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# NICANOTES

By Nan McCurdy

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## The Best Health Care Money Can't Buy: Nicaragua's Free Universal System

*By Becca Renk*

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***clinic in Nueva Vida. The JHC-CDCA also works to educate visitors to Nicaragua, including through their hospitality and solidarity cultural center at Casa Benjamin Linder.***



***Since the Sandinistas returned to government in 2007, Nicaragua has built 24 new hospitals, with high technology equipment and medical specialists. Photo taken at Vélez Paiz Hospital by Jennifer Aist***

## **The Neo-Liberal Era: Pushed into Private Care**

**In the crowded waiting room, my eyes focus on the feet walking past: unpainted toes in sandals, work boots, pedicures and high heels. I am in the melting pot that is Managua's Fernando Vélez Paiz Hospital. Although it is a free public hospital, it is not just the poor who come here; it's one of the largest and best-equipped hospitals in**

**Nicaragua with a reputation for excellent service – even the wealthy seek care here.**

**State-of-the-art public hospitals – or indeed even ones that aren't actively violating basic hygiene protocols – are a relatively new phenomenon. During 16 years of neoliberal rule from 1990 to 2006, health care was effectively privatized. The public budget for medicines and materials was minimal and political will of the governing party in Nicaragua to provide quality care for free was nil. This led to extreme deterioration of the public care system with the result that patients were pushed to pay for care in the private sector.**

**Nicaragua's elite took advantage of the situation to make a hefty profit by building modern private clinics and hospitals. In this two-tier system, private hospitals were the gold standard and public hospitals became the last resort – and even there everything had a cost. Doctors often turned patients away for lack of gloves to examine them. When patients managed to be seen by a doctor, there weren't even basic medicines, so they were given prescriptions they couldn't afford to fill at a private pharmacy. Patients unfortunate enough to need surgery had to bring their own alcohol, gauze, sutures and family members who could donate the blood they would need. Laboratory tests, specialized treatments, and surgeries were so expensive that poor families effectively could not access the service.**

**Every family desperate to save a loved one's life would scramble to pay for private care to ensure they got the best attention available. For Nicaragua's poor majority, public hospitals became the place where you went to die...unless your family could afford to save you.**

**Fortunately, that is no longer the case. In today's Nicaragua, the best care can't be bought because it's available free of charge in the public health service. Unfortunately, Nicaraguans got so used to the unjust two-tiered system, that many families still believe they need to make economic sacrifices to seek out private care.**

### **"We Don't Have the Money"**

**The woman sitting next to me in the Vélez Paiz Hospital, Susana, is one of those people. She has dressed in her best clothes for the outing: a T-shirt and jeans skirt scrubbed clean on rocks and flip flops – she doesn't own a pair of sandals or shoes. Susana's husband Hilario holds a small backpack with their overnight supplies: a change of clothes, soap, and a comb. His button-up shirt shows faint lines where it was carefully folded – their house is one of just 0.7% of homes in the country still lacking access to electricity and they don't have an iron...yet. The government has recently slated their community to get connected to the grid.**

**This is the story of how Susana got to the Vélez Pais**

**Hospital. Our organization recently took a visiting medical delegation up to her village, the El Porvenir coffee co-op. We do regular clinics there because the co-op is located at a two hour walk from the nearest public health post, meaning its access to basic health care is difficult. At 8:30 pm Susana was the last of 89 patients to be seen by the doctors. At that point, we'd been working for six hours straight, half of that time using head lamps to see in the dark. Susana had been waiting since early afternoon and was crying in fear as she showed the doctors the ultrasound tests her daughter had paid for her to get into a private clinic four months earlier: the results showed a large ovarian tumor. The doctors called me in to explain to Susana that she needed to seek specialized care immediately.**

**"I can't," she told me. "We don't have the money. At the private clinic they said the tests I needed cost C\$2,000 córdobas [US\$55]. I haven't gone back because we can't raise that much money."**

**"Doña Susana," I said, laying my hand on her arm. "You won't pay anything. You just need to get to the public hospital."**

**Then I took a deep breath and remembered where I was, remembered that even with the private air-conditioned bus we had chartered, it had taken our group most of the day to get to the co-op, and we had walked the last 5 km up the**

mountain. I remembered how bewildering even the best health care system can be to those unused to navigating it, I remembered how important it is for those facing serious health issues to have someone to advocate for them.

“Susana, come to Managua,” I told her, “Let’s go to the hospital together.”

More than a decade ago, one of my best friends died of cervical cancer, which at the time was one of the biggest killers of Nicaraguan women of child-bearing age. Martha was beautiful, unapologetically bold, and had a singing voice that would bring tears to your eyes. She fought fiercely to live – she wanted to see her daughter grow up. Although I’ve had the joy and privilege of being godmother to her daughter, I’ve never gotten over the waste of Martha’s death. Cervical cancer is so preventable that no woman should ever die of it. Unfortunately, Martha didn’t get the care she needed; by the time it was discovered, the cancer had already metastasized and it was too late for her.

So today I’m at the hospital accompanying another woman facing the specter of cancer, hoping that it’s not too late for Susana. Fortunately, her chances were much better than Martha’s were.

## **Revolutionized Health Care**

**What has changed? Since the Sandinista government was voted back into power in 2007, Nicaragua has made a long-term financial investment in public health: over the past 10 years, social spending has gone from being 10% of overall spending to making up 57% of the country's budget.**

**This investment has led to the most extensive and well-equipped public health system in Central America. In 15 years, Nicaragua has built:**

- 24 new hospitals, with high technology equipment and medical specialists**
- 15 more new hospitals are under construction or planned.**
- 181 maternity waiting homes where rural women can stay two weeks before their due dates, are attended by doctors, and give birth in the hospital.**
- 190 natural medicine clinics, guaranteeing care with sensitivity to cultural identity.**
- 73 pain management clinics**
- 101 centers for people with special needs**
- Three prosthetics and orthotics workshops**
- 52 mental health clinics**
- Two addiction treatment centers**
- The first medical oxygen plant in the region**
- The second molecular biology laboratory in all Latin America**

- **National Centers for cardiology, diabetes, chemotherapy and palliative care and audiology and speech therapy**

**Investment leads to results. Over the past 15 years, Nicaragua has seen:**

- **Cervical cancer mortality reduced by 25%**
- **Home births reduced by 88%**
- **Maternal mortality reduced by 70%**
- **Infant mortality reduced by 56%**
- **Chronic malnutrition reduced by 46% in children under five.**
- **Chronic malnutrition reduced by 66% in children six to 12 years old.**
- **Average life expectancy increased by three years for men and women alike.**

**Access to specialized care has drastically changed – services such as chemotherapy and radiotherapy that were once only offered in the capital are now offered at regional hospitals. Prior to 2007, many surgeries were only performed by international brigades; now heart surgeries and kidney transplants are routinely performed by local doctors. Nicaraguan doctors became the first team in Central America to perform in-utero surgeries, and now regularly perform these surgeries at two different public hospitals.**

## **Family and community health care model**

**Nicaragua has a family and community-based model of health care with emphasis on prevention. This model relies on a network of 60,647 lay health care workers and volunteers who attend to patients in their homes and go door-to-door doing health education, mosquito eradication, vaccinations and census taking. These programs are extremely effective. For example, in just three weeks, this year's annual vaccination campaign applied 2.3 million doses of vaccines to prevent childhood diseases, flu and pneumonia as well as 1.3 million doses of anti-parasite medication and more than 720,000 doses of vitamin A to children aged one to six. Additionally, 94.6% of Nicaraguans aged two and up have been fully vaccinated against COVID-19 and 45.3% have received two booster shots. Thanks in large part to its community-based health care model, Nicaragua fared relatively well in the pandemic; the World Health Organization has reported that Nicaragua had one of the lowest rates of excess deaths during the pandemic.**

**Health fairs are another way that Nicaragua brings healthcare to communities, carrying out 950 such fairs per week. Additionally, 68 mobile clinics, made from converted trucks confiscated in drug busts, provide 1.9 million consultations per year. A new program is doing outreach in schools nationwide, testing students' hearing and vision,**

**evaluating students' speech, providing dental care and personal hygiene workshops, and vaccinating against COVID-19 for all 1.8 million students throughout the country.**

### **The Best Health Care Money Can't Buy**

**Considering the distance, she has travelled, Susana has been given a same day appointment with the gynecologist and orders for an ultrasound and mammogram. There are 40 women ahead of us in line, mostly pregnant women, others being seen for cryotherapy and colposcopies to treat precancerous lesions.**

**While Susana is in the exam room with the gynecological oncologist, Hilario tells me how worried he's been about Susana. "I told her, let's sell the pig; let's sell the horse to pay for those tests. We can replace the animals, but we can't replace you." Hilario shakes his head, "She wouldn't let me sell them."**

**I know why Susana refused: the pig is being fattened for Christmas, but not for their family. That pig represents a large portion of their cash income and will buy food and school supplies. The horse is invaluable as their transportation and is used to haul water and provisions; their lives would be so much harder without their animals. We're surprised when Susana comes out of the exam room smiling.**

**“I don’t have a tumor at all!” she exclaims. “They did an ultrasound and an exam and I don’t have any tumor. They told me to come back here next year for my checkup.”**

**Later, I asked a doctor why the first results showed a tumor – was the private clinic simply incompetent or trying to squeeze money out of a poor family desperate to save a loved one? They tell me that while fraud is not uncommon in the private health care sector, in Susana’s case, no one can say for sure if the erroneous results were due to negligence or maliciousness. Regardless, she and her family have spent four months worrying themselves sick for nothing.**

**On the way to the bus station Susana and Hilario are buzzing, effusive with their thanks and joking about the long trip back home; their relief is palpable.**

**In Nicaragua so many people suffered so much during the neoliberal years that society became scarred. Sometimes it still seems too good to be true – clean, modern hospitals with trained medical professionals for free? Really? Thanks to the Sandinista government’s political will to prioritize the poor and its Herculean efforts to modernize and expand its system, the best health care in the country is now free. Now families like Susana’s are beginning to believe it.**

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***Facebook post of a student at the UPOLI “shot” by police on April 18: he was not a student and had died at home of natural causes. There were no coup-related deaths this day.***

**As the new book Nicaragua: A History of US intervention and resistance points out, “suddenly the protests were no longer peaceful, with the protesters firing mortar rounds and lobbing Molotov cocktails.” A tsunami of social media**

posts, including hundreds about deaths that never happened, some using images of atrocities in other countries, gave the impression that “students” were legitimately using “homemade” weapons in self-defense (even though the weapons had been procured in advance, in industrial quantities). Meanwhile, wild allegations were made that the government was using drones to target students, had brought in Cuban snipers and was spraying protesters with lethal chemicals.

The second media assault came from Nicaragua’s “independent” TV channels, websites and newspapers, most of them recipients of US funding. One, La Prensa, once described by Noam Chomsky as “a propaganda journal devoted to undermining the government and supporting the attack against Nicaragua by a foreign power,” has received US money since the 1980s. All repeated the fake stories, giving them the gloss of authenticity needed to convince local people and the international media that, indeed, a government-led massacre of students was occurring. Articles in The Guardian, El País and The New York Times then focused on students and their “totally peaceful struggle.” Initially, the media assault was very effective: even Sandinista supporters admit that their faith was badly shaken. “We trusted our cellphones,” said one interviewed for Kovalik’s book; another recalled asking fellow Sandinistas “What about the students?”

**On the third day, April 20, the violence peaked. A mob of around 500, many brought in by bus, attacked the town hall in Estelí in a battle that left 18 police and 16 municipal workers injured as well as two deaths and many injuries among protesters. In Leon, an arson attack on a university killed a Sandinista supporter, Cristhian Emilio Cadena. In a sad irony, he actually was the first student victim of the protests.**

**Media disinformation had sent society into a tailspin of protest and violence which, within just six days, claimed over 60 lives on both sides, with hundreds more injured. Daniel Ortega acted to calm things down. He withdrew the planned pension reforms, the ostensible reason for the protests, and ordered a ceasefire by the police. He then invited the Catholic church to host a “national dialogue”, which Church officials agreed to but then repeatedly delayed. During two weeks of relative peace, three opposition marches took place without incident. Nicaraguan researcher Enrique Hendrix told us that he believed the combination of reduced violence and the delayed start of negotiations were deliberate tactics that gave the opposition time to consolidate its forces, turn key universities into centers of criminal operations, and begin setting up roadblocks.**

**When the dialogue finally opened on May 16, Daniel Ortega’s opponents made it clear that their only aim was to**

force his resignation (the pension reforms were barely mentioned). Student leader Lester Aleman told Ortega to his face: “This is not a table of dialogue. It is a table to negotiate your exit, as you know well. Give up!” Ortega’s reply was a further act of conciliation: ordering the police to stay in their police stations. The opposition’s response was to launch a new, bigger phase of violence, focused on the universities in Managua, but intensifying across the country as roadblocks controlled by armed rebels were erected on main roads and in many cities, taking advantage of the absence of police. Could they succeed in creating sufficient mayhem to force Daniel Ortega out of office and, even better, to leave the country?

*Next month’s article will show how, as the violence increased, support for the coup began to wane.*