was simply to serve in their capacity as health care workers.

In the ongoing debate about transnationalism, internationalism, and regional

hegemony, the case of Cuban medical missions to Nicaragua is an excellent lens through which to examine these questions. For instance, the nature of the work would seem to fit the definition of transnational, as medical workers mixed with the Nicaraguan communities in which they were stationed. However, because of the lifestyle restrictions placed upon the Cuban brigadistas and the fear of Contra retributions among rural Nicaraguans, an effective stop-gap existed between the two cultures and populations that held them distinctive and apart from each other. It was, in essence, internationalism more than transnationalism (writ large), as the governments attempted to interrupt the mixing of personal lives and experiences with regulations and restrictions. The personal interactions, where they occurred, were transnational, but the Cuban government continually structured the experience in a way that pulled back from the personal, the interstitial, and the transnational, and reestablished the physical and metaphorical borders of nation and citizenship.

The irony of this scenario is that the West's great fear of international communism was that it would result in breaking down national borders, offering communist ideology as a unifying principle and a palliative for all ills. Yet in Nicaragua, it was Cuba, the communist state, that worked to maintain the integrity of border and national identity. So although the Cuban medical mission to Nicaragua had great potential to be a transformative transnational project, in reality, it ended up being an internationalist program that brought the concept of the nation into relief.

Chapter Five: In Solidarity: Americans and other Foreign Nationals in Nicaragua, 1979-1990

In September of 1984, Dorothy Granada, fifty-two years old, was on the verge of death. A dedicated participant in the peace and justice movement, she, her husband, and several other activists were thirty-seven days into a hunger fast to protest nuclear armament in Europe. Severely weakened and dehydrated, Granada had lost forty pounds, and her eyesight was beginning to fail. Her physician was pressuring her to end the fast before she ended up losing her life.[464]

That night a small group of supporters came to visit the fasters, as they did most evenings. They brought friends who had been down in Nicaragua recently on a fact-finding mission. Granada and the other fasters listened as they told them about the Contra War, how the U.S. was orchestrating a "low-intensity war," how badly it was hurting the Nicaraguan people, and how it endangered the Sandinista Revolution and all it represented. It wasn't the first time Granada had heard about Nicaragua, of course, but for some reason their story that evening struck a chord in her, and she spent most of the night thinking about all they had told her. Something about the idea of this new struggle appealed to Granada. Perhaps, she reflected, it was the allure of being able to take decisive action, and to reach out to the individuals affected by the U.S. policy in Nicaragua. The next morning, Granada turned to her husband and said, "If we survive this fast, I think we ought to go to Nicaragua."[465]

---

464. "Arms Race Protester Ends Five-Week Fast," *Ottawa Citizen*, September 14, 1983.

465. Dorothy Granada, interview by author, February 24, 2009.

Today, almost thirty years later, Granada is a Nicaraguan citizen, and a person of stature in health care communities around the country. She is the co-founder and director of the María Luisa Ortiz Women's Health Cooperative in Mulukukú, a small town in Nicaragua's mountainous north—what used to be the heart of the Contra War. When talking about what brought her to Nicaragua, and more importantly, what caused her to dedicate her life so entirely to a small community deep in the *campo*, she describes her decision in very clear terms.

> [Nicaragua] was the issue of our day. If I wanted to be active in the non-violent movement, I had to be here. I saw coming to Nicaragua as a non-violent response to the violence of the United States. It made sense to me that U.S. citizens came to accompany the Nicaraguan people and provide a partial barrier.[466]

Granada and her husband, like so many hundreds of Americans, put their beliefs into action. In so doing, they had a direct impact not only on communities and politics inside Nicaragua, but also, ultimately, on U.S. foreign policy.

The United States under the Ronald Reagan administration was outspokenly anti-Sandinista. Reagan and his advisors were on the extreme end of the anti-communist spectrum, and believed that stopping communism, socialism, or any progressive social revolutionary movement in Central America was critical to U.S. national security. As a result, in spite of persistent domestic opposition, throughout the eight-year Reagan administration, the United States acted to destabilize and overturn the Sandinista government.

466. Dorothy Granada interview.

As a proxy for the Cold War against the Soviet bloc, Nicaragua took the full force of U.S. aggression in its multiple guises. These measures included a destructive economic embargo, secret and illegal arms deals, planting mines in Nicaragua's main deep water port, CIA infiltration of Nicaraguan state apparatuses, and constant military maneuvers calculated to make Nicaraguans believe a declaration of war was imminent. Most destructively from an internal perspective, the Reagan administration gave full support, funding, and training for the Contra War.[467]

Public opinion in the United States was sharply divided throughout the 1980s on the topic of U.S. involvement in Central America. In particular, the fight against American funding for the Contra War became a cause célèbre. Celebrities like Bianca Jagger, Bob Dylan, and Martin Sheen threw their media might into the fight. Salman Rushdie published *The Jaguar Smile* about his experiences inside the Nicaraguan revolutionary state, and author Barbara Kingsolver issued a plea for an end to U.S. bombing of Nicaragua through her character Halimeda Nolina, (an agricultural volunteer) in her novel *Animal Dreams*.[468] The vast majority of those Americans who threw themselves into the fight against the Reagan administration's Nicaragua policy, however, were neither famous nor powerful. So who were they?

P.J. O'Rourke, the gimlet-eyed American satirist, visited Nicaragua several times during the 1980s, and each time, he encountered large numbers of idealistic American

467. For more on these policies, see Kinzer, *Blood of Brothers*, and Smith, *Resisting Reagan*.

468. Salman Rushdie, *The Jaguar Smile: A Nicaraguan Journey* (London: Pan Books, 1987); Barbara Kingsolver, *Animal Dreams* (HarperCollins Publishers, 1990).

citizens working for and with the Sandinista government. With his keen eye for humorous word play, O'Rourke eyeballed their generally shabby clothes and Birkenstock sandals, identified them as "lefties," and dubbed them "sandalistas."[469] The moniker, unfortunately, stuck.

There is little doubt that, due to their passion for social revolution and vocal opposition to U.S. foreign policy in Nicaragua, these U.S. citizens stood outside the conventional political and cultural American mainstream. To this day, in fact, some (though certainly not all) describe themselves as political radicals. The name *sandalista*, however, and the ridicule it implies, painted them as characters in a political burlesque rather than as serious, intentional actors on the world political stage. The Nicaraguans called them "*internacionalistas*," lumping all foreign volunteers into one category. Perhaps a better name for them, however, is "solidarity workers," because that name captures the core proposition of their presence in Nicaragua—to serve out of a sense of solidarity with a beleaguered revolutionary society that their own government was attempting to topple through violent, repressive, and less-than-straightforward means.

During the long decade of Sandinista rule (1979-1990), more than 100,000 American citizens traveled to Nicaragua. As Steven Kinzer somewhat disparagingly notes, "many were café radicals who traipsed to Sandinista rallies... perhaps hit a beach or two, and then returned home to preach about the glories of life in the revolutionary

469. P.J. O'Rourke, *Give War A Chance: Eyewitness Accounts of Mankind's Struggle Against Tyrrany, Injustice, and Alcohol-Free Beer* (New York: Grove Press, 1992), 58; After describing their dress and personal appearance (bedecked with red and black FSLN bandanas), he memorably wrote, "The effect was of a scout troop gone deeply, seriously wrong... earning merit badges in 'Lenin, 'marijuana,' and 'poor hygiene.'"

state. Others came as part of organized groups sponsored by churches and relief agencies."[470] A third group, however, has received little attention, either in the news media of the day or in academic writings since. This group was comprised of the long-term volunteers.

The long-term solidarity workers came for months and years at a time. They embedded themselves within communities, worked with and for government ministries. They resided in towns, in cities, on farming collectives. They were the ones who gave their compatriots in the United States the information needed to stage informed protests, to write letters and op-eds to newspapers, to author reports to members of Congress. They sent home newsletters. On return trips to the United States they went on speaking tours, making the reality of what the U.S. was doing known to a citizenry that otherwise would only have read the misinformed reports the State Department issued, or journalism based on those reports. Although non-partisan journalists did report from Nicaragua, the Sandinistas didn't win many friends among their ranks. In response to worsening conditions, the government became increasingly authoritarian, cracking down on dissent, imprisoning opponents of the regime, and becoming heavy-handed censors of the Nicaraguan press. Nevertheless, the Reagan administration's press machine was determinedly counter-factual, and in instances like the Eugene Hasenfus case or the murder of Benjamin Linder, the presence of long-term solidarity workers helped correct

470. Kinzer.

some of the more overt untruths the Reagan administration attempted to pass off.[471] In other words, they tried to reveal the truth about what the Reagan administration was doing, and furtively covering up. They wanted to make it possible for American voters to make informed decisions and take informed action.

In their own way, these solidarity workers played a critical role in the course of Nicaraguan and U.S. history during the turbulent 1980s. On the individual level, they were committed participants in the Sandinista social experiment. They were sometimes key contributors to the development of new Sandinista policies and practices. They helped raise money and equipment for development projects the Nicaraguan state couldn't fund. Most importantly, however, these individuals, collectively, were witnesses to (and sometimes victims of) the real-life human and social impact of U.S. foreign policy in Nicaragua during the Reagan administration. They were vocal, visible, and effective opponents to the type of warfare the U.S. government funded and promoted in order to destabilize and eventually topple the Sandinista government. Those who stayed many years in Nicaragua often became integral and respected members of Nicaraguan communities. And, importantly, they were participants in the daily process of sustaining revolution, building government, and creating social change.

471. Ann Souter, interview by author, November 2, 2008; Dr. Timothy Takaro, interview by author, October 24, 2008; Hasenfus was an American citizen and a CIA-employed independent contractor who, while flying a resupply plane for Contra armaments, was shot down by the Sandinista army and imprisoned in Nicaragua as an enemy combatant. Linder, a long-term volunteer working in the Mountainous North in the town of El Cuá, was killed in a Contra ambush while out inspecting a site for a future hydroelectric dam. For more on Hasenfus or Linder, see Kinzer, *Blood of Brothers*.

Their presence is illustrative of the social, ideological, and political complexity of the revolution in Nicaragua, as well as that of U.S. popular opinion, public debate, and policy formation. It is important to stress that they were not the only *internationalistas* in Nicaragua, nor were they alone in Central America, as solidarity workers also went to support revolutionary movements in El Salvador and Guatemala.[472] As solidarity worker Ann Souter noted, Nicaragua was a melting pot of internationalists. "The Swedes, Canadians, Spaniards, French, Mexicans, Argentines, Germans, British, Palestinians, Israelis were there. Every language in the world was heard in the streets... during the [Contra] war. They all congregated in Nicaragua."[473]

But just as the last chapter focused on the Cuban presence in Nicaragua in order to highlight Cold War relationships, so this chapter will focus mainly on the presence of U.S. citizens in Nicaragua during the 1980s and how their presence impacted both international politics and local health delivery in Nicaragua.[474] Where groups from other nations were certainly present in Nicaragua, none of them had to do what U.S. solidarity workers had to do in order to be there. They had to wrestle with what it meant to be an "American" when what "America" was doing, politically, violated their concept of fair play, justice, liberty, and democratic engagement. In short, U.S. solidarity workers had to

472. There was a pan-Central American peace movement to which these solidarity workers belonged.

473. Ann Souter interview.

474. Short defense of why contrasting US vs Cuban vols. No other group of solidarity workers had to do so, and most especially not the Cubans, whose very presence in Nicaragua was an extension of their Cuban-ness. Contrasting the nature of these two groups of foreign nationals, the experiences they had as health workers, the role of their respective homelands in shaping their experiences, and the work they did in Nicaragua highlights both the international and transnational importance of this period of time in Nicaraguan history vis-a-vis the Cold War.

either reject or, in some cases, forcefully redefine what it meant to be a United States citizen, and yet also part of a greater global community.

Given the nature of U.S.-Nicaraguan relations during the Sandinista regime, it is tempting to think of the United States as monolithic in its opposition to the Nicaraguan post-revolutionary state. To do so, however, would be a mistake. Perhaps if the study of history were only stories of nations confronting other nations, then such a characterization wouldn't be entirely inaccurate, but reality is much fuzzier than this.

U.S. involvement with the Nicaraguan state was multi-faceted and contradictory. Sensing the threat of "Communist incursion" into the Western hemisphere, the Reagan administration threw its weight behind the fight to overthrow the Sandinista government. The State Department and the C.I.A. engineered a ragtag band of anti-Sandinista guerrillas into the well-funded Contra Army, and negotiated with the government of Honduras to allow the Contras to make permanent camps on the Honduran side of Nicaragua's northern border. The United States hosted training camps, it provided armaments, it was intimately involved in organizing the leadership of the Contra, and steered many of the Contra's strategic and tactical decisions.[475] What's more, many times C.I.A. agents themselves executed "Contra" attacks (bombings, assassinations, kidnappings, etc). The U.S. military trained Contra soldiers in the tactics of torture, intimidation, and assassination. The United States Navy mined the harbor at Corinto, the most important Nicaraguan port on the Pacific. The C.I.A. maintained a high-wattage radio station on the Honduran border that broadcast around-the-clock anti-Sandinista

475. Kinzer, 137-143.

propaganda deep into Nicaraguan territory. American pilots like Eugene Hasenfus were used to deliver arms shipments, and the U.S. sent daily high-altitude surveillance planes that emitted sonic booms over Managua, as well as other blatant intimidation tactics.[476]

At the same time that the U.S. government was directly manipulating the armed resistance to the Sandinista government, however, American solidarity workers were working, in concert with international activist networks, to subvert the American government's efforts, to support the Sandinistas, and to draw both domestic and international censure upon the extralegal actions the U.S. government took in its efforts to take down the Nicaraguan government. This story—the transnational history of U.S. Americans' cooperation with the revolutionary Nicaraguan state—reveals much more than the typical "nation-state" history would about U.S.-Latin American relations, about the last years of the Cold War, about domestic politics in the United States, and about the careful negotiating the Sandinista government had to do in order to support the passionate Americans who supported them. It reveals that the United States was embroiled in a strenuous internal disagreement about the nature of their foreign intervention in Nicaragua.[477] Far from being one nation indivisible, in carrying out its foreign policy, the United States was a house divided when it came to Sandinista Nicaragua. This division was not an equal one—the government held much more power than its opponents—but this politically active and extremely vocal minority repeatedly confronted the Reagan

476. Kinzer, 125, 228-229, 289, 311-323.

477. So strident was the opposition that the Reagan Administration turned to extra-legal mechanisms to continue funding the Contra when the Congress passed the Boland Amendment, forbidding such support.

administration with challenges and obstacles, impeding progress in the government's foreign policy objectives. It also illuminates the delicate balancing act the Sandinista government had to undertake in the face of such division.

This chapter relies upon newspapers and written accounts of U.S. citizens living in Nicaragua during the 1980s, on interviews with ten American log-term solidarity workers, and on interviews with dozens of Nicaraguans who worked or lived with them in communities around Nicaragua. All of the solidarity workers interviewed lived and worked either in Matagalpa and the Mountainous North, with the exception of Melissa Smith and Maria Hamlin Zúñiga. The former worked on the Atlantic Coast, and the latter was based in Managua, but worked out in war zones throughout the contested territories. All of them worked as health workers or one kind or another.

As previously noted, not all solidarity workers worked in health care—many worked in education or agriculture, as well. However, the research for this chapter, in keeping with the theme of this dissertation, focused on those solidarity workers who did work in health care—either at the point of local delivery of service or at the Ministry level—at the Ministry of Health (MINSA) or its sub-department, the Division of Health Education and Communication (DECOPS). The focus of this dissertation is on health care systems in the Mountainous North of Sandinista Nicaragua, so this chapter focuses on solidarity workers who participated in health care planning, organization, or delivery in that region. Solidarity workers who diligently worked in the fields of education, engineering, or agriculture will not be discussed in the following pages, but they also

were part of the wider net of long-term volunteers who blurred the lines of citizenship and politics in the service of ideology and solidarity.[478]

This chapter argues that solidarity workers were critical "actors" in four ways. First, they were an integral cog in the persistently squeaky wheel of domestic opposition to Reagan's Nicaraguan policies. When the U.S. government pulled back from its covert funding of the Contra, it was largely due to the international and domestic scandals that cemented widespread public disapproval of CIA funding for the Contra.[479] Second, solidarity workers in Matagalpa and the Mountainous North were critical players in sustaining health programming that MINSA would otherwise have been forced to abandon as the Contra War intensified. Third, at the national Ministry level, solidarity workers in Nicaragua were helpful in developing revolutionary new public health education campaigns and policies designed to educate the rural and urban poor. Fourth, solidarity workers provided critical support for Continuing Medical Education in Nicaragua when MINSA had no resources left to devote to that effort. Because the Sandinista government recognized these four uses (and most particularly valued the first one), the Nicaraguan state apparatus by and large tended to tread carefully when dealing with U.S. solidarity workers, trying whenever possible to accommodate and assist them in whatever projects they wished to undertake.

---

478. For example, the famous case of Benjamin Linder will receive little attention in this chapter, as he was an engineer, and was killed while inspecting a hydroelectric dam in northern Nicaragua. Linder was a U.S. solidarity worker who was killed in an Contra ambush in 1987. His death made front-page headlines internationally, and highlighted Nicaragua's plight. For more on Linder, see Kinzer, Blood of Brothers. Also, numerous contemporary news articles are easily available through an online search.

479. Ben Linder's death, Eugene Hasenfus, Iran Contra, etc.

Who Were the Solidarity Workers?

It is tempting to try and fit the American citizens who became long-term solidarity workers in Nicaragua into categories, to describe them as certain "types," á la Kinzer or O'Rourke. On the surface, however, it is difficult to clump them into groups. Geographically, they came from all over the United States. In age, they spanned a range from recent college grads to 50-somethings. Some had Hispanic heritage; most did not. They were teachers, college professors, graduate students, computer programmers, doctors, lawyers, nurses, engineers, religious leaders, writers, agronomists, and more.

Underneath this surface-level diversity, however, lay commonalities of a broader nature. Whether they were from Washington, D.C. or Washington state, whether they were twenty-four years old or fifty-four, nurses or nuns, solidarity workers had the following in common: they were socially progressive, politically aware, and sufficiently free of burdensome responsibility at home as to allow them the ability to relocate their lives to another country on a long-term basis. Throughout the 1980s, many thousands of Americans found their way to Nicaragua to witness this social experiment and evaluate the conflicting reports issuing forth about the Contra War. Those fewer hundreds who stayed were inspired by the experiment of *sandinismo*. They were committed to repairing, in whatever small way they could, the wrongs they felt their own government perpetrated upon the Nicaraguan people, and willing to commit themselves so fully that they created meaningful and lasting relationships with Nicaraguan communities.[480] In 1987, many

480. The focus of this dissertation is on health care systems in the mountainous north of Sandinista Nicaragua, so this chapter focuses on solidarity workers who participated in health care planning, organization, or delivery in that region. Solidarity workers who diligently worked in the fields of education,

years after the heyday of U.S. enthusiasm for the Sandinistas, the *Los Angeles Times* reported that about 300 long-term American volunteers still lived in Nicaragua, working on "a variety of Sandinista projects," citing information from the Committee of U.S. Citizens Living in Nicaragua. They wrote, "Many are supported by grants from private U.S. agencies, peace groups and churches. At least 100 Americans are estimated to be in war zones."[481] Oral history estimates of U.S. citizens living in Nicaragua at the time are even higher.

Why Did They Go To Nicaragua?

The American citizens who went to Nicaragua went for one sole proposition, or at least a variation on a theme: to protest, through direct action, the Reagan administration's Nicaragua policy. In the words of Dorothy Granada, "That was the issue of our day. I saw coming to Nicaragua as a non-violent response to the violence of the United States. It made sense to me that U.S. citizens came to accompany the Nicaraguan people and provide a partial barrier."[482] Solidarity workers invariably encountered first-hand experiences with the situation in Nicaragua through the widespread network of the U.S. sanctuary movement and/or the U.S. Central America peace movement. The choice to take that next step – to actually relocate their lives, to dedicate themselves to supporting

---

engineering, or agriculture will not be discussed in the following pages, but they also were part of the wider net of long-term volunteers who blurred the lines of citizenship and politics in the service of ideology and solidarity.

481. Richard Boudreaux, "Linder's Death Heightens Zeal: 300 U.S. Volunteers Vow Sandinista Commitment," *Los Angeles Times*, May 2, 1987.

482. Dorothy Granada interview.

the Sandinista government and witnessing the excesses of extralegal military and paramilitary force the United States was using in trying to topple the Sandinistas – depended on the individual.

Most solidarity workers encountered the brutality of the U.S. funded Contra War and made a personal connection in one way or another. That personal connection led them to feel obligated to act. In the case of Ann Souter, a nurse from Davis, California, she went on a fact-finding trip to Nicaragua at the behest of her city council.

> When I cam back from that three week trip I was so appalled by American foreign policy that I decided I had to do something. It wasn't even really a choice for me; it felt like a duty or an obligation, but one that I really wanted to do.[483]

Similarly, Kitty Madden, a lay associate with the Maryknoll order, was teaching in Ann Arbor in 1984 when she attended a showing of the documentary film *Living at Risk*.

> At that screening I met Maryanne Jackman, who was traveling with the film, which was about her husband, Miguel Barrios and his family. He was the director of Agriculture in Matagalpa. What I saw there just really hit me hard, and I asked Maryanne, what can I do? And Maryanne was like, 'come and work with me in Matagalpa.' So I did, and here I still am today.[484]

These moments of awakening fueled solidarity workers' urge to act, to do something to undo the horrors of civil war and guerrilla warfare that the U.S. government fueled through its foreign policy.

---

483. Ann Souter interview.

484. Kitty Madden, interview by author, February 20, 2009.

Not all solidarity workers, of course, followed the same script. Unusually, for Melissa Smith, her personal involvement and commitment didn't happen until after she was already working in Nicaragua. In the year before she started medical school, Smith went down to the Atlantic Coast to visit her boyfriend, who was doing graduate research there. She became involved in health care delivery while in Nicaragua, and committed herself to doing what she could to improve health access, health delivery, and medical education.

> It was an intense moment to realize that my family's taxes were paying for the shrapnel I was removing from wounded Sandinistas. A powerful symbol. In one way or another when you'd have a baby die or a woman bleed to death in child birth, to the extent you could trace it back to lack of supplies or the impact of the war, it was important to be there as a witness and also be trying to do something about it.[485]

Throughout the 1980s, Smith threw herself into medical work in Nicaragua, working there during almost all of her time off between years of medical school and residency, even taking a year off of medical school to stay for a longer time.

Others were motivated by a religious or moral imperative. Sister Sandra Price, for example, was a nun in the order of Notre Dame de Namur in San Jose, California. She, along with the rest of her community, believed that the Sandinista Revolution represented a unique chance to bring about, in some sense, a new world order. She said,

> There was so much hope in the revolution. We believed that it would be a model for everywhere in the world. You know, the Kingdom of God had come. They asked within the congregation if there were any sisters willing to come to be here

485. Dr. Melissa Smith, interview by author, October 12, 2010.

> as a support for the revolution, because we knew there would be a reaction against the revolution from the United States and possibly other countries. We wanted to be able to reflect what was actually happening on the ground and to support what was happening in Nicaragua from within. So in 1981 we came, three other sisters and me.[486]

Sister Sandra and her compatriots worked in Siuna, at the far eastern edge of the mountainous north, in the very heart of the Contra War. For three years, the foursome worked with a local religious group, the Misioneras de Cristo, to help local communities navigate the dangerous territories contested by the Contra and the Sandinista Army. In 1984, after several grueling years, three of the nuns returned home for health reasons, but Sister Sandra stayed, and remains in Nicaragua even today. "We were in the middle of a war and I wasn't going to walk out in the middle of crisis," she said. "There was so much to do, and it wasn't going away because a designated date had arrived. People depended on me, and so I stayed."[487]

The lines between the religious and the political, however, often blurred when it came to ideas of social justice, non-violence, and the moral imperative to 'do something.' Organizations like The Council of Protestant Churches of Nicaragua (CEPAD), Witness for Peace, and others relied upon these blurred lines, and leaned upon them to generate action and recruit volunteers. CEPAD, for example, ran a tuberculosis clinic in Jinotega (about two hours north of Matagalpa), and they would tap into both medical communities and American Protestant networks to fill the position for two years stints. Justin and Maj

486. Sister Sandra Price interview.

487. Ibid.

StormoGipson (with their two young children), filled the CEPAD spot from 1985-1987.[488] Dr. Timothy Takaro and his wife, Dr. Susan Cookson filled the positions from 1986-1989.

While the Takaros were heavily involved in the Sanctuary Movement back home, it was a combination of this political involvement with the faith organization to which they belonged that made it possible for them to serve for years in the war zones of the mountainous north.[489] "It was a commitment to health care, and to taking the morally correct stance in the war, but it was also our commitment to the people we worked with that made it possible to stay, and to keep on staying, even when things were really bad," said Takaro.[490] The CEPAD doctors collaborated with Witness For Peace volunteers, hosted fact-finding delegations, and held letter-writing campaigns to friends and politicians in the United States in order to further their goals of bringing about a safer, healthier Nicaragua. In instances like this, the political and the religious merged, the religious origins of the project lending moral authority to the political aims of the volunteers.

In fact, the U.S. Central America peace movement of the 1980s was uniquely, and deliberately, both religious and political. The organization Witness for Peace (WFP),

---

488. Plans to interview the StormoGipsons were put on abrupt hold by the unexpected death of Dr. Maj Stormogipson in July, 2013. I have been unable to establish contact with Dr. Justin StormoGipson since then.

489. The Sanctuary Movement was a network of churches and social organizations that helped Central American refugees (mostly from El Salvador and Guatemala) escape to safety in the United States. For more on this, see Susan Bibler Coutin. *The Culture of Protest: Religious Activism and the U.S. Sanctuary Movement* (Boulder, CO: Westview Press, 1993).

490. Dr. Timothy Takaro interview.

mentioned above, is a good example of how this worked. Witness for Peace was a critical component of both long- and short-term volunteers' involvement in the fight to end U.S. interference in Nicaragua. It was, in the words of one solidarity worker, "the gateway drug of solidarity work. You came down for a two-week visit and ended up committed for the rest of your life. Most people I knew either entered solidarity work through WFP, or ended up working with them while in Nicaragua."[491]

Founded by Gail Phares (an ex-Maryknoll nun), Jeff Boyer (a former Peace Corps volunteer), and Gil Joseph (then a professor at the University of North Carolina – Chapel Hill) in coalition with religious groups and solidarity organizations around the country, Witness for Peace was a "prayerful, biblically-based, non-violent, and politically independent" organization that coordinated U.S. citizen visits of Nicaragua.[492] A network of around 40 full-time long-term volunteers lived in Nicaragua for many years at a time, and would receive delegations of WFP travellers and accompany them on two-week tours of the country.[493] The visitors would meet with Sandinista officials, visit communities, talk with Nicaraguan citizens, tour war zones, and see first-hand the violence orchestrated by the U.S.-backed Contras. Over the course of the decade, 4,000 short-term and 200 long-term volunteers went to Nicaragua with Witness for Peace. Over 40,000 people received its newsletter, and one million received fund-raising letters. Witness for Peace generated "a massive, grassroots domestic opposition to the [Reagan] administration's

491. Dorothy Granada interview.

492. Christian Smith, *Resisting Reagan: The U.S. Central America Peace Movement* (Chicago: University of Chicago Press, 1996), 77.

493. Dorothy Granada interview.

Central America policy."[494] It did so by focusing not just on the politics, but also on the religious morality of the issue, and by bringing the faces and words of those whom U.S. policy hurt directly into the public's view.

While a blend of religion and politics motivated most volunteers, there were others who came to Nicaragua exclusively for political reasons. Ann Souter went to Nicaragua "because the Davis City Council voted to send a group of Davis residents down to Nicaragua to study the situation. So I went." Heavily involved in the sanctuary movement, Souter had been more interested in aiding refugees from Guatemala and El Salvador, but said,

> What I saw in Nicaragua really impacted me. We saw the burned out cooperatives that had just been attacked by the contra, and people were dead and babies were crying. And one woman came up to me and asked, 'Why do you hate us so much?' The politics of what we were doing down there just made me so mad.[495]

She did not reach out to any of the religious or religious-political groups to find a place in Nicaragua; instead, she made personal connections with political leaders in Nicaragua to arrange her solidarity work. "I went to a meeting of UNAG [the *Unión Nacional de Agricultores y Ganaderos,* or National Union of Cattle Ranchers]. I marched up to the director [Chico Javier] and told him I wanted to stay and work. He said, go home. Raise $5,000 and when you come back we'll give you a job. So I did."[496] Souter stayed for

494. Smith, *Resisting Reagan*, 78.

495. Ann Souter interview.

496. Ibid.

many years under the auspices of UNAG in Matagalpa, training agricultural workers to be health brigadistas.

Likewise, Dr. Thomas Schlenker volunteered for reasons that were emphatically not religious, though in order to enter into long-term solidarity work he turned to a Jesuit priest to help connect him to the Sandinista government. "I'm not religious, and I don't think that the moral stance I took regarding Nicaragua had any religious overtones," he said. "As a doctor and as a human being, it just seemed imperative that I take action." Schlenker headed up a solidarity committee in Milwaukee, Wisconsin that sent shipments of medical supplies and drugs to Nicaragua several times a year. After several years of work on the aid committee, Schlenker realized that he really wanted to go to Nicaragua and work there for a while. In order to arrange this, he got in touch with a connection through that committee, Father Peter Marchetti, S.J., who had connections in Nicaragua. Marchetti got Schlenker a position at the *Ministerio de Agricultura* (Ministry of Agriculture, or MINAG), which in turn gave him an assignment to do medical assessments of the state-sponsored child care centers [*Servicio Infantil Rural* (SIR)] at the coffee, sugar, and other farming collectives. "Reaching out [through religious networks] was just the most straight-forward way to make that happen," Schlenker said, "so that's the route I took."[497]

The U.S. Central American peace movement was one where the religious and the political blended in a manner unique to the history of protest movements in the United States, and solidarity workers were no exception to that mixture of modes of engagement.

497. Thomas Schlenker, interview by author, August 6, 2013.

The moral imperative was a common experience, whether its roots lay in religious faith, humanism, or an idealistic sense of how governments and citizens should behave.

What Did they Do in Nicaragua?

All informants for this study worked in some capacity in health care while in Nicaragua. The scope of that work, however, mimicked the scope of solidarity work in general. That is to say, it was quite broad, from Ministry-level work to local delivery of services. Health-related solidarity workers worked on health delivery at the local level and accompaniment in war zones, as well as continuing medical education and popular education curriculum design. Some worked on their own, some through various Ministries, and some through international organizations.

At the Ministry level, Americans did not take on advisory roles like the Cubans did. Rather, they worked at jobs just like Nicaraguan citizens, or on special projects to which they were assigned. Tom Schlenker, discussed previously, worked on a Ministry-level special project when he undertook the pediatric medical evaluation of the SIRs on state-run and collective farms. This six-month project was organized and funded by the Ministry of Agriculture, which, according to the project goal, was going to take Dr. Schlenker's recommendations to make improvements in nutrition and health care for children at these centers.[498]

Maria Hamlin Zúniga, another American solidarity worker and long-term resident of Nicaragua, worked at MINSA'S Division of Health Education and Communication

498. Ibid.

(DECOPS) from 1981-1983, where she was part of a team responsible for preparing and working with the health brigadistas. Hamlin Zúniga recalled,

> There were some really great people in DECOPS at the national level but also really interesting people working at the local level. And during those years we trained over 30,000 health *promotoras*, which was a tenth of the population at that time.[499]

In spite of this statistical triumph, however, Hamlin Zúniga, a lifelong community organizer, felt frustrated with the work.

> I found it difficult to be sitting at the national level developing materials and workshops that would be sufficiently open that we could have the flexibility we needed at the local level. We're talking about people who are recently 'alfabeticized' and we're also talking about new health personnel, people who were being trained in a new way of looking at things, and with a new social conciousness. People tend to like recipes. But using the same materials to train people with different contexts at home was problematic.[500]

In 1983, she and a Nicaraguan colleague, Ana Quiróz Viquez, left DECOPS to establish the Center for Information and Health Advisory Services (CISAS) as a health education organization working in primary health care. With CISAS, funded by Oxfam UK, Hamlin Zúniga was able to go work in communities around Nicaragua and tailor each popular education campaign to the needs of each community throughout the rest of the decade. MINSA continued to use CISAS as an advisory tool.

499. Maria Hamlin Zúniga, interview by author, March 19, 2009.

500. Ibid.

While some Americans worked at Ministry jobs, however, the majority did not. Many nations that sent delegations and volunteer workers to Nicaragua had some sort of *convenio* (agreement) with the Sandinista government that would reduce their citizens' risk of being injured, kidnapped, or killed in war zones. As the Contra War worsened, Cuban, Mexican, Spanish, Italian, Swedish, and other delegations were restricted to living only in larger towns and cities if they were anywhere near the war zone, and were no longer permitted access to the campo of the Mountainous North.[501] By the same token, however, these war-torn territories of the campo were precisely where aid was most needed. Because U.S. solidarity workers were in Nicaragua against the wishes of their government, indeed, in direct action against the policies of the U.S. government, the United States had no convenio with Nicaragua to protect those citizens. American solidarity workers, therefore, were not restricted in where they were permitted to live and work.

In a bizarre twist of fate, then, in the hottest zones of the U.S.-orchestrated Contra War, American citizens were often the only solidarity workers providing assistance to these communities. Ann Souter recalled how this came to be.

> Well, all these internationalists were getting killed in land mines and by snipers and in accidents and what have you. One guy was a nurse from Spain who was killed, and there were two French guys and a couple of Germans who were killed by the Contra. The governments of these people were threatening to cut funding, you know, 'if Nicaragua can't protect our volunteers we're going to pull funding.' So in 1987 we were told we couldn't work in the war zone any more. And this guy who worked in the Casa de Gobierno was in charge of all internationalists in

501. Interviews with Sandra Price, Kitty Madden, Dr. Francisco Gutierrez, Mario Zuniga, Dr. Moisés Gonzales.

> the sixth region [Matagalpa]. He called in all the internationalists. Oh, and the internationalists were FURIOUS, just ENRAGED. The only internationalists who could keep working out in the war zone were the Americans and the Spaniards especially were ENRAGED and were screaming at this guy asking why can the gringos go out, and he said cause the American government doesn't give a shit! Oh, and they were furious at us, at the USA! So we continued to work, but I had to get a letter from the military that gave me permission to travel through the war zone, and I'd have to show the letter in the war zone and the craziest things happened out there. We could've been killed, we were in mine zones and there were ambushes. It was a constant adrenaline rush.[502]

After this decision, most Americans were alone at their outposts. Kitty Madden lived as a lone American on the state-run cooperative farm La Fundadora, in the conflict zone near El Cuá. Dorothy Granada became a long-term volunteer with Witness for Peace, where she itinerated delegations around Nicaragua for two years. After that, she moved to an *asentamiento* (internal refugee settlement community) where she had connections and began working at the health clinic there. Though Sister Sandra Price began working in Siuna as part of a team, by 1984 she was alone in one of the most dangerous areas of Nicaragua. One by one, even the other *Misioneras de Cristo* abandoned the project until it was just Sister Sandra and one Nicaraguan woman doing their accompaniment work.[503]

Drs. Tim Takaro and Susan Cookson, and before them, Drs. Justin and Maj Stormogipson worked at a CEPAD-funded tuberculosis clinic in Jinotega right in the middle of the war zone. Cookson also ran a women's health clinic in Jinotega. Takaro

502. Ann Souter interview.

503. The idea of "accompaniment" stems directly from the work of Liberation Theology in the aftermath of Archbishop Oscar Romero's 1980 assassination in El Salvador. The theory says that people of conscience should accompany others in their struggles, but not necessarily step directly into the line of fire or participate in armed revolt. An excellent discussion of this process and its impact on global health can be found in the Ford Program's series "Discussions on Development" at http://kellogg.nd.edu/ford/newsevents/DoD.shtml.

remembers their time in Jinotega as a time of community, hard work, and adventure, but also a time of living with extreme danger on a daily basis.

> It was beautiful, we really liked the mountains, but it was also scary doing the work we had to do going north. We had to do case-findings for TB. You have to identify all the contacts of TB patient, do testing on that whole network of people, get them plugged in to prophylactic treatment, and going out into the field to do vaccinations, that was more dangerous. We used Witness for Peace. Their delegations would go with us in yellow T-shirts and speaking loud English, and they formed a shield for us.[504]

Because the American solidarity workers were in Nicaragua without the protection of the U.S. government, they had to stick together for support and protection. Takaro and Cookson were part of the informal network of American health workers in the Mountainous North. Their reliance upon WFP groups was typical of these ad-hoc arrangements. Solidarity workers relied upon each other to take and bring packages and information back and forth to the United States, and to support them in any way necessary. Upon the tragic death of Benjamin Linder in 1987, Takaro helped pack his belongings to be sent back to the United States.

This informal network was critical to solidarity workers. Kitty Madden, who worked as a health brigadista on a coffee plantation near El Cuá (where Linder worked) talked about how critical the support network was. "It was important because out in the campo, even with all the people and all the work, you could start to feel kind of alone. It

504. Dr. Timothy Takaro interview.

was nice to know other people working for the same reasons you were, and that you had some support."[505]

How Did Nicaragua Utilize These Volunteers?

The United States never declared war on Nicaragua, never actually invaded Nicaragua's sovereign territory, but it was nonetheless at war with the Sandinista government. It was an unofficial, sub rosa conflict, but from Nicaragua's perspective, it was every bit as real as if the U.S. Congress had issued a declaration of war. Therefore, the Sandinista government had to tread lightly when it came to dealing with American solidarity workers. Not surprisingly, then, opinions on how the Nicaraguans treated the Americans varied widely.

From the governmental perspective, helping American solidarity workers stay in the country, allowing them to work with MINSA was a balancing act between necessity, hospitality, self-interest, and, potentially, letting the fox into the henhouse. "It was a tricky thing," said former Matagalpan Regional Minister of Health Francisco Gutiérrez Cardoso. "On the one hand, the gringos were here to help, and we needed that help. But on the other hand, the CIA was also here, so you wanted to be careful how you used them and how much you trusted them."[506] The advantages of having American citizens volunteering, bringing medicines, equipment, expertise, dedication, and much-needed cash donations into the health care system generally outweighed whatever doubts the

505. Kitty Madden interview.

506. Dr. Francisco Gutiérrez Cardoso interview.

Sandinistas entertained, and the solidarity workers themselves were constantly alert to who might be CIA and who wasn't.[507] In addition, the added benefit of the pro-Sandinista, anti-Contra publicity solidarity workers generated back in the United States tipped the balance.

Some solidarity workers felt more immediately welcome than others. Ann Souter described her experience in glowing terms.

> They were so open, you'd walk in and propose a project and you could do anything you wanted, your creativity could come out and work, and it was just an amazing time for young people to decide that they could do whatever they wanted to do.[508]

Kitty Madden corroborated this experience. "Everybody worked through MINSA, and they were glad to have us," she remembered.[509] Dr. Melissa Smith recalls going to Managua on behalf of CHRICA (the Committee for Health Rights in Central America) to organize a U.S.-Nicaraguan continuing education medical conference. She met with Carlos Jarquín, then-Assistant Minister of Health, and remembers getting an enthusiastic reception. "MINSA loved it, and gave us the go-ahead. We organized a good conference with lots of information exchange on both sides."

Not all Americans felt the same way about their experience in Nicaragua. Tom Schlenker, who did pediatric evaluations of SIRs for the Ministry of Agriculture, felt at the end like his work wasn't valued.

---

507. Ann Souter interview.

508. Ibid.

509. Kitty Madden interview.

> I went in to meet with the official I'd given my report to, and it was clear she hadn't read it, and didn't really have any intention of reading it. The six months of work I'd done felt kind of like a phony project they just made up to, you know, humor the gringo. And the thing was, it was good work, and they could've done a lot with the information to improve conditions for those kids.[510]

Not many former solidarity workers interviewed for this project had experiences as disheartening as Schlenker's, but others recounted smaller hassles and frustrations that had to do with their American citizenship (as well as general disorganization on the part of government offices and employees, something for which the Sandinistas became notorious). Ann Souter, as enthusiastic as she is about her work with the Sandinistas, still had moments of frustration. She and her comrade Mary Ellsburg had a truck that Ellsburg owned, but MINSA appropriated it. When they got a replacement, they were careful to put the title in the name of a Canadian NGO that MINSA would hesitate to antagonize, rather than having it in their personal names.[511]

Dealing with state police, border officials, or CIA agents was one reliably challenging aspect of life as an American citizen working in Nicaragua. Melissa Smith entered the country numerous times over the course of the years she worked there.

> When I went to the U.S. from Nicaragua I tried to dress as clean-cut and preppy as possible, but on coming back into Nicaragua I had to be really prepared. I had to look the part, so a little more shabby clothes, but it was also important to come with letters of support from solidarity networks that would allow me to enter easily and not be suspect. There were lots of CIA operatives coming back and forth.[512]

510. Thomas Schlenker interview.

511. Ann Souter interview.

512. Dr. Melissa Smith interview.

Ann Souter had an encounter with a CIA agent that, ironically, solidified her position with the Nicaraguans she worked with.

> I was sitting in the hotel in Matagalpa, Hotel Ideal, and was having breakfast, I'd only been up there a week or so, and I was by myself, and these three American guys came in and were sitting at another table, but one came over to me and said, "What are you doing here?" I was suspicious because of his approach, which was very hostile. No name, no nothing. I'm very suspicious by nature, plus I'd already been warned that the CIA was there and I should be careful, so when these guys approached me, I immediately thought, that's who these guys are. I repeated the question, "What's your name? What's your name?" He got disgusted with me and went back to his table and asked me to join him, but I said what for. Later that day I was on the road to Boaco, there is a huge dam, and there were three guys standing there taking pictures of the dam. And I said, "Hey those are the guys who tried to get me to join them." We took picture of the license plate, so when we got back to Matagalpa I was at Chico Javier's house and that night at eleven o'clock there was a knock, and it was the military police, wanting to talk to me. He says put on a bathrobe, the police are there, and I'm in the living room with Chico Javier and there's these two guys who present themselves as the police. I understand that these people approached you, yes, but the license plate you got belonged to the American Embassy and the person registered to it was the CIA agent there at the embassy. If this happens again, let us know. I said, "You're damn straight I will." Probably because of that episode I became part of the inner circle, they trusted me always.[513]

Inhabiting the interstitial space of a Sandinista-friendly American citizen in Nicaragua was full of challenges, both on the Nicaraguan and the American side.

What Impact Did Solidarity Workers Have on Health Delivery and MINSA?

In spite of the energy with which the Ministry of Health tackled the task of bring access to health care to the whole nation, the costs of the Contra War made doing so very

513. Ann Souter interview.

difficult. Not only did the military suck up most of the budget that MINSA needed, but the war exacerbated the need for health care because of the war wounded. Hundreds of doctors who could have attended communities around Nicaragua were instead attached to military battalions and installations. Instead of treating tuberculosis, administering vaccines, and setting broken bones, they operated on shrapnel wounds and gunshots.

Because the Ministry was so over-extended, they were heavily reliant on foreign aid and foreign aid workers to help them accomplish what they could. "MINSA couldn't have survived without international support," said Ann Souter. "All the ambulances and IVs and medical supplies came from foreign volunteers and governments." Supplies, equipment, and personnel indubitably were of great value to MINSA, and made it possible to promote health goals that otherwise would have fallen by the wayside.

Some of the most meaningful and lasting impacts were in the areas of actual health delivery, accompaniment, resource-gathering, and education. Volunteers like Kitty Madden, Ann Souter, Tim Takaro, and Melissa Smith were 'boots on the ground' providing health care and chronic disease management to war-torn areas that struggled to staff its health centers and clinics. Without the CEPAD tuberculosis clinic in Jinotega, TB would have flourished in the poverty, isolation, and unsanitary conditions of a war zone. Ann Souter was an indefatigable educator of brigadistas, and delivered much-needed materials and medicines to far-flung communities during her constant trips into the war zones. Melissa Smith took long trips into the interior of the Atlantic coast, delivering health care where there were insufficient doctors.

Solidarity workers also made substantial contributions in the area of medical education. Popular education for brigadistas and health workers was a common theme of many interviews conducted for this dissertation. As mentioned earlier, Maria Hamlin Zúniga helped pioneer these techniques at the Ministry level. Tim Takaro relied upon similar techniques locally in the Jinotega area. He and his wife used socio-dramas (a Freirian educational technique), funny cartoons, and even, memorably, an animated Disney film about diarrhea to help teach campesinos about the importance of good hygiene. "People just loved it," he recalled. "We'd go to rural areas and run the movie, and we had people coming from all over just to see this health video about diarrhea. It was a huge event."[514] When Hamlin finally started her own NGO, she worked with puppets to teach communities about health, about vaccines, and similar. Ann Souter and Kitty Madden both had vivid memories of the socio-dramas and posters they'd use in the field to teach basic health care techniques. "There was one poster, it was a bunch of soldiers with machine guns, but instead of shooting bullets they were shooting condoms. And the slogan said, 'Protect yourself!'"[515]

Ann Souter recalled the importance of teaching people to be kind and caring of others when you have power over them.

> You know, one of the terrible things about health care in Nicaragua was that people just did not treat the patients well. We had to make them see and feel how it felt to be demeaned and put down, we worked very, very hard to develop a social consciousness about treating patients as people with dignity and respect.

514. Dr. Timothy Takaro interview.

515. Kitty Madden interview; Ann Souter interview.

> Most brigadistas were campesinos who could barely read and write, very humble people, but once they were in a powerful position as a brigadista, they'd get this power trip. So we made them switch roles, play out different scenes to see how it felt on each side. They began to see psychologically how important it was to treat each other with dignity.[516]

Solidarity workers brought tremendous enthusiasm into their efforts to adopt popular education methods when working in communities, and those efforts paid off. In the research for this project, I met dozens of former Nicaraguan brigadistas, many of whom still use the popular education techniques pioneered during the 1980s, and still rely on some of the same materials.

Continuing medical education was another area where the efforts of solidarity workers augmented the programming offered by MINSA. For example, the colloquium that Melissa Smith organized in 1983 with CHRICA and MINSA became an annual event. In the Colloquia, 175 North American (U.S. and Canadian) medical and health professionals presented lectures, seminars, roundtable discussions and clinical teaching rounds to over 600 Nicaraguan health workers and professionals.[517] The result was not just an annual education opportunity, however. In an article published shortly after the second Colloquium, Smith wrote:

> Numerous U.S. participants have since returned to Nicaragua for longer periods to continue collaboration with Nicaraguan colleagues. Many have recruited U.S. colleagues for future academic and clinical work with Nicaragua. Institutional relationships have developed between U.S. and Nicaraguan medical schools.

---

516. Ann Souter interview.

517. Melissa Smith and Robert Drickey, M.D., M.P.H., "Education and Primary Health Care," *Möbius: A Journal of Continuing Education in Health Sciences* 5, no. 3 (July 1985).

> Many teaching materials for continuing education have been sent to Nicaragua from individuals and institutions.[518]

In order to address the longer-term educational needs of Nicaraguan doctors, the Colloquia organizers arranged "mini-residencies" in the U.S. for three Nicaraguan medical school faculty or senior residents for three months each. "[These] mini-residencies will take place at Einstein/Montefiore and Lincoln Hospitals, New York, and the University of California, Berkeley. Tuition will be donated by the above institutions."[519] These opportunities far exceeded what Nicaragua's MINSA was able to provide for its doctors, and enhanced the quality of medical care and medical knowledge available to at least a portion of Nicaraguan citizens. What's more, it also provided much-needed insight into third-world and conflict-zone medicine for North American physicians.

The Colloquia were obviously an achievement on a grand public scale, but other solidarity workers made invaluable contributions solely through accompaniment. In the campo around Siuna, for example, Sister Sandra Price and her Nicaraguan colleague were the rural communities' only access to health care. "We were the only civilians going into the mountains during that time," said Price:

> It was incredibly dangerous. Both armies were there. And we were the only people who weren't militarized that the communities saw. We did a lot of pastoral work, and we worked with health. Without really knowing what we were doing,

518. Ibid., 139.

519. Ibid.

> beyond *Donde No Hay Doctor*. We worked with the health leaders in the communities. What we were doing was bringing medicines in.[520]

As the war intensified, the government eventually forbade doctors to leave the town and go into the campo:

> Even the Sandinista doctors in Siuna were forbidden to go out into the campo because it was so dangerous. They issued this rule after several doctors had been taken by the Contra. Some were killed, some were kidnapped. It was just too dangerous. The doctors were forbidden to leave the town. So we were trained to carry all kinds of medicines and administer them.[521]

Because both the Contra and the Sandinista Armies occupied the territory, campesinos, regardless of where their political sympathies lay, literally could not risk making a trip into town for medicines or medical attention.

> There *was* medicine, because of the Cubans. But. Too many people couldn't get to it. The people would not come in, I mean they would NOT come in. It was just too dangerous. What would happen was the following: when you came into town, the army would stop you. Where are you from, what are you doing, what have you seen. And if you were remotely suspicious to them, they'd arrest you and put you in jail. And if you somehow got through that, on your way back home, the Contra would stop you. You've been to town. You've been talking to the army. You've betrayed us. And then they'd either kill you or kidnap you. So nobody moved. And the only way people would move was when every 6 months we (the other Misionera and I) would hold an assembly. And we'd work with the Contra and the government and get letters of permission, and we'd have these huge assemblies, and people would buy food and equipment, and they'd get medicine, because it was the only time they could get out of their communities safely. And then if they were stopped we'd go and get them out.[522]

---

520. Sister Sandra Price interview.

521. Ibid.

522. Ibid.

Price walked into the mountains every week, either accompanying a health worker or delivering medicines herself. She was often out in the campo for days at a time, going from settlement to settlement, watching for the Contra, trying to avoid being captured. Eventually, of course, she was kidnapped by the Contra twice, though she was released unharmed both times after several days of interrogation. Without Price's accompaniment, and particularly without the biannual assemblies she and her colleague arranged, the entire region around Siuna would have had even more difficulty getting vaccines and medicines than they already did.

Without the assistance of solidarity workers like Sandra Price, Tim Takaro, Ann Souter, Maria Hamlin Zúniga, and others, MINSA undoubtedly would have kept functioning, but on a much poorer level. Kitty Madden summed it up well. "They understood how important our support was. They were in charge, we had to work through them and with them, but we worked hand-in-hand."

How Did Nicaraguans View the Solidarity Workers?

Given the fraught position American solidarity workers inhabited vis-à-vis Nicaragua, the Sandinistas, the U.S. government, and the Contra War, it is unsurprising that Nicaraguans had conflicted feelings about their presence in Nicaragua. As with most things, personal experience and context had much to do with how each individual felt. As the decade progressed, the Contra War intensified the pressures on the Sandinista government. Independently of this pressure, the Sandinistas bungled many of their social programs and economic policy. Nicaraguans grew weary, impoverished, and

disillusioned. They looked simultaneously for somebody to blame, and somebody to rescue them.

In instances where an American solidarity worker provided useful support or services to a community, they were invariably warmly welcomed and made to feel part of the community. Kitty Madden, Dorothy Granada, Ann Souter, Sandra Price and others all recall feeling extremely attached to the communities they lived in. Indeed, three of the four mentioned above still live in Nicaragua. Granada is now a Nicaraguan citizen. Madden is considering becoming a citizen. Price has no intention of ever leaving. Justin and Maj Storomogipson returned to Jinotega every two years to visit their friends there.[523]

Outside of these close communities, however, feelings could run from tepid to red hot. In *Blood of Brothers*, Stephen Kinzer discusses what it was like to be an American in Nicaragua. "Being an American," he wrote, "meant that I was in a special category of outsiders, one loved and hated more passionately than most others." He recounts a story of being accosted by a produce vendor at her market stall.

> "You Americans, I can't believe how stupid you are!" she shouted at me…. "You come here for a couple of days or a week, you live in some nice hotel, and maybe you go up north to pick coffee for a day," the woman began, shaking her finger in my face. "Then you go home to your little solidarity group or your church group and tell everyone how wonderful the revolution is. You people are so blind! The Sandinistas are leading you around by the nose! You think everything looks so nice here, but we can't afford to eat in those places where you people eat. Poor

523. Dr. Maj Stormogipson, interview by author, March, 28, 2009; This was a brief conversation. I met the Stormogipsons at a hotel in Nicaragua and planned to interview them in more depth later. In the summer of 2013 while writing this chapter, we made plans to talk over Skype, but the unexpected death of Maj Stormogipson made that impossible.

> people are suffering in this country! We don't have food for our children, but you don't see that because the Sandinistas don't show it to you! Open your eyes! Don't keep telling lies! Don't be useful idiots!"[524]

Pro- and anti-Sandinistas go round after round with each other over who or what caused the economic disintegration of the Nicaraguan economy during the 1980s. Was it the Contra War? Reagan's embargoes? Sandinista mismanagement? The truth is likely some combination of all three, but Nicaragua is a politically polarized place, and for those who blamed the Sandinistas, American solidarity workers were an easy target – dupes of the regime that perpetuated the myth of the ideal revolution.

Ann Souter had an insightful reflection about Nicaraguans' feelings about American solidarity workers:

> My perception of Nicaraguans' feelings toward Americans was that they appreciated their help, but that they just didn't know how to show their appreciation. Once I got a call from Chico Javier, the president of UNAG, and he was out at an UPE and asked me to come pick him up. Well what happened to your driver, I asked him, and he said, he left me! So I got in my truck and went all the way out to pick him up, and he never said thank you." And this used to happen all the time. Internationalists used to complain all the time that they didn't appreciate us, but it's just that they were too busy trying to fight a war and they didn't know how to show their appreciation. Most people thought they didn't appreciate, they went home disappointed and disillusioned, but it was just that they didn't show how their appreciation. They didn't show it to each other, so how could they do it to internationalists?[525]

At times, however, solidarity workers did cause offense, even in the course of trying to be helpful:

---

524. Kinzer, 152.

525. Ann Souter interview.

> There were internationalists who caused terrible problems. Out in the campo the people were extremely clean and washed, and they might have been in rags and shoeless, but the internationalists would come in and they'd insult the cooperative people by not washing, and they stank like pigs. I had to intervene a few times with some of them, after Nicaraguans asked me to. I said, you're insulting the Nicas because you don't bathe. Wash yourself, wash your clothes, you stink like pigs.[526]

Solidarity workers, just as any group of individuals, ran the gamut, and their reception by Nicaraguans varied accordingly. In the above anecdote, although solidarity workers were the problem, it is worth noting that the Nicaraguans in question turned to another, more trusted, solidarity worker for the solution.

On the other hand, those Nicaraguans who worked with solidarity workers, who benefitted from their presence, or who blamed Reagan and the Contra more than the Sandinistas were often great admirers of the Americans who dedicated their lives to supporting the revolution. A Nicaraguan doctor who went into the campo accompanied by solidarity workers had nothing but praise for Americans working in Nicaragua. "Imagine me, a city boy who'd never sat on a burro, riding two weeks into the campo. And a tough little American nun marching along side me to protect me," reminisced Dr. Freddy Meynard. "I was really impressed."[527]

And of course, the Sandinista officials who courted the contributions of Americans, facilitated delegations of Americans come to tour the revolution, and valued the political advantage of having American citizens denounce the Reagan administration by working

526. Ibid.

527. Dr. Freddy Meynard interview.

in service of the revolution looked with favor upon American solidarity workers. Daniel Ortega, president of Nicaragua, said of Benjamin Linder upon his death in a Contra attack, "He did not arrive here on a plane that was loaded with weapons. Linder arrived on a flight loaded with dreams."[528] Ortega expressed himself perhaps more poetically than would a regular person, but this sentiment was nonetheless a widely held perception among Sandinista loyalists. Mario Zúniga of Matagalpa said of the U.S. solidarity workers, "They gave us hope. We knew that it wasn't just us fighting off the Contra attacks. We knew that they were helping fight the war with us, both by our sides here, and back in their own country."[529] Sentiments such as these are a fitting epitaph for a movement that purported to do exactly that – accompany Nicaraguans suffering under the results of U.S. foreign policy, support the Sandinista's social programs like health reform, and inform public debate in the United States about the impact of U.S. intervention in Nicaragua.

Solidarity Workers' Impact at Home

Solidarity workers were motivated to do the work they did by the firm belief that, no matter how you framed the argument, the United States was illegally waging war against Nicaragua, and as such, felt it their bounden duty, as U.S. citizens, to stand in opposition. The campaign they waged was a campaign of information. They wrote letters, they mailed out newsletters, they went on speaking tours back in the United States. They

528. Stephen Kinzer, "Nicaragua Village Mourns American," *The New York Times*, May 6, 1987.

529. Mario Zúniga interview.

applied for grants to fund more solidarity work and assistance. In short, they provided Nicaragua with what assistance they could, and they provided Americans at home with what information they had available to them.

They were closely linked to, and often supported by, the Central America peace movement in the United States, and that peace movement, in conjunction with the Sanctuary Movement, the Pledge of Resistance, CHRICA, ENCARN, The Nicaragua Network, Witness for Peace, and many other solidarity groups provided an almost non-stop flow of information, of protests, of press releases, and a ceaseless bombardment of letters and phone calls to members of Congress in an effort to stop the U.S. government from funding the Contras. It was a coordinated and concerted effort to force an end to the Reagan administration's extra-legal harassment of a victorious revolution and, after 1984, a democratically elected government that in no way posed a threat to the United States' sovereignty.

So what success did they have in stopping the Reagan administration? In the end, an honest verdict would have to say that they were not successful. The administration was, after all, successful in that the Sandinistas were unable to realize whatever capacity they had to govern in the face of constant "low-intensity" warfare. When they were ousted from power in the 1990 elections, it had at least as much to do with Nicaragua's war-weariness as it did with the Sandinistas' incompetence and mismanagement of government. But to look at it in such a black and white fashion obscures the many smaller victories that characterized their fight. The solidarity workers' contributions of information made enormous exposés possible, but they also undertook smaller actions

within their capacity as solidarity workers to harass the Reagan administration into stepping back from the Contra War.

The solidarity networks were relentless in their attempts to shed light on U.S. malfeasance, and because they had 'insiders' in Nicaragua to witness and report, they were able to spotlight glaring illegalities and untruths in the U.S. Nicaragua policy that otherwise would never have seen the light of day. Were it not for Americans stationed inside Nicaragua, for example, the fact that the CIA mined the port of Corinto (Nicaragua's most important harbor), damaging nine ocean-going freighters, might not have become the political firestorm it became for Reagan and for CIA Director William Casey. The Sandinistas were afraid to say anything for fear of scaring off whatever trading partners they still had in 1984, so it was left to the Americans to break the story, according to Stephen Kinzer.[530] "The reaction in Washington was…fierce. The episode did more than rhetorical damage to the Reagan administration's Nicaragua policy…. The same Congress that had approved $24 million in contra aid only a few months earlier now voted to reject President Reagan's request for $21 million more. Prospects for peace seemed to brighten."[531] Sadly, Reagan was not inhibited by the public censure, and turned to extra-legal mechanisms to fund his Contra War.[532] Nonetheless, the peace movement, informed by the solidarity workers, lobbed grenade after grenade at the administration,

530. Kinzer, *Blood of Brothers*, 229.

531. Ibid., 230.

532. The Iran-Contra Affair that followed involved secret arms-for-hostage deals with Iran in which part of the profits from the arms sale went to fund the Contra illegally. For more information, see Kinzer, 321-23, and 333-336.

hoping that something would stop them, and failing that, that at least the constant public pressure would slow or deter the most flagrant violations.

Solidarity workers themselves helped attract negative media attention to the Contra War through direct action, or when they themselves came under fire in Nicaragua. Though the 1987 death of Ben Linder is the most well-known event in which an American citizen was attacked by the U.S.-backed Contras, there were other such events. In 1985 a Witness for Peace delegation was kidnapped and held by the Contra. Among them was the long-term WFP volunteer Richard Boren. He was eventually released.[533] A year prior, the Contra had kidnapped Paul Fisher, an ambulance driver for MINSA and Witness for Peace volunteer.[534] He was held for two weeks, despite repeated press inquiries as to his status and whereabouts, before being released on November 1, 1987.[535] Solidarity networks released constant press releases to keep the issues in the eye of the public. Such media attention, emphasizing that American citizens were coming to harm, provided negative press and public scrutiny that the Reagan administration had to combat.

The other way the American solidarity workers attempted to impact U.S. policy was through direct action. For example, the Committee of United States Citizens Living In Nicaragua filed a federal lawsuit against the Reagan Administration in an effort to stop funding for the Contra, claiming that they had suffered physical, economic, and other

533. "Contra Rebels Kidnap 13 in Nicaragua, One an American," *Los Angeles Times*, March 4, 1988.

534. Steve Stecklow, "Officials In The Dark On Fate Of American Abducted By Contras," *Philadelphia Enquirer*, October 30, 1987.

535. "Contras Send Letter to Ortega," *Los Angeles Times*, November 2, 1987.

injuries from the war in Nicaragua.[536] The lawsuit was eventually dismissed, but it did let the Reagan administration know that the issue was not going away. The solidarity workers were prepared to fight on all fronts, federal courts as well as international ones.

Conclusion

The reality of solidarity work in Nicaragua during the 1980s is a story of citizenship, revolutionary fervor, dedication to justice, good intentions, complicated situations, messy relationships, and opposition to bully power. Stephen Kinzer, who served as the *New York Times'*s Nicaraguan bureau chief from 1983-1990, noted in his insightful history/memoir *Blood of Brothers* that "contradictions were probably all I was ever going to find in Nicaragua. My search for the truth of what was happening there would never be fully successful because in such a place there is always more than one truth."[537] The United States was itself involved in a sort of domestic propaganda war vis-a-vis the Sandinista government and what it meant for freedom, for capitalism, and for transparent democracy at home. Thus, the presence of CIA operatives on the one hand and solidarity workers on the other made for an extremely contentious and oppositional battle for the moral high ground. If one side of the debate found the volunteerism of solidarity workers noble, self-sacrificial, and meaningful, the other thought it idiotic, self-important, and sophomoric.

536. "The Committee of United States Citizens Living In Nicaragua vs. Reagan." U.S. Federal Court, D.C. Court of Appeals, No. 87-5053.

537. Kinzer, *Blood of Brothers*, 122.

Because both public opinion and the literature (both academic and popular) are so divided on this topic, interrogating the existence and impact of these solidarity workers is critical to changing the way historians have thought and written about the U.S. presence in Nicaragua. Although academic literature has repeatedly noted the presence of activists, doctors, church workers, journalists, and curiosity-seekers in Nicaragua, scholars have paid scant attention to the collective influence they wielded during this period. The few studies that have explored this topic have focused almost exclusively on the impact of the sanctuary movement in the United States, or the impact of solidarity organizations within the U.S.[538] Current studies often discuss U.S. intervention in Nicaragua in terms of imperialism and hegemony.[539] Historians of Latin America have tended to present the United States government as a monolithic dominating force, with Central American nations acting as more or less passive receptors of U.S. aid, business investments, and foreign policy decisions.[540]

This chapter considers the way long-term solidarity workers acted from within Nicaragua, individually and collectively, to disrupt U.S. foreign policy, often putting their lives on the line to protest U.S. military intervention in Nicaragua. It explores the formation of informal networks that solidarity workers relied upon in order to find and fund the work they undertook on behalf of Sandinista policy and Nicaraguan citizens. It

538. Keck and Sekink; Smith, *Resisting Reagan*.

539. Peter Smith, *Talons of the Eagle: Dynamics of U.S.-Latin American Relations* (New York; Oxford University Press, 2000).

540. Greg Grandin, *Empire's Workshop: Latin America, the United States, and the Rise of the New Imperialism* (New York: Metropolitan Books, 2006).

also examines the impact of volunteers who worked in health care in the Mountainous North and at the national level. Examining the presence and collective influence of U.S. solidarity workers in Nicaragua offers an analytic lens that focuses on a more nuanced and accurate history of this time period.

The premise of solidarity workers' presence in Nicaragua (and the services they offered to the Sandinista government), was fundamentally an active rejection of traditional concepts of citizenship. Instead, those solidarity workers re-defined for themselves what it meant to be a citizen. In contrast to the highly structured lifestyle and public interactions of Cuban medical brigades, for example, the U.S. solidarity workers, asserted their right as U.S. citizens to reject their government's position on Nicaragua and assert their own definition of what U.S. citizenship meant, vis-a-vis the Cold War conflict playing out in Central America. Importantly, they did not reject their U.S. citizenship. Rather, by claiming their citizenship, they elucidated an alternate U.S. political position and attempted to bring their country along with them. In light of their U.S. citizenship, these activists, whether politically, ideologically, or religiously motivated, used their physical presence and outspoken voices to create and sustain opposition to a U.S. foreign policy they wanted to end.

In addition to this small but significant role on the geopolitical stage of the Cold War, the solidarity workers, whether they worked in health, education, or agriculture, also had an impact on the delivery of social services within Sandinista Nicaragua. Health workers contributed from their own store of knowledge or their capacity to learn on the job. As a result, in very small communities, solidarity workers helped maintain the health

care delivery. At the national level they helped organize continuing education for medical professionals and influenced strategies for popular education. They fund-raised, recruiting donations for new projects or needed equipment. In short, their presence mattered at the local and on the international stage.

Conclusion

> *We achieved great things, but these things we achieved were precisely because many people participated, and even gave their lives for this work. We had so much international support, economic support, and technical support, but above all else, we had popular support.*[541]
>
> — Region VI Director of Health Dr. Orlando Rizo (1984-1986)

The elections of 1990 marked a sea change for health care in Nicaragua. Violeta Chamorro de Barrios, the leader of a political coalition party called the *Unión Nacional Opositora* (National Opposition Union, or UNO), was the new president of Nicaragua and the era of socialized medicine came to an end. A dramatic reversal of public health policy was underway, and many of the advances the Sandinistas had made were at risk of coming undone. These reversals only served to highlight the tremendous achievements in health that the Nicaraguan *Ministerio de Salud* (Ministry of Health, or MINSA) accomplished under the Sandinista regime.

The new neoliberal government immediately began privatizing health care with disastrous results. The era of free health care was at an end, and popular participation plummeted almost instantaneously. Thousands of brigadistas stopped their community work. Those who continued began insisting on remuneration. Many doctors reverted to private practice, and the two-year social service obligation for newly graduated physicians ended.

541. Dr. Orlando Rizo interview.

As a result, health indices suffered, both in rural communities and even in large hospitals.[542] Dr. Francisco Gutiérrez Cardoso, who served as Regional Health Director from 1982-1984 once again filled that position in 1994, when MINSA began realizing the depth of the problem and began recruiting seasoned hands to help right the ship:

> In 1994 we had a very high mortality rate for patients. In August alone, seventy newborn babies died just in the Regional Hospital [of Matagalpa]. Seventy! And they came to me and begged me to help them fix the problem. I didn't want to be the director, but it was horrifying, so I said I'd help. And in one month, by only buying soap so the staff could wash their hands, we cut the mortality in half to thirty-five. Which was still too high, but just by providing soap, we cut it in half.[543]

This deterioration of health indices came from two causes: first, a loss of popular participation and public involvement in the health sector, and second, a failure at the Ministry level to adequately budget and provision the health care system. Dr. Gutiérrez summed it up as follows:

> There was a lack of willingness. When the Frente lost, everything went to hell for public health. People stopped caring, stopped volunteering, stopped organizing themselves, stopped expecting improvements. In the 1980s, we didn't have soap because there was no soap, but people brought their own. In the 1990s there was plenty of soap, but no money to buy the soap because the budget for health was so low. And then, people didn't supply their own soap, because they didn't think that was their job any longer.[544]

542. Ibid.

543. Dr. Francisco Gutiérrez Cardoso interview.

544. Ibid.

Dr. Gutiérrez's story illustrates how truly extraordinary the Sandinista health care program was. No matter how bad circumstances got during the Sandinista years, with government support, popular participation, and international cooperation, health care still exceeded not only the conditions of the Somoza period, but also that which came after the neoliberal transition of 1990.[545]

Even dissident citizens and observers acknowledged the importance of what the Sandinistas were attempting to do. As Stephen Kinzer wrote, ""[The Sandinistas] were messianic, intellectually arrogant, and in many ways out of touch with the poor people on whose behalf they claimed to govern. Nonetheless, they were addressing social ills that had afflicted Nicaragua for generations."[546] Because of these good intentions, the Sandinistas could often count on the support of even those who disliked their governing style:

> Yes, there was so much participation as to shock you throughout the entire Sandinista period, but I want you to understand that when I helped out I was supporting the campaign, not the government. On a day like that, who wouldn't help out – better sanitation and vaccine coverage is a good thing for everybody.[547]

This willingness from both supporters and dissidents to participate and gird up the health care system was critical to MINSA's success during the 1980s.

---

545. Though health indices have improved after the low-water mark of the mid-1990s, that is largely thanks to the hard work of hundreds of NGOs and religious organizations that provide a patchwork quilt of charity care throughout the country.

546. Kinzer, *Blood of Brothers*, 136.

547. Dr. Johnston Serrano interview.

This dissertation has argued that the Sandinista government's health care reform and expansion programs were the signal triumph of the revolutionary government. The Ministry of Health struggled, as did every other Ministry, under difficult economic conditions and the destructive effects of the Contra War, both of which impeded delivery of services. Nonetheless, over the eleven years of the Sandinista period, MINSA by and large succeeded in maintaining improvements to baseline health indices, containing deteriorating conditions wherever possible, expanding and improving the curative health system, and enhancing the nation's primary health network through reliance on dedicated volunteer health workers.

Four elements contributed to this success. First, the Sandinista government put a priority on health care funding over education, culture, agriculture, and other government ministries so that the Army could care for casualties in the Contra War. Second, committed and dynamic leadership at the head of the Ministry of Health formed effective policies – and then successfully adapted those policies to manage deteriorating conditions over time. Third, Nicaraguan citizens maintained a high level popular participation in the arena of health throughout the decade, even among those citizens who dissented from the regime. And fourth, MINSA received a high degree of international cooperation (both governmental and non-governmental) for medicines, equipment, and personnel that helped keep their programming afloat even in the most difficult circumstances.

The five chapters of this dissertation take apart the Sandinista health care system and examine it from different angles. In doing so, they examine and analyze all four of the above-mentioned factors and, in the process, present a well-rounded look at what the

Sandinistas confronted in terms of heath car when they took power, what health care in Sandinista Nicaragua looked like at the Ministry level, how it functioned at the local and Regional levels, and how international aid played a role in health delivery and Cold War geopolitics.

The first chapter is both a history of Nicaragua and the history of health care in Nicaragua. It argues that the confluence of international political pressures has impacted Nicaraguan history for centuries; the fact that the Sandinistas found themselves at the nexus of a Cold War proxy battle was merely a continuation of a long history in which Nicaraguans attempt to forge their own path in the midst of international influence peddling and foreign power struggles.

The history of organized health care in Nicaragua is short and uncomplicated. No attempt at any kind of national health care system was even attempted until the twentieth century. Interventions by USAID and the Rockefeller Foundation encouraged the expansion of the limited infrastructure the government had built by the 1920s. Sporadic malaria control programs and hookworm prevention campaigns, spearheaded by U.S. organizations and military advisors, served little purpose from a national public health perspective. Under the leadership of the hereditary Somoza dictatorship (1936-1979), the dictators deliberately kept the Ministry of Health fractured, balkanized, and perpetually under-funded. Only government employees, the small middle class, and the elite had access to health care of reliably decent quality, a condition that kept these groups dependent upon the regime.

In the 1970s, the limited health infrastructure that did exist suffered as the Revolution gained momentum in Nicaragua. Somoza's National Guard bombed hospitals and health clinics, and murdered doctors who they believed were supporting the insurgency. By the time the Sandinistas took power on July 19, 1979, not only were health indices extremely poor, the health care system itself was in shambles. The new government would need to build a health care system from the ground up.

The second chapter focuses on the Sandinista Ministry of Health and its programming challenges, successes, and failures at the national level. During the 1980s, MINSA had three different Ministers of Health, each of whom led the Ministry through a period of distinct growth and progress. Dr. César Amador Kuhl was the first Minister, from July 1979 – July 1980. His administration focused on rebuilding and expanding the curative health network. In keeping with these goals, a building frenzy resulted in hundreds of new health clinics, five new hospitals, and the repair and rebuilding of several older hospitals. He also enhanced medical education opportunities for doctors, nurses, and nurse assistants.

In keeping with the ideological shift toward socialism and authoritarian rule in the Sandinista administration, in mid-1980, Lea Guido replaced Kuhl as the Minister of Health. Relying heavily on Cuban advisors, Guido oversaw a period of rapid growth and expansion of the preventive health care network. Under her leadership, MINSA recruited and trained thousands of health brigadistas to promote primary health within communities around the country, prioritized popular health education, and launched campaigns to improve maternal-infant health and vaccination rates throughout the

country. As economic and conflict conditions began worsening, these ambitious and expansive goals proved difficult to maintain. Increasing corruption and incompetence at the Ministerial level generated high levels of public discontent by the end of Guido's tenure.

In 1985, Dora María Tellez took the reins as the head of MINSA. In light of economic collapse, worsening conditions in the war zones, and public disapproval of MINSA's more egregious mismanagement errors, her goal was simply to contain the deterioration, rationalize the system, and enhance health indices wherever possible. In spite of the atrocious conditions under which Tellez's administration operated, the steps they took to control and improve health systems were effective. Tellez led MINSA in a program that slashed administrative overhead, decentralized power from the national office and placed more flexibility and control in the hands of the Regional offices, and encouraged better management of donations and resources.

At the end of the decade, MINSA had accomplished tremendous improvements to both health systems and health indices in Nicaragua. Diseases like polio, measles, and other vaccine preventable illnesses were greatly reduced (or, in the case of polio, entirely eradicated). Infant mortality rates had plummeted from 120 to between seventy and eighty per 1,000 live births. Both the curative and preventive health care systems were more developed than they had been in 1979. Most obviously, but also perhaps most importantly, Nicaraguans were, after eleven years, accustomed to having one national health care system and to the idea that health was a basic right that citizens could demand of their government.

The third chapter, then, turns to a local study of health care systems and health care delivery in Matagalpa and the Mountainous North. Relying heavily on seventy-five oral histories collected in this region between 2008 and 2010, this chapter describes how health reform impacted Nicaraguans' lives during the Sandinista period. It looks at how national and regional leadership decisions impacted health care in both urban and rural areas of the country, and how MINSA handled deteriorating economic and conflict conditions in war zones.

This analysis yields several conclusions about health care during the 1980s. First, the chapter argues that the Sandinista commitment to improving both the quality and the accessibility of health care for all Nicaraguans was serious, lasting, and effective. Second, after an initial surge in both the curative and the preventive networks, the difficulties with which the Ministry contended led to a divergence in impact between curative and preventive care. Especially in rural war zones, preventive care, with its reliance on volunteer brigadistas, became the backbone of the health care system while the curative system struggled under difficult wartime conditions. Lastly, this local study illustrated that, in spite of the reputation MINSA earned for generally good management, local and personal politics and conflicts sometimes impeded the effective delivery of health care, in spite of the Sandinista commitment to providing equal access to health care for all.

The fourth chapter highlights the role Cuban medical aid played in the Sandinista health care system. In spite of this international angle, however, the chapter maintains a local focus by examining what the Cuban health brigades meant to health care in Matagalpa and the Mountainous North. Cuba maintained a substantial presence in

Nicaragua from 1979-1990 as part of its ongoing commitment to promoting health care in struggling socialist nations around the world. This chapter, the first study of Cuban health brigades in their place of service, illustrates both the personal and the geopolitical nature of such an enterprise.

The Cuban experience in Nicaragua highlights several conclusions. First, it illustrates that while Cuba was certainly the dominant partner in this health exchange, both sides benefitted from having Cuban medical workers come by the hundreds to live and work in Nicaragua for two-year stints. Nicaragua needed the technical expertise, material support, and personnel provisioning that Cuban aid provided. Cuba, however, perceived benefits of both the ideological and practical variety. Ideologically, the very fact of the medical brigades' existence served as a sort of ongoing public relations campaign for the communist system, and formed part of Cuba's effort to oppose U.S. hegemony in Latin America. Practically, Cuban doctors and nurses benefitted from the continuing education they received by working in Third World health conditions.

Second, the study of Cuban medical missions in Nicaragua also illustrates that, at the local level, this belief that the brigades served to advertise the benefits of communism failed to carry through to quotidian interactions. Cuban medical workers, far from being walking propaganda machines that promoted Communism, as the U.S. and anti-Sandinistas feared, were instead kept relatively isolated at the Cuban government's insistence. As a result, Cuban medical workers frequently fell short of social and cultural integration with the communities in which they worked. Though there were significant gaps in enforcement, by and large, the Cuban government structured its brigades in such

a way as to curtail the experience to the professional and limit personal interactions. As a result, Nicaraguans' memories of Cuban medical workers are vague and overarching, rather than specific and personal, a dramatic departure from their accounts of other international volunteers.

The last chapter then turns to an examination of U.S. solidarity workers in Nicaragua, and explores both their work in health care and their impact on the geopolitical landscape of the Cold War. The long-term volunteers who sacrificed so much to live and work in Sandinista Nicaragua had a significant impact at both the local and the international level. At the local level, the work they did in health care had an impact on the communities with which they interacted. Whether serving as the only health brigadista in a small community, organizing a biannual cease-fire in Siuna for vaccination campaigns, or organizing continuing education symposia for doctors, they made a lasting impact within specific communities of Nicaraguans.

Internationally, these solidarity workers saw their presence in Nicaragua as a deliberate and public stance against the U.S. government's foreign policy vis-à-vis the Sandinista government, and its involvement in funding and training the Contra. They used their status as U.S. citizens to complicate the 'official history' the Reagan administration wanted to promote. By witnessing, experiencing, and reporting upon the immediate and direct impact of the U.S.-funded Contra War, they presented an alternate U.S. political position and attempted to bring their country along with them. In light of their U.S. citizenship, these activists, whether politically, ideologically, or religiously

motivated, used their physical presence and outspoken voices to create and sustain opposition to a U.S. foreign policy they wanted to end.

This dissertation is a unique and worthwhile addition to a limited (but growing) canon of academic literature on the Sandinista government and, in particular, on health care under Sandinista rule. Its use of oral history and new caches of previously unseen documents expands the information upon which previous studies of health care in this period have relied. The focus on local as well as national and international perspectives also expands what has previously been written on the topic. There is still tremendous room for exploration and inquiry into health care during the eleven year Sandinista government, but this dissertation constitutes a significant contribution to not just this specific area of study, but also to Nicaraguan history, and the history of public health in Latin America.

Illustration 1: Map of Nicaragua.

Illustration 2: Map of Matagalpa.

Bibliography

"500 estudiantes en Facultad de Medicina." *La Prensa*. December 2, 1979.

Aguirre, Reynaldo Manzanares. Interview by author. Matagalpa, February 5, 2009.

Anonymous (Matagalpa doctor). Interview by author. Matagalpa, March 7, 2009.

Anonymous (Managua taxi driver). Interview by author. Managua, September 24, 2008.

Anonymous (Matagalpa cafeteria owner). Interview by author. Matagalpa, February 3, 2009.

Anonymous (Mulukukú campesino). Interview by author. Mulukukú, February 24, 2009.

Araúz, Antonio. Interview by author. Matagalpa, March 16, 2009.

Araúz, Eddy Kuhl. Interview by author. Matagalpa, July 8, 2010.

Arévalo, Dr. Percy. Interview by author. Matagalpa, March 11, 2009; March 15, 2009.

"Arms Race Protester Ends Five-Week Fast." *Ottawa Citizen*. September 14, 1983.

Armus, Diego, ed. *Disease in the History of Modern Latin America: From Malaria to AIDS*. Durham, NC: Duke University Press, 2003.

Barrera, José Esteban. Interview by author. La Dahlia, March 6, 2009.

Belli, Gioconda. *The Country Under My Skin: A Memoir of Love and War*. Trans. Kristina Cordero and Gioconda Belli. New York: Anchor Books, 2003.

Bethel, Leslie, ed. *Cuba: A Short History*. London: Cambridge University Press, 1993.

Blandón, Yolanda Hernández. Interview by author. Matagalpa, February 18, 2009.

Bollag, Ueli. "Utilization of Local First Aiders in the Provision of Health Care for Prisoners by the International Committee of the Red Cross in Nicaragua." *Journal of Community Health* 10, no. 1 (Spring 1985):17-21.

Booth, John. *The End and the Beginning: The Nicaraguan Revolution*. Boulder, CO: Westview Press, 1985.

Bossert, Thomas John. "Health Care in Revolutionary Nicaragua." In *Nicaragua in Revolution*, edited by Thomas W. Walker, 259-272. New York: Praeger, 1982.

———. "Nicaraguan Health Policy: The Dilemma of Success." *Medical Anthropology Quarterly* 15, no. 3 (May 1984): 73-74.

Boudreaux, Richard. "Linder's Death Heightens Zeal: 300 U.S. Volunteers Vow Sandinista Commitment." *Los Angeles Times*. May 2, 1987.

Brown, Timothy C. *The Real Contra War: Highlander Peasant Resistance in Nicaragua*. Norman, OK: University of Oklahoma Press, 2001.

Cardenal, Ernesto, *Revolución Perdida*. Managua: Anama Ediciones Centoamericano, 2004.

Cardoso, Dr. Francisco Gutiérrez. Interview by author. Matagalpa, March 3, 2009.

Casa Materna de Matagalpa: Quince años al lado de las mujeres campesinas. No publisher listed. May, 2006.

Castillo, Emilia 'Milita' Matus. Interview by author. Matagalpa, February 18, 2009.

Castillo, Janeth. Interview by author. Matagalpa, February 19, 2009.

"CDS: Revolution in the Barrio." *Revista Envío*, Number 98. September 1989.

Centeno, Victorino. Interview by author. Matagalpa, March 14, 2009.

Chomsky, Noam. *Turning the Tide: U.S. Intervention in Central America and the Struggle for Peace*. 2nd Edition. Cambridge, MA: South End Press, 1987.

Chow, Eva Molina. Interview by author. Matagalpa March 5, 2009.

"Clausura Seminario de Salud." *La Barricada*. November 27, 1980.

Colburn, Forrest D. *My Car in Managua*. Austin, TX: University of Texas Press, 1991.

"The Committee of United States Citizens Living In Nicaragua vs. Reagan." U.S. Federal Court, D.C. Court of Appeals, No. 87-5053.

"Contra Rebels Kidnap 13 in Nicaragua, One an American." *Los Angeles Times*. March 4, 1988.

"Contras Send Letter to Ortega." *Los Angeles Times*. November 2, 1987.

Coutin, Susan Bibler. *The Culture of Protest: Religious Activism and the U.S. Sanctuary Movement*. Boulder, CO: Westview Press, 1993.

Crawley, Eduardo. *Dictators Never Die: A Portrait of Nicaragua and the Somoza Dynasty.* London: C. Hurst & Company, 1979.

———. *Nicaragua in Perspective: An Illuminating History of Nicargua's Past, its Domination by Two Generations of Somozas, and its Current Sandinista Rule*. New York: St. Martin's Press, 1984.

Cruz, JMC. "La salud en la revolución." *El Nuevo Diario*, November 27, 1980. Quoted in Garfield, 20.

Cuadra, Dr. Pablo. Interview by author. Managua, October 2, 2008.

la Curandera, Juanita. Interview by author. Matagalpa, February 21, 2009.

"Declaration of Alma Ata: Report on the International Conference on Primary Health Care." Geneva, WHO, 1978.

Donahue, John M. *The Nicaraguan Revolution in Health: From Somoza to the Sandinistas*. Boston: Bergin & Garvey Publishers, 1986.

———. "International Organizations, Health Services, and Nation Building." *Medical Anthropology Quarterly* 3, no. 3 (Sep. 1989): 258-269.

Easterbrook, Phillipa. "The Impact of Low-Intensity Warfare." *Journal of Public Health Policy* 11, no. 3 (Autumn 1990): 277-280

Elizundia Ramírez, Alicia. *Nicaragua, no somos dioses: colaboración médica cubana*. La Habana, Cuba: Pablo de la Torriente, Editorial, 2001.

Enríquez, Veronica Villatoro. Interview by author. Mulukukú, February 24, 2009.

Espinosa, Dr. Orlando Rizo. Interview by author. Matagalpa, March 21, 2009.

Estupiñán, Miguel Angel Estupiñán. Interview by author. Matagalpa, March 13, 2009.

Feinsilver, Julie. *Healing the Masses: Cuban Health Politics at Home and Abroad* Berkeley, CA: University of California Press, 1993.

de García, Flor de María Blandón. Interview by author. Matagalpa, February 3, 2009.

Garfield, Richard, and Glen Williams. *Health Care in Nicaragua: Primary Care Under Changing Regimes*. New York: Oxford University Press, 1992.

Gobat, Michel. *Confronting the American Dream: Nicaragua Under U.S. Imperial Rule*. Durham, NC: Duke University Press, 2005.

Grandin, Greg. *Empire's Workshop: Latin America, the United States, and the Rise of the New Imperialism*. New York: Metropolitan Books, 2006.

Griffin-Nolan, Ed. *Witness for Peace: A Story of Resistance*. Louisville, KY: Westminster John Knox Press, 1991.

González, Dr. Moisés. Interview by author. Matagalpa, February 12, 2009; March 12, 2009.

González, Lucila 'Chila' Mantilla. Interview by author. Matagalpa, February 3, 2009.

Gould, Jeffrey L. *To Die in This Way: Nicaraguan Indians and the Myth of Mestizaje, 1880-1965*. Durham, NC: Duke University Press, 1998.

Granada, Dorothy. Interview by author. Mulukukú, February 24, 2009.

Guardado, Enrique González. Interview by author. Jinotega, March 14, 2009.

Guido, Lea. E-mail message to author. March 16, 2014.

Guido, Lea. Interview by author. March 16, 2014. (Skype)

Gutiérrez, Dra. Flor de María. Interview by author. Matagalpa, March 16, 2009.

Gutiérrez, Margine. Interview by author. Matagalpa, February 20, 2009.

Hale, Charles. *Resistance and Contradiction: Miskitu Indians and the Nicaraguan State, 1894-1987*. Stanford, CA: Stanford University Press, 1994.

Heyck, Denis Lynn Daly. *Life Stories of the Nicaraguan Revolution*. New York: Routledge Press, 1990.

Haslam, Sara Tijerino. Interview by author. Matagalpa, February 18, 2009.

Hernández, Rafael 'Don Payo' Hernández. Interview by author. Matagalpa, February 18, 2009.

Herrera, Dr. Virgilio Cisne. Interview by author. Matagalpa, February 11, 2009.

Herrera, Marta Rosario González. Interview by author. Jinotega, March 14, 2009.

Hirschfeld, Katherine. *Health, Politics, Revolution in Cuba Since 1898*. New Brunswick, NJ: Transaction Publishers, 2007.

Jarquín, Carlos. Interview by author. Managua, October 14, 2008.

Joseph, Gilbert, Catherine LeGrande, and Ricardo Salvatore, eds. *Close Encounters of Empire: Writing the Cultural History of U.S.-Latin American Relations*. Durham, NC: Duke University Press, 1998.

Keck, Margaret E., and Kathryn Sekink. *Activists Beyond Borders: Advocacy Networks in International Politics*. Ithaca, NY: Cornell University Press, 1998.

Kingsolver, Barbara. *Animal Dreams*. HarperCollins Publishers, 1990.

Kinzer, Stephen. *Blood of Brothers: Life and War in Nicaragua*. .Cambridge, MA: Harvard University Press, 1991.

Kinzer, Stephen. "Nicaragua Village Mourns American." *The New York Times*. May 6, 1987.

Kuhl, Dr. César Amador. Interview by author. Managua, July 10, 2010.

Kuhl Arauz, Eddy. *De Abay a San Ramón: datos históricos de San Ramón*. Managua: Eddy Kuhl, 2009.

———. *Historia de la Catedral y datos históricos de la Iglesia en Matagalpa*. Managua: Eddy Kuhl, 2008.

———. *Matagalpa Histórica*. Managua, Eddy Kuhl, 2002.

———. *Matagalpa y Metapa: Aquellas Montañas Azules*. Managua: Eddy Kuhl, 2007.

LaFeber, Walter. *Inevitable Revolutions: the United States in Central America*. New York: Norton & Co., 1983.

"Lea Guido: Hay sectores inmaduros e incomprensivos." *La Prensa*. July 2, 1985.

López, Norma Ochoa. Interview by author. Matagalpa, February 3, 2009.

Madden, Kitty. Interview by author. Matagalpa, February 20, 2009.

Maldonado, Dr. Abél. Interview by author. Matagalpa, March 2, 2009.

Maldonado, Dr. Gerardo Mejía. Interview by author. Managua, October 9, 2009.

Martínez, Dr. Manuel. Interview by author. Managua, October 1, 2008.

Martínez, Eulogia Scott. Interview by author. Matagalpa, February 28, 2009.

Mas, Dr. Félix Sosa. Interview by author. Matagalpa, March 11, 2009.

"Mayoría con FETSALUD." *La Barricada*. November 1, 1980.

Membreno, Lea. Interview by author. Matagalpa, March 16, 2009.

Metzi, Francisco. *Por los caminos de Chaletenango con la salud en la mochila*. San Salvador, El Salvador: UCA Editores, 2003.

Meynard, Dr. Freddy. Interview by author. Managua, October 8, 2008.

MINSA "Plan de Salud 1980." Managua: Ministerio de Salud, 1980.

MINSA "Plan de Salud 1981." Managua: Ministerio de Salud, 1981.

MINSA "Plan de Salud 1982." Managua: Ministerio de Salud, 1982.

MINSA "Plan de Salud 1983." Managua: Ministerio de Salud, 1983.

MINSA "Plan de Salud 1984." Managau: Ministerio de Salud, 1984.

MINSA "Plan de Salud 1986." Managau: Ministerio de Salud, 1986.

MINSA "Plan de Salud 1987." Managua: Ministerio de Salud, 1987.

MINSA "Plan de Salud 1988-1990." Managua: Ministerio de Salud, 1988-1990.

Miranda, Isabel Sequiera. Interview by author. Mulukukú, March 6, 2009.

Montoya, Dr. Noé García. Interview by author. Matagalpa.

Morley, Morris H. *Washington, Somoza, and the Sandinistas: State and Regime in U.S. Policy Toward Nicaragua, 1969-1981*. New York: Cambridge University Press, 1994.

"Motel Primavera será Clínica Materno-Infantil." *La Barricada*. January 7, 1980.

"Nuevo hospital Regional en Matagalpa." *La Barricada*. September 24, 1984.

O'Rourke, P.J. *Give War A Chance: Eyewitness Accounts of Mankind's Struggle Against Tyrrany, Injustice, and Alcohol-Free Beer*. New York: Grove Press, 1992.

———. *Holidays in Hell: In Which Our Intrepid Reporter Travels to the World's Worst Places and Asks, "What's Funny About This?"*. New York: Grove Press, 1988.

Orozco, Dr. Miguel. Interview by author. Managua.

Paige, Jeffrey. *Coffee and Power: Revolution and the Rise of Democracy in Central America*. Cambridge, MA: Harvard University Press, 1997.

Pais, Dr. Geraldo. Interview by author. Matagalpa, March 7, 2009.

Peña, Ligia, "La salud pública en Nicaragua y la Fundacion Rockefeller, 1915-1928." *Revista de Historia* 22 (2007): 117-136.

Peña, Rodolfo, Jerker Liljestrand, Elmer Zelaya, and Lars-Åke Persson. "Fertility and Infant Mortality Trends in Nicaragua: The Role of Women's Education." *Journal of Epidemiology and Community Health* 53, no. 3 (Mar. 1999): 132-137.

Pérez, Dr. Victor. Interview by author. Matagalpa, March 10, 2009.

Pravia, Miriam Reyes. Interview by author. Matagalpa, March 16, 2009.

Prevost, Gary, "Cuba and Nicaragua: A Special Relationship?" *Latin American Perspectives* 17, no. 3 (Summer 1990): 120-137.

Price, Sister Sandra. Interview by author. Matagalpa, March 5, 2009.

"Problemas continúan en hospital." *La Barricada*. December 28, 1980.

Ramírez, Sergio. *Adiós, muchachos: Una memoria de la revolución Sandinista*. San José, Costa Rica: Santillana, S.A., 1999.

Reyes, Dr. Francisco Gutiérrez. Interview by author. Managua, October 24, 2009.

Rivas, Cándida. Interview by author. Matagalpa, February 16, 2009.

Rocha, Corina Centeno. Interview by author. Matagalpa, March 17, 2009.

Rodríguez, Rodolfo Aguilar. Interview by author. Matagalpa, February 12, 2009.

Rodríguez, Wilfredo Flores. Interview by author. La Dahlia, March 6, 2009.

Romero Arrechavala, Jilma. *Región Norte Central de Nicaragua: Matagalapa y Jinotega a través de su historia*. Managua, Nicaragua: Grupo Editorial Acento S.A., 2005.

Romero, Auxiliadora 'Chila'. Interview by author. Matagalpa, March 2, 2009.

Rosales, Gabriel Pérez. Interview by author. Managua, September 24, 2008.

Ruiz, Dr. Noé García. Interview by author. Matagalpa, February 6, 2009.

Rushdie, Salman. *The Jaguar Smile: A Nicaraguan Journey*. London: Pan Books 1987.

Saenz, Sergio. Interview by author. Matagalpa, February 19, 2009.

Schlenker, Dr. Thomas. Interview by author. San Antonio, TX, August 6, 2013.

Seigel, Micol. "Beyond Compare: Comparative Method after the Transnational Turn." *Radical History Review* 91 (Winter 2005): 63-90.

Sequiera, Gretel. Interview by author. Mulukukú, February 25, 2009.

Serrano, Dr. Johnston. Interview by author. Matagalpa, March, 2009.

Smith, Christian. *Resisting Reagan: The U.S. Central America Peace Movement*. Chicago: University of Chicago Press, 1996.

Smith, Melissa and Robert Drickey, M.D., M.P.H. "Education and Primary Health Care." *Möbius: A Journal of Continuing Education in Health Sciences* 5, no. 3 (July 1985): 134-154.

Smith, Dr. Melissa. Interview by author. Austin, TX, October 12, 2010.

Smith, Peter. *Talons of the Eagle: Dynamics of U.S.-Latin American Relations*. New York: Oxford University Press, 2000.

Soto, Betty. Interview by author. Managua, September 30, 2009.

Souter, Ann. Interview by author. November 2, 2008. (Skype)

Stecklow, Steve. "Officials In The Dark On Fate Of American Abducted By Contras." *Philadelphia Enquirer*. October 30, 1987.

Stormogipson, Dr. Maj, Interview by author. Matagalpa, March 28, 2009.

Stuart, Dr. Douglas. Interview by author. Matagalpa, March 22, 2009.

Takaro, Dr. Timothy. Interview by author. October 24, 2008. (Skype)

Téllez Argüello, Dora María. *Muera la gobierna: Colonización en Matagalpa y Jinotega, 1820-1890*. Managua, Nicaragua: Universidad de las Regiones Autónomas de la Costa Caribe Nicaragüense (URACCAN), 1999.

Tellez, Dora María. E-mail messages to author. March 14, 2014; March 22, 2014; April 17, 2014.

Tellez, Dora María. Interview by author. Managua, October 20, 2008; Austin, TX, February 22, 2014.

USAID, Health Sector Assessment For Nicaragua, 1976.

Uveda, Dora. Interview by author. Matagalpa, Febraury 20, 2009.

Vega, Guillermo Castellón. Interview by author. Jinotega, March 6, 2009.

Walker, Thomas W., ed. *Nicaragua in Revolution*. New York: Praeger Press, 1982.

Wolfe, Barbara L., and Jere R. Behrman. "Determinants of Women's Health Status and Health-Care Utilization in a Developing Country: A Latent Variable Approach." *The Review of Economics and Statistics* 66, no. 4 (Nov. 1984): 696-703.

Zeas, María Antonia Gonzáles. Interview by author. Jinotega, March 14, 2009.

Zimmerman, Matilde. *Sandinista: Carlos Fonseca and the Nicaraguan Revolution*. Durham, NC: Duke University Press, 2000.

Zúñiga, María Hamlin. Interview by author. Managua, March 19, 2009.

Zúniga, Mario. Interview by author. Matagalpa, February 4, 2009; March 13, 2009.