

Crónicas  
**NO-FICCIÓN**



Guatemala's community  
healthcare defenders

”

Let

doctors

and nurses

know that

we can

demand

accountability

of them

“

Community Health Defender



Please cite this publication as follows: Oswaldo Hernández and Sandra Sebastián (authors), Louise Reynolds (translator). "Guatemala's Community Healthcare Defenders". No-Ficción and CEGSS. Guatemala, May 2017.

## **NO-FICCIÓN**

**Narrativa+Investigación+Datos**  
**Productora de Proyectos periodísticos**

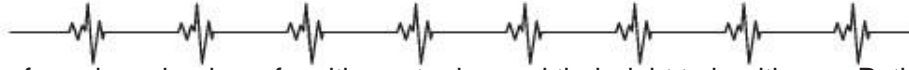
11 calle 7-51 zona 1. Edificio San Marcos,  
Apto 14. Ciudad de Guatemala, Guatemala C.A.  
(502) 2230 6664  
E-mail: [noficciong@gmail.com](mailto:noficciong@gmail.com)  
Web: [www.no-ficcion.com](http://www.no-ficcion.com)

## **CEGSS**

**Centro de Estudios para la Equidad y Gobernanza  
en los sistemas de salud**

11 calle 0-48 Zona 10  
Edificio Diamond, oficina 504.  
Ciudad de Guatemala, Guatemala C. A.  
  
(502) 2362-6689  
E-mail: [administracion@cegss.org.gt](mailto:administracion@cegss.org.gt)  
Web: [www.cegss.org.gt](http://www.cegss.org.gt)

## Guatemala's community healthcare defenders



Guatemala has no formal mechanisms for citizens to demand their right to healthcare. Patients have no way to hold public healthcare employees accountable. Negligence is met with impunity and silence. When there is no medicine available, patients are sent home in pain and empty handed. They get sick. Can citizens organize around this issue and come up with a different healthcare model? Over the past four years, over a hundred Guatemalans have joined the Network of Healthcare Defenders, which is fighting to ensure that healthcare is effectively treated as a human right.

By Oswaldo J. Hernández

Photos: Sandra Sebastián

Translated by: Louisa Reynolds

It's Tuesday, mid-afternoon. One or two drops of sweat shine on the forehead of retired police officer Armando Peláez. He also seems slightly annoyed. It's the look on his face once he reaches the health clinic located in the village of Santa María, in San Pedro Jocopilas, Quiché, and finds it's closed. All the doors are shut, the main entrance is locked with a padlock, all the windows are shut. It's closed. For now, there are no healthcare services available for at least six thousand people living in the vicinity. It's a remote village that doesn't appear in tourist guidebooks and its nondescript landscape fails to attract people who are not from the area. Peláez has driven along a dirt track for almost an hour to get here: a road that branches off from the intersection between the highway that connects the departments of Quiché and Huehuetenango, in Western Guatemala. The village serves as a sketchy border between the two departments made up of hills, dry forests, loose rocks and clouds of cough inducing dust.

Now, standing in front of the healthcare center, Peláez looks frustrated. He also looks tired. He licks his lips with a slight weariness and glances at the sky while he shields his eyes from the sun with one hand, a gesture that shows he is scrutinizing his surroundings. According to his watch it's 3:30 P.M. and Peláez objects: "It's not closing time yet. Not yet". He looks impatient even though he remains still, looking at his surroundings, making deductions and seeking an explanation. He knows that healthcare centers throughout Guatemala close every day at 4:30 P.M. After a few minutes, he smiles somewhat sarcastically and inquires about the whereabouts of the auxiliary nurses who work in this village in the middle of nowhere. This retired police officer isn't here to carry out a police investigation or anything of the sort in this far-flung healthcare outpost. That's not his job. Nevertheless, Peláez acts like a detective. Maybe it's become second nature to him after working for the police for so many years. Maybe a policeman

never loses his detective's instinct. Today, for example, he's wearing a vest, a sort of uniform that identifies him as a "community healthcare defender". He also carries a notebook, a pen, and a small table with indicators and codes he says he's using in order to launch a formal complaint against the Ministry of Health and Social Assistance (MSPAS). On this afternoon, he's complying with his surveillance duty. –In many places in Guatemala you're only allowed to get sick between 8:00 A.M and 4:30 P.M. Before or after that time it's more complicated. It's still an hour before closing time and patients have the right to come here and be seen but the clinic is closed, says Peláez. Then he writes something in his notebook. Peláez notices a sign on the door that says the two auxiliary nurses in charge of the clinic are carrying out a home visit in the community. That's how they justify their absence. "Patients will be seen at 3:30 P.M.", reads the sign. Considering the time, it



appears that promise will not be met. They haven't returned yet and it appears they won't return.

Peláez wants to go and look for them and talk to them. He says he needs to know what's going on at the healthcare outpost: how much medicine it has in stock, missing supplies over the past few weeks, what is needed in terms of infrastructure so that he can report this and he wants to enquire about the village's morbidity rates (the number of people who get sick at a specific time and place). He also wants to observe how home visits are carried out in the community. There's a rumor in the village that the healthcare outpost is providing a poor service. This is one of the reasons that encourage the retired police officer to

continue his work. He soon returns, making his way along the dirt track, where houses are separated by kilometers of wasteland.

After scouring the hills for half an hour, he gives up. Peláez knows the place and stops. He says it's pointless, that they won't come back and that it's impossible to supervise what the auxiliary nurses are doing when the village is surrounded by several other villages, which means looking for them is like searching for a needle in a haystack.

—It will soon be closing time. They won't come back. But I'll be back tomorrow...

The retired police agent has written everything down in his notebook.



Guatemala doesn't have many mechanisms to evaluate the quality of the service provided by public healthcare outposts and clinics. Auxiliary nurses, doctors, area coordinators and district directors work under practically no supervision. Maybe the closest thing to oversight is a sporadic talk or telephone call between the area director and the staff responsible for delivering healthcare services. With certain connivance between them, reports invariably state that everything's fine and that there are no problems. Patients who are mistreated in a healthcare center have no means of filing a complaint. They have no

means of complaining if they're not given medicine and are sent to the chemist with a prescription to buy medicine instead of getting it free of charge. There are no consequences for healthcare professionals who don't do their job properly. As a result, it's all too easy for everyone to do as they please.

In a sense, the relationship between a healthcare outpost and a community tends to be fragile. It's different from the relationship between the community and the local school, where parents have a board of directors that supervises the quality of the tuition their children receive. The community is not so closely involved in the relationship between nurses, doctors and their patients.

Nevertheless, for the past four years, at least 120 people have come together to oversee the quality of public healthcare services in five departments: Quiché, Alta Verapaz, Huehuetenango, Sololá and Totonicapán. They say that during the first few months they worked at a local level and started to produce results. Then they coordinated efforts at a municipal level and produced even greater results. The organization grew until it became present at regional level. Today, the group is known as the "Network of Community Defenders of the Right to Health" and it's already making its voice heard at a national level.

–We have to demand our right to healthcare. We often don't know our rights and if we don't know our rights we can't demand that they be respected – says Peláez. Most members of the Network of Healthcare Defenders have been elected by assemblies at a municipal level. The

network is present in 43 of the country's 340 municipalities. As they explain, thanks to their work, it's possible to ascertain the quality of the care provided at a primary and secondary level, which works most closely with families and is supposed to be responsible for the early prevention of all types of illnesses or for referring patients with complex health issues to national hospitals that are equipped with better resources.



It's around 9:00 A.M. on Thursday morning in San Pablo La Laguna's municipal hall, in the department of Sololá. Two doctors are restless, visibly upset. They mutter under their breath. They're surrounded by at least 300 people. The community has called them to voice a series of grievances. Murmurs can be heard. Some people look at each other while others avoid any type of eye contact. The atmosphere is fraught with nerves and tension.

Doctor José María Barrios, in the middle of the hall, is wearing his spinach-green surgeon's robe. From time to time he moves his hands, he tilts backwards, he places his hands on his knees and then raises them, he looks at the ceiling and the walls, clearly desperate. He looks as if he were trapped in a cell and were assessing his chances of escaping.

Barrios, who looks uncomfortable, says "it's all a waste of time". While he's here, being held accountable - which is unheard of in his experience - he says at least 20 patients are waiting for him and are not receiving the healthcare they need. This doctor works 24 hour shifts at

the clinic and in recent weeks he has been accused of mistreating several patients. "I've been working in San Pablo for nine years. All this time, no one has ever said anything. We are also human. Our work is stressful, we hardly get any rest, we get very little sleep, we see one patient after another. Sometimes we work all night", he says in his defense, sounding worried. He repeats this when it's his turn to speak and address the assembly.

Next to Barrios sits his immediate superior, Doctor Mayron Martínez, head of the district. Doctor Martínez is responsible for overseeing the healthcare services provided in the municipalities of Santa Cruz La Laguna, San Marcos La Laguna and San Pablo, in the department of Sololá. He's here to listen to people's grievances and defend Barrios.

They're both waiting for the representatives of the municipal authority and the Community Development Council (Cocode) to arrive. The meeting has become official.

San Pablo La Laguna is a small municipality located on the shores of Lake Atitlán. It doesn't have a municipal wharf, which means there's no tourism, hotels or restaurants. Public boats avoid the town altogether. Around eight thousand people live there. The town has a clinic that provides primary healthcare services and is responsible for running several of the government's technical and preventive healthcare programs.

The town has a doctor who works 24 hour shifts, two nurses, six auxiliary nurses, an inspector, a technician in rural



healthcare, two administrative assistants, a driver, a dietician, a laundry worker, a janitor and several data entry clerks. In total, there are around 30 members of staff.

Paulina Culum is the healthcare defender who oversees the clinic. Most of the time her countenance is severe, but exchanging a few words with her is enough to keep her smiling for the rest of the afternoon. Culum, with her vest, her notebook and pen is the main person responsible for this morning's proceedings in San Pablo's municipal hall. It's like an inquiry to hold the healthcare authorities accountable carried out by the community, from the grassroots.

–There's no need to be afraid. People don't speak up, they don't demand their rights because they fear reprisals. But we're talking about our rights. Doctors are not doing us a favor, they're here to do their job and we need to ensure they're doing it properly – says Culum.

Culum, together with another healthcare defender, Rosa Sojven, made all the necessary arrangements to bring the doctors to the meeting. She says a dialog is no longer possible. They spoke out. They sent written complaints. They wrote a letter to the area



director in Sololá. And their demands were met with silence. "For this reason, we thought it would be best to voice our discontent, as members of the network of healthcare defenders, to the doctors, their director and the community", says Culum. The members of the Community Development Council of San Pablo La Laguna, the municipal secretary and some councillors enter the hall. They look at the two doctors, they greet them, and Culum, standing on the stage, explains, in the Mayan Tz'utujil language, the community's grievances against Doctor Barrios and the way he treats some of his patients. The two doctors rely on an interpreter to understand what she's saying and what they're being accused of. Most of those present are women. They nod in agreement after each of Culum's sentences.

A few minutes earlier, Paulina Culum, who belongs to several women's organizations from the towns surrounding Lake Atitlán, had explained an important characteristic of the patients who use the public healthcare system. "Who do you think is in charge of taking sick relatives to the clinic?" She promptly answered: "Women. It's women who take children and the elderly to the clinic. They get prenatal checkups when they're pregnant. They take young children to be weighed and measured. It is women who know how the auxiliary nurses and doctors are performing".

The two doctors who are being grilled are indeed surrounded by some 300 women. All of them are their regular patients. The first to speak after listening to Culum is Doctor Martínez, head of the district. He walks hastily. From the stage, it is clear he is still rattled.

He says:

-We don't understand why you're trying to make up non-existent





problems. We've been working in San Pablo for years. We do what we can. But now there's this organization created by Mrs Paulina Culum and we don't know if there are political interests behind it. And it's questioning the standard of our work.

Martínez spends several minutes defending the clinic's performance as well as Doctor Barrios' and the nurses' performance. During his speech he looks visibly irritated even when he urges everyone to be sensible, cordial and reflective. When he addresses the Cocodes and councillors as well as the head of the district, he admits he feels "harassed" by the Network of Healthcare Defenders. The women who've filled the hall react and the murmuring becomes louder and louder. Several women raise their hands, demanding to speak.

Several women step onto the stage. "They're no longer afraid", says Culum. Gradually, over the course of one or two hours, the community voices a series of grievances against the clinic. The most serious complaints are the fact that most staff members are not from the community, they don't speak tz'utujil and were allegedly appointed as part of an exchange of political favors.

Doctor Martínez remains silent. Culum, somewhat surprised, watches the community's reaction and the reaction of the municipal authorities. This is the first assembly of this kind that has been called by the Network of Healthcare Defenders and Culum later says that she feels the community is behind her. "I'm not alone", she says, satisfied. –This is what the network's legitimacy is all about. This is

what we do. Advocacy work. So that the doctors and nurses know that the community can hold them accountable. But we're also here to support them if needed – says Culum before signing the minutes of the meeting, making it an official municipal issue.

That afternoon, Paulina Culum and two other defenders visit the clinic. It's a surprise visit. They interview the patients. They speak to Doctor Barrios, who treats them amiably. They will ask about the medicine in stock, the quality of the infrastructure, the quality of the service provided, statistics and anything that is needed. "San Pablo La Laguna's health clinic is operating at 60 percent of its capacity", Culum writes in her notebook.



Nothing was ever built in a day. Least of all a Network of Defenders that is already overseeing the public healthcare system in five departments and has 120 members, working independently from the MSPAS. There's a precedent. There's a history. People who have noticed faults in the healthcare service and the interaction between healthcare professionals and patients. A patient who demands his or her rights is also demanding his or her rights as a citizen and acquires recognition as a social and political subject. This breaks down the power asymmetry between doctor and patient. Doctors are no longer demigods that patients hand their bodies to, enduring pain, anxiety and suffering, and placing all their hopes in their knowledge and expertise. As journalist Verónica Ocvirk

wrote: "A doctor may not be Maradona, Messi or Mick Jagger but the recognition he or she receives at a community level is impressive".

Walter Flores is a researcher who has specialized in the development and evaluation of Healthcare Systems. He has worked on this issue for over a decade for a variety of international organizations such as the United Nations (UN). He is the director of the Center for the Study of Equity and Governance in Health Systems (CEGGS), an organization based in Guatemala. He is of average height, dark skinned, with broad shoulders. He's sharp and vivacious. And he started all of this. Together with 14 specialists in public healthcare, political science, anthropology, social work, law and information technology, Flores came up with the idea of creating a network of citizens focused on demanding their right to healthcare.

–In remote areas, most people have no other choice but to use the public healthcare service. There are no private clinics or hospitals where people can go. We're talking about social exclusion. The state has to guarantee people's right to healthcare but in many places where the roads are in a bad state, the service is deficient and no one oversees the quality of the service provided – says Flores. The CEGSS has provided the Network of Healthcare Defenders with training on legal issues. Initially, the CEGGS also sought out the leaders who could take on this responsibility. The hardest part was finding individuals who didn't belong to a political party. Another difficulty is the fact that this work is voluntary. "The defenders are patients, they're people who use the healthcare services. That's the great advantage. That's why it's so important for the community

to take an interest. Up until now, no one carried out this type of oversight", says Flores. While the MSPAS tries to meet, with great difficulty, the needs of every clinic, providing enough medicine and putting together indicators for each region, the truth is that a public official sitting behind a desk in Guatemala City cannot understand each community's particular context. Flores says the members of the network know the villages, the hamlets, the people who live there. It's easier for them to compile information on people's specific needs in terms of healthcare and to act as mediators between the local population and the MSPAS. Public policy should adapt to the culture of each place and not the other way around.

"Civil society has endeavored to raise awareness among citizens with regard to health issues and has set up programs to do this. In Latin America, in the mid-1990s, it was difficult for citizens to oversee the public policies of every state. Every time one of these programs was created, it had to battle against the privatization of public services. The privatization argument is opposed to accountability even when services are provided as part of a public policy", Flores explains.

In Guatemala, the drive to decentralize decision-making was accompanied by the creation of the System of Urban and Rural Development Councils (CDUR) in 2002. As a CEGSS report explains, citizen participation mechanisms from the grassroots all the way up to the central government were institutionalized within this framework.

The structure of the CDUR system includes five different levels of representation. At the lowest level are the Community Development Councils (Cocode) that are created during a community assembly. Then, at a municipal level there's

Municipal Development Councils (Comude). At the next level, there's Departmental Development Council (Codede). The last two tiers are regional and national. The most important of these five levels in terms of establishing priorities for social investment is the municipal level, as this is where the Cocode channels the community's demands in terms of infrastructure and social services.

The Municipal Code contemplates specific mechanisms for citizen participation in public healthcare policy. Every municipality must create a Healthcare Commission to supervise and oversee the quality of the services provided by public clinics, healthcare outposts and even hospitals. And every commission must publish an annual report summarizing each of the healthcare system's findings, deficiencies and achievements. At the end of the year, many healthcare commissions don't report a single complaint. As a result, municipalities lack any legal mechanisms to hold doctors, administrators and nurses accountable.

"We've demanded to see the reports compiled by the municipal health commissions and we've found them to be brief, with very little data. Many municipalities don't even produce these reports-, says Osmundo Oxlaj, a CEGSS representative who coordinates legal training for healthcare defenders in Quiché and Totonicapán.

"If the municipal healthcare commissions don't do their job, the community should oversee the service provided by doctors and nurses. This is what the Network of Community Healthcare Defenders is now doing – says Benilda Batzin,

another CEGSS representative who provides healthcare defenders in the department of Sololá with legal advice. The complaints recorded by the Network of Healthcare Defenders are logged into a coordinated information system. The complaints recorded include lack of medicine, mistreatment from healthcare professionals, lack of access to information, failure to comply with opening and closing times, and even illegal charges. Every note recorded by defenders in their notebooks is assigned a number and is added to an online platform, which describes, since 2014, the overall situation of primary and secondary public healthcare in five Guatemalan departments. Huehuetenango is the department where the highest number of complaints are recorded because it was here where the first pilot project in which healthcare defenders demanded information from the healthcare outposts was implemented. The process has been lengthy. This work has already gained recognition from the MSPAS.

Minister of Health Lucrecia Hernández Mack explains that public healthcare professionals at every level should be held accountable. Not just those who perform administrative tasks. However, she admits that for now, there are no formal mechanisms to process complaints filed by healthcare defenders.

"The Ministry has to guarantee the right to healthcare. But if citizens also demand this right, the system as a whole, is strengthened", says Hernández Mack.

"Each community needs to find the way to organize and demand high quality attention. As an institution, we respect the organizations that already exist. We need to adapt to the cultural dynamics of each place", adds the minister.

It's Tuesday, mid-afternoon. One



or two drops of sweat shine on the forehead of retired police officer Armando Peláez. He also seems slightly annoyed. It's the look on his face once he reaches the health clinic located in the village of Santa María, in San Pedro Jocopilas, Quiché, and finds it's closed. All the doors are shut, the main entrance is locked with a padlock, all the windows are shut. It's closed. For now, there are no healthcare services available for at least six thousand people living in the vicinity. It's a remote village that doesn't appear in tourist guidebooks and its nondescript landscape fails to attract people who are not from the area. Peláez has driven along a dirt track for almost an hour to get here: a road that branches off from the intersection between the highway that connects

the departments of Quiché and Huehuetenango, in Western Guatemala. The village serves as a sketchy border between the two departments made up of hills, dry forests, loose rocks and clouds of cough inducing dust. Now, standing in front of the healthcare center, Peláez looks frustrated. He also looks tired. He licks his lips with a slight weariness and glances at the sky while he shields his eyes from the sun with one hand, a gesture that shows he is scrutinizing his surroundings. According to his watch it's 3:30 P.M. and Peláez objects: "It's not closing time yet. Not yet". He looks impatient even though he remains still, looking at his surroundings, making deductions and seeking an explanation. He knows that healthcare centers throughout Guatemala close every day at 4:30 P.M. After a few minutes, he smiles somewhat sarcastically and inquires about

the whereabouts of the auxiliary nurses who work in this village in the middle of nowhere. This retired police officer isn't here to carry out a police investigation or anything of the sort in this far-flung healthcare outpost. That's not his job. Nevertheless, Peláez acts like a detective. Maybe it's become second nature to him after working for the police for so many years. Maybe a policeman never loses his detective's instinct. Today, for example, he's wearing a vest, a sort of uniform that identifies him as a "community healthcare defender". He also carries a notebook, a pen, and a small table with indicators and codes he says he's using in order to launch a formal complaint against the Ministry of Health and Social Assistance (MSPAS). On this afternoon, he's complying with his surveillance duty.

—In many places in Guatemala you're only allowed to get sick between 8:00 A.M and 4:30 P.M. Before or after that time it's more complicated. It's still an hour before closing time and patients have the right to come here and be seen but the clinic is closed, says Peláez. Then he writes something in his notebook. Peláez notices a sign on the door that says the two auxiliary nurses in charge of the clinic are carrying out a home visit in the community. That's how they justify their absence. "Patients will be seen at 3:30 P.M.", reads the sign. Considering the time, it

—“What right do you have to demand information from the healthcare outpost?”  
—“Which law gives you the right to supervise our work?”  
—“We're under no obligation to speak to you. Get out!”  
—“What institution do you represent?”

—“What are you doing here”.  
—“You're nobody”.  
This is a small compilation of the usual remarks with which the healthcare defenders were often met, when they began their work four years ago. Even today, there are times when their exchanges with healthcare professionals are tense.

It's Thursday morning and we're in a difficult location for healthcare defenders Carmelina Puac and Bonifacio Puac, from Totonicapán. Once again, we're in a far-flung place that rarely appears in the news or on social media. We're in the village of Patachaj, located in the municipality of San Cristóbal, in Southwestern Totonicapán. Problems have been reported here.

In November 2016, the Network of Healthcare Defenders tried to carry out its supervision duties. They were denied the information they requested. They were not

given information on the stocks of medicine available, infrastructure or morbidity rates. To this day, defenders have no indicators on the state of public healthcare in Patachaj and constantly record complaints. Nurse José Álvarez, who is in charge of the healthcare outpost, questioned Carmelina and Bonifacio Puac's legitimacy and said they had no authority to cast doubt over the standard of his work. The Human Rights Ombudsman's Office and the Attorney General's Office had to intervene.

“As citizens we have the right to access public information”, says Bonifacio Puac.

Now that they're back at the healthcare outpost they'll use a different strategy.

Carmelina Puac is in charge of explaining how they will proceed: “Totonicapán is a k'iche' territory. Here, indigenous authorities are important and respected. When there's problems such as these



at the healthcare outpost we can coordinate actions with the indigenous authorities. They're part of the community. They're the government. They defend the interests of Patachaj. And they use the healthcare services. If the healthcare outpost denies us access to information, they will support us".

The indigenous council has met this morning to hold meetings and listen to requests made by members of the community. Water problems. Disputes between neighbors. Support for the police. That type of thing. The community town hall, with its nine indigenous councillors, looks like a painting depicting the lives of the apostles. Or a court. Bonifacio and Carmelina are waiting to be heard. They are both members of the Community Development Council of the neighboring village of Nueva Candelaria, also located in the municipality of San Cristóbal, Tonicapán.

"Healthcare defenders can expand their coverage area depending on people's needs", says Bonifacio. When it's their turn, they explain their mission to the indigenous authorities of Patachaj. They tell them where they come from, what they're doing, what they need and what the Network of Healthcare Defenders is. They explain the unfortunate saga of their interactions with members of staff at the healthcare outpost. They explain why it's important to oversee the work carried out by healthcare workers. They explain why it's important to ensure the village has access to enough medical supplies. They explain that the service provided must meet certain quality standards...the right to healthcare. They explain all of this in the k'iche' language. The indigenous councillors listened and deliberated. They promptly decide that they, too, will undertake this oversight duty, working with the healthcare defenders. Shortly afterwards,

Bonifacio and Carmelina arrive at the healthcare outpost with the fourth indigenous mayor, Obispo Puac; the second mayor, Santos Silverio; and the second sheriff, Marcelino Ta. The way they are treated changes completely purely due to the fact that they are accompanied by the indigenous authorities. They are not denied entry. And this time they're not denied access to information, either. Bonifacio and Carmelina conduct several interviews with the members of staff in charge of the healthcare outpost and they make detailed notes. They inspect every corner and every room. They look into the stockroom in order to report any shortage of medicine. They also take José Álvarez's statement, who is in charge of the healthcare outpost, when he says he cannot deny members of the community access to information. His discourse has changed. The indigenous authorities observe everything. They're also interested in ascertaining what's going on at the healthcare outpost. "The Patachaj healthcare outpost has 70 percent of the supplies it needs", writes Carmelina in her notebook. It's the first time she's written "Patachaj" in the records taken by the Network of Healthcare Defenders and she looks happy. It's the first time they'll be able to upload information to the complaints section of the online platform.

Illnesses tend to take up their own space. There are serious illnesses, there are less serious illnesses and slight illnesses. These spaces are full of intensity. When you get sick, the question is: What do you do with all the pain, the anguish, the discomfort, the lack of sleep, the tension? What do you do with sickness when you get sick? Do

you place it in the first, second or third tier of the healthcare system? Who helps you make such an important decision?

The rural health post provide that primary healthcare responsible for deciding the best course of treatment for each illness. Auxiliary nurses are there to provide preventive care, to evaluate the state of the patient, to monitor his or her health, to decide the best course of treatment for each ailment, to refer patients to better-equipped institutions, to weigh and measure the youngest patients, to provide women with prenatal care during their pregnancy, information that is used to establish a general overview of the entire place, based on each ailment. A map showing the state of the local population's healthcare. They are the eyes of the Ministry of Health and they play an important role in terms of involving other links in the chain if necessary.

But sometimes, working in primary healthcare can be complicated. There are no supplies. There is no medicine. The quality of the premises is poor. There are no ambulances. And finding support within the community is often a great relief for the auxiliary nurses. Doctor Hepsen González is the general health coordinator of the municipality of Tectitán, located in southern Huehuetenango, on the border with Mexico. This remote municipality has a Permanent Care Center (CAP) and four healthcare outposts located in the villages of Agua Caliente, Toninquin, Totanan and Chisté. González is a doctor who wears thick spectacles. He has a thick, short beard, and an easy-going personality.

He's in charge of four doctors who work shifts, five professional nurses, twenty auxiliary nurses, a lab technician, a statistician, a secretary, three drivers, two healthcare trainers, three healthcare defenders and a warehouse manager. This municipal coordinator takes

pride in the fact that the healthcare defenders launched their project in this region four years ago. He understood their reasons and then, he says, he allowed them to oversee his work and demand information from nurses and doctors. “We have an open doors policy here”, he says. Doctor Hepsen González constantly coordinates actions with healthcare defenders Eulalio



Cruz, Roel Ovalle and Vicente Godínez. The network has grown. Each healthcare defender in Tectitán has created his or her own network within the communities. Eulalio Cruz is a master builder and acts as a spokesman for all the healthcare defenders in Huehuetenango. He's a good public speaker and his discourse is usually coherent. “In every department, the members of the Network of Healthcare Defenders have the freedom to work as they please, holding assemblies, coordinating actions with indigenous mayors or enlarging the network to include other networks so that we are now a large team overseeing the quality of the public healthcare service provided”, he says. González has now resorted to them for help as the healthcare outpost is facing operational difficulties. There are problems with the 2017 budget. “In previous years we were able to secure a budget to cater for an estimated population of 17 thousand people in Tectitán. But this year, we've been told to stick to the number of inhabitants recorded in the 2002 official census, which means the allocated budget will only cover

8,000 inhabitants”, says González, looking forlorn. He is asking the healthcare defenders to intervene in some way by mobilizing their contacts, or seeking help from other members of the network or from other departments. The scene is usually repeated every time a healthcare defender speaks to a public healthcare employee. Nursing assistants seem distressed. In San Pedro Jocopilas, Quiché; in Patachaj, Totonicapán; in San Pablo La Laguna, Sololá...in every department where the network carries out its supervisory role. No matter where, once healthcare professionals know what the Network of Healthcare Defenders is there for, they regard it as an ally that will listen to their complaints and provide support. Álvaro Cojtí is the nurse in charge of the rural healthcare outpost in the village of Patzutzún, in Concepción, Sololá. A village located on the border between two departments: Quiché and Sololá. Cojtí says he can count on two healthcare defenders: Mario Juracán and Victoriano Ben, both peasants who live off farming, for support. “It's not the same”, he says. “It's not the same managing a rural healthcare outpost with no involvement from the community.

I was assigned to a healthcare outpost in Escuintla and when problems arose, we were on our own. There was no one we could call. We had to work with the little resources that the state gives us. We're on our own”. Patzutzún's greatest achievement with the community's support has been obtaining an ambulance. Nobody in the village can be referred to the municipal capital or to the national hospital in Sololá in case of an emergency or if the patient is going into labor without leaving the department, getting to the Inter-American highway, entering the department of Quiché, and returning to Sololá to be seen by healthcare professionals due to the fact that the public healthcare system only sees patients in their place of birth or residence. Patzuntzún's ambulance still functions. Sometimes it runs out of gasoline. Sometimes it's necessary to coordinate prenatal care for a difficult pregnancy. The community and the healthcare defenders ensure the outpost continues to function beyond the set opening hours. This is what the healthcare defenders are fighting for.



Healthcare defenders are not superheroes but the fact they're trying to save lives, is heroic in itself. They strive to ensure that rural healthcare outposts and clinics have the supplies they need. They ensure a municipality provides an ambulance for the community. They request another doctor or nurse so that more people can have access to healthcare. They hold doctors accountable. They defend citizens from the excesses of government bureaucracy. People finally have someone to turn to if healthcare professionals don't provide the treatment they need. The role they play means exercising the right to citizenship. Demanding the right to healthcare. We could all become healthcare defenders.

No-Ficción  
Productora de proyectos periodísticos  
[www.noficcion.gt](http://www.noficcion.gt)



This publication was supported by:  
Accountability Research Center-ARC.

For more information about ARC visit

<http://accountabilityresearch.org/>