

# Eduardo's Story

Community Action  
for Health & Dignity



## EPES MISSION...

EPES is dedicated to improving the health and quality of life of shantytown inhabitants through the training and organized participation of the residents themselves. A staff of twenty health professionals and administrative personnel works in two centers, Santiago and Concepción.



EDUCACIÓN POPULAR EN SALUD  
POPULAR EDUCATION FOR HEALTH

### EPES Santiago

Casilla 22, Correo 44 El Bosque  
Santiago  
epes@entelchile.net

### EPES Concepción

Casilla 3144  
Concepción  
epes@chilesat.net



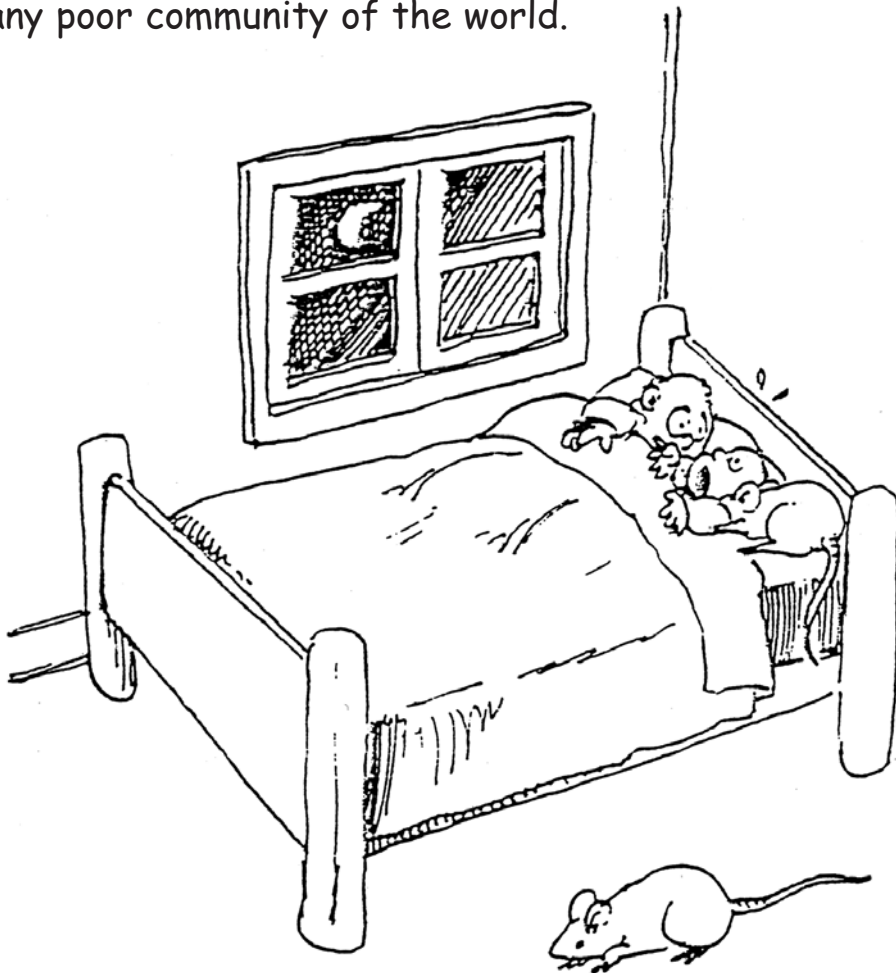
EDUCACIÓN POPULAR EN SALUD  
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Written by: Karen Anderson

Illustrated by: Panch Romos

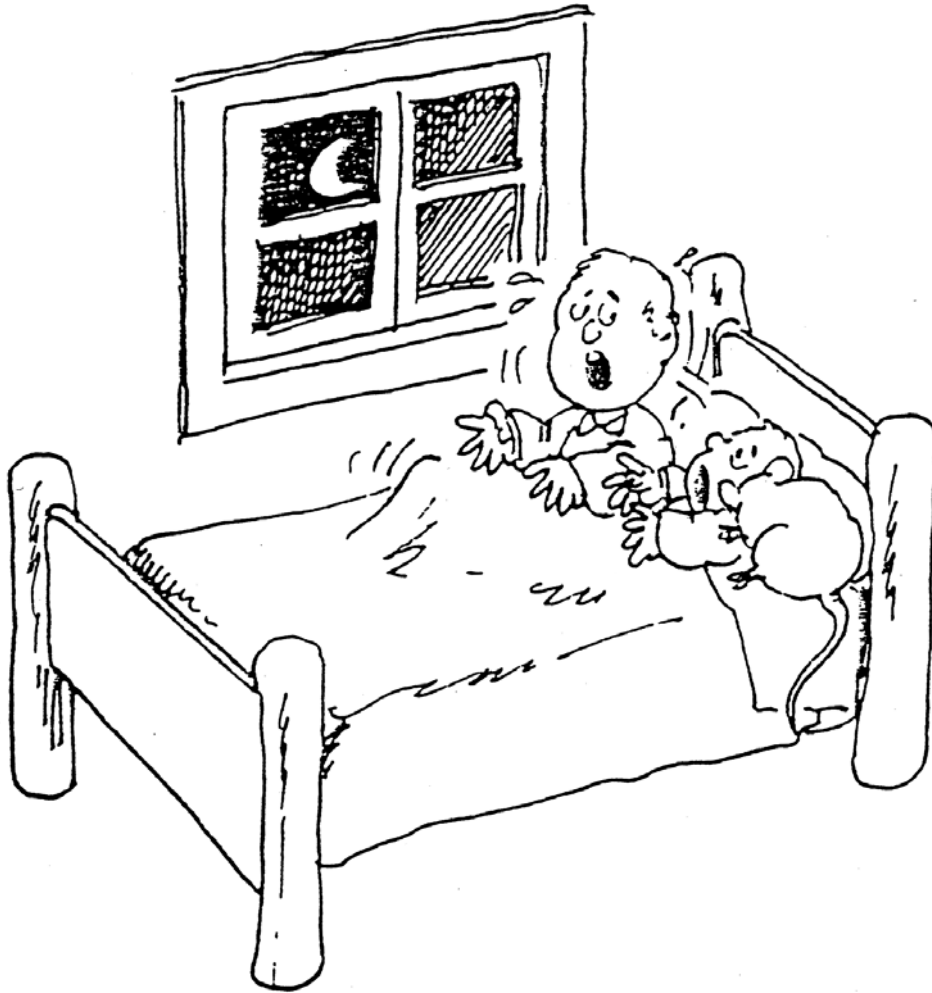
In the Chilean city of Concepción, along the northern bank of the Bio-Bio River, 55,000 people live in the various neighborhoods. The community is divided into five neighborhoods, each one with their small public clinic, community organizations and host of problems bred by poverty.

EPES trained a group of community health promoters in one of these neighborhoods in 1990. The following story took place there, but it could have happened in any poor community of the world.



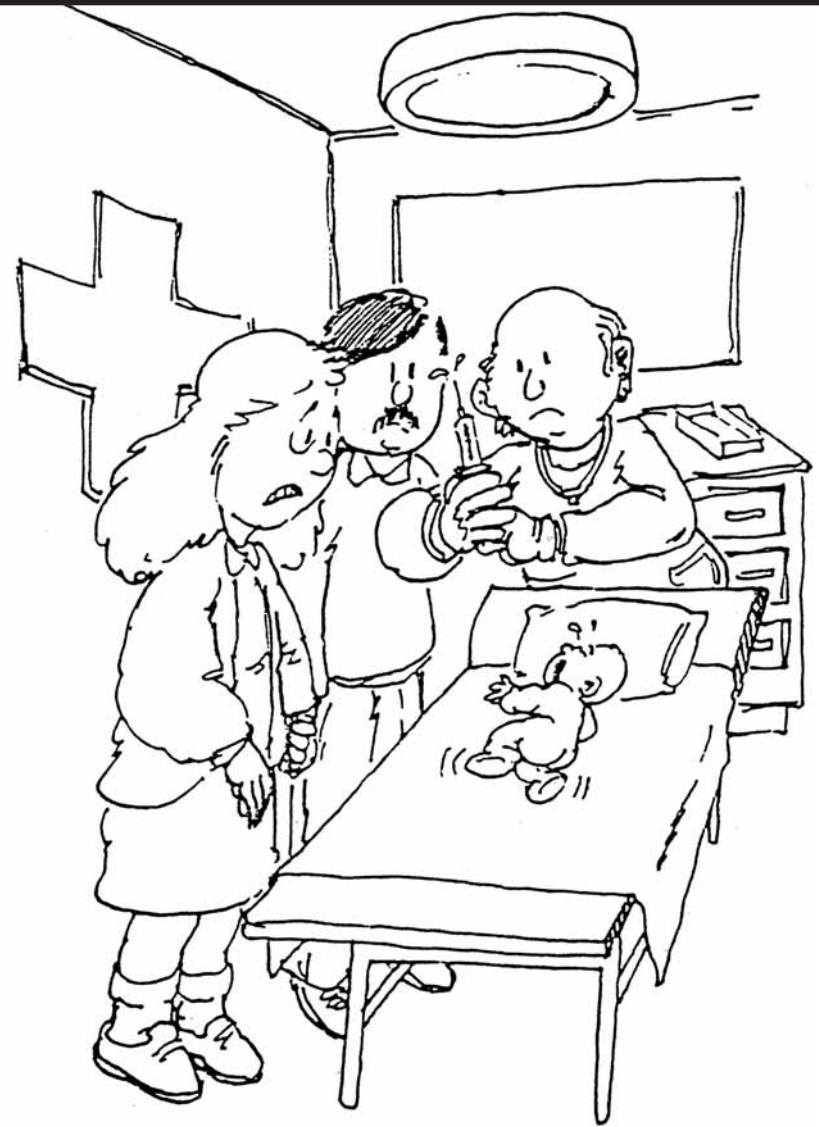
9-months-old Eduardo lived in a small shack in a población (shantytown) in Concepción, Chile. He lived with his brother and parents.

One night while sleeping with his brother, little Eduardo was bitten by a rat. His parents took him to the doctor where he was treated for the rat bite.



Although Eduardo's dad worked in a factory, his wages were very low and there was never enough money for good food and a better home.

Three weeks later, again while sleeping with his brother, poor little Eduardo was bitten by a rat once again.



His parents took him to the emergency room at the local public clinic, where he was once again treated for his bite.

Doctors and nurses at the clinic can often help when someone is sick, but when the problem is bigger, a whole town or community needs to work together to solve the problem.



Sylvia, little Eduardo's mother, told her extended family and neighbors about the rat bites. Other neighbors told similar stories and they recognized that they all had the same problem. They talked about the illegal dumps in their community as the source of the problem.

A neighbor told Sylvia about a group of community health promoters who did a campaign on environmental hygiene the previous year. She thought that maybe they could help.



Sylvia and other concerned neighbors went to talk to the local community health promoters about the problem they were having with the rats.

The health team was aware of the problem because they too live in the shantytown. They had even discussed the problem at their health team meeting the day before the women came.



Sonia and Ruth, health team coordinators, visited Sylvia's home to have a closer look at her situation. They talked with other neighbors about the problem. Everyone mentioned the poor living conditions and the illegal dumps as a source of the problem.

Sonia and Ruth mobilized other health team members and returned early that afternoon to help Sylvia clean and organize her home. They lifted the floorboards of her small wooden home and cleaned underneath the house. Ruth bought rat poison with funds the health team had from a sale of handicrafts.

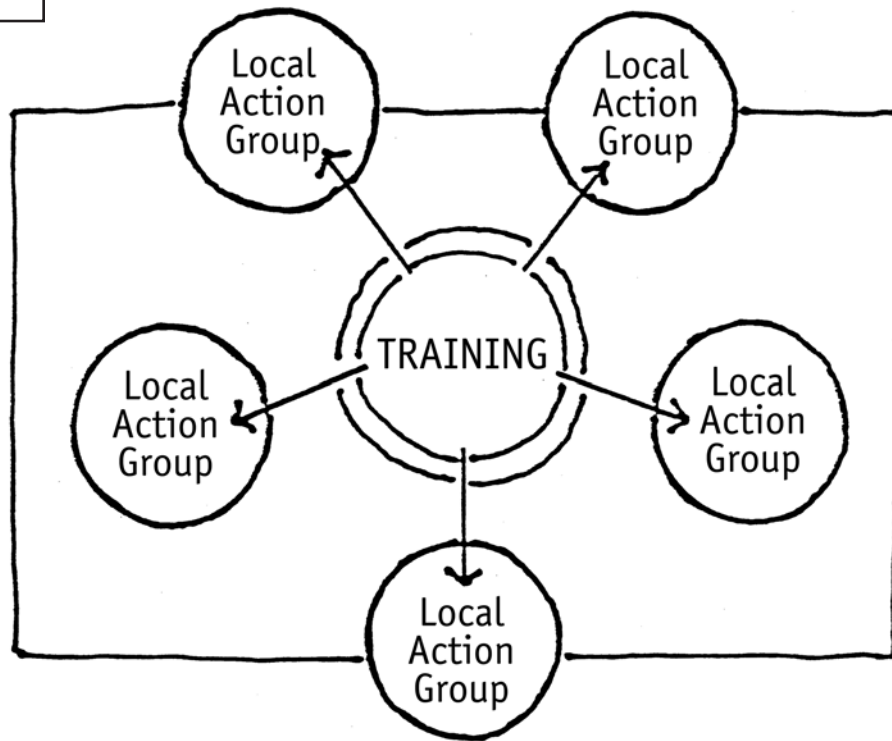
The health team, with the EPES staff, organized a

community meeting to discuss the rat problem. Church groups, public health clinics, schools, businesses, women's groups, and so on, were called together in the neighborhood association building to discuss the rat problem. At the health team's request, Sylvia told about what happened to her son Eduardo. Health educators from EPES present a brief overview of the health problems related to the poor environmental conditions. In the meeting, a collective diagnosis of the problem was developed.



- \* many children bitten by rats
- \* many dirty latrines
- \* sewage system backed up and overflowing
- \* many families living in one home
- \* people dumping garbage in the streets
- \* companies illegally dumping their garbage in different sites in the community
- \* authorities don't listen to the people's concerns.

They collectively developed an action plan and a community campaign to eliminate the plague of rats. All the organizations offered resources and assumed the various responsibilities in the plan. A Central Action Group was formed of 15 people from the different organizations.



EPES and the health teams were elected to coordinate the overall campaign. They began by developing educational flyers and posters about the anti-rat campaign. They identify preventive measures from being bitten by rats and developed a community workshop about environmental hygiene and health.

In each of the five neighborhood associations an action group was formed. 67 people were trained to be the leaders of the local effort.

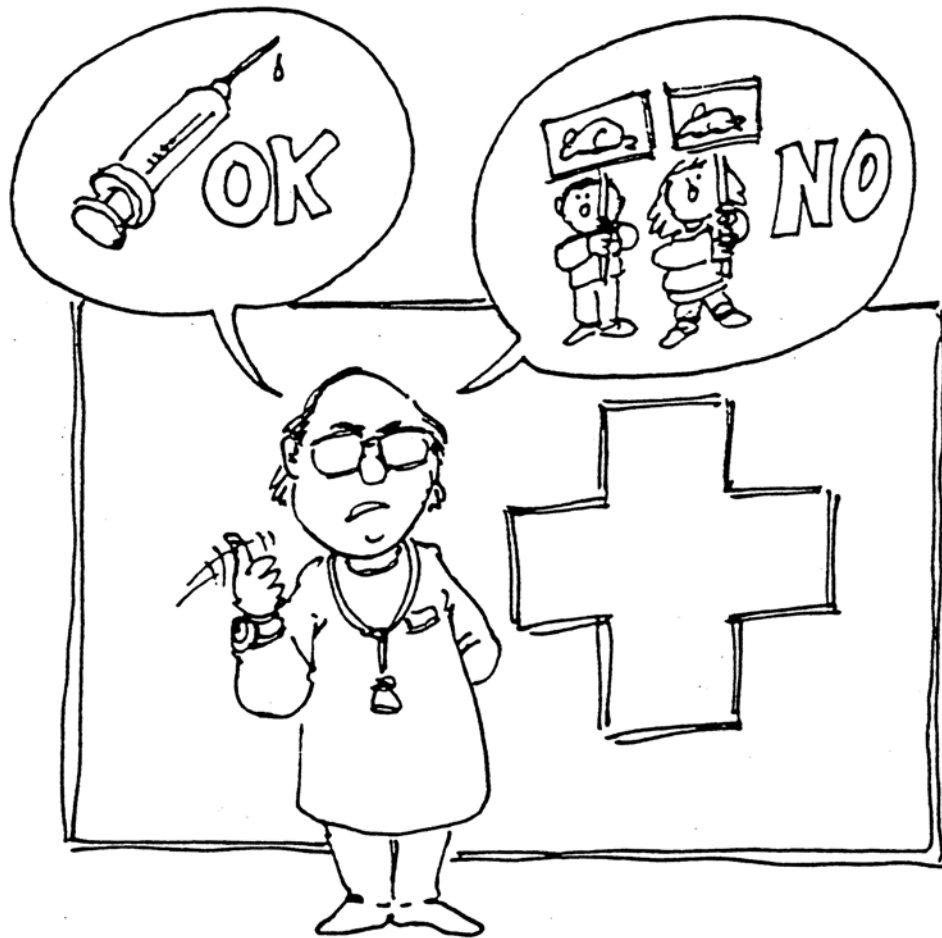
The groups wrote letters to the authorities to solicit their support in the anti-rat campaign. However, no response was received.



EPES staff, the health teams, and others held a press conference in one of the illegal dumps. Sylvia told the reporters about the rats biting her son Eduardo.

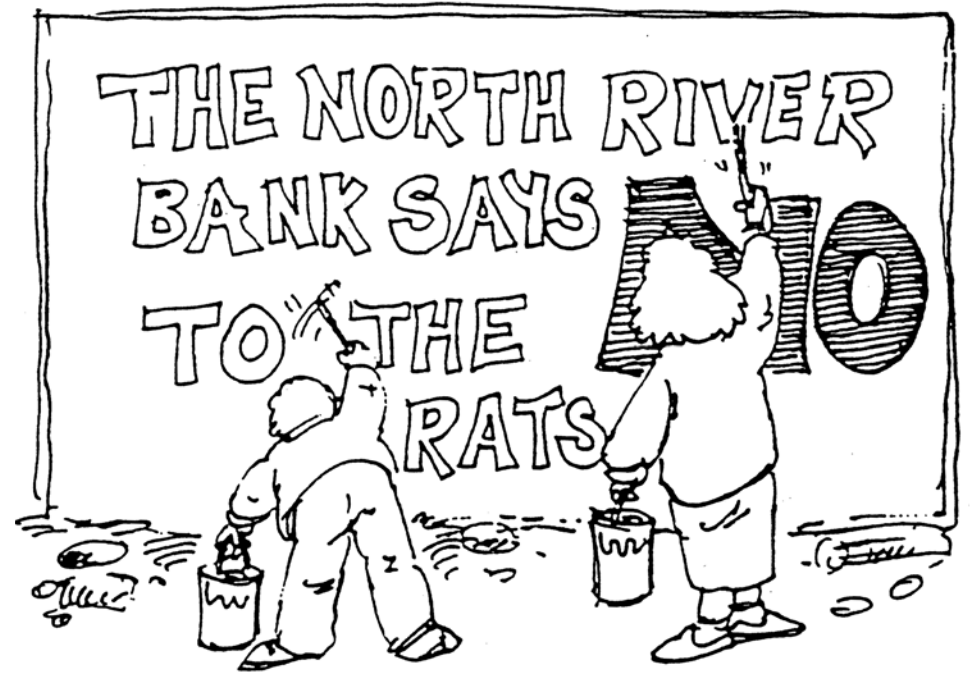
Lautaro, medical doctor and coordinator of EPES Concepción, was interviewed about the effects of the dumps on the health of the community.

The next day, authorities called the Central Action Group to offer their support to the campaign. They donated rat poison, offered trucks to help clean the illegal dumps, and gave the money needed to print thousands of educational flyers.



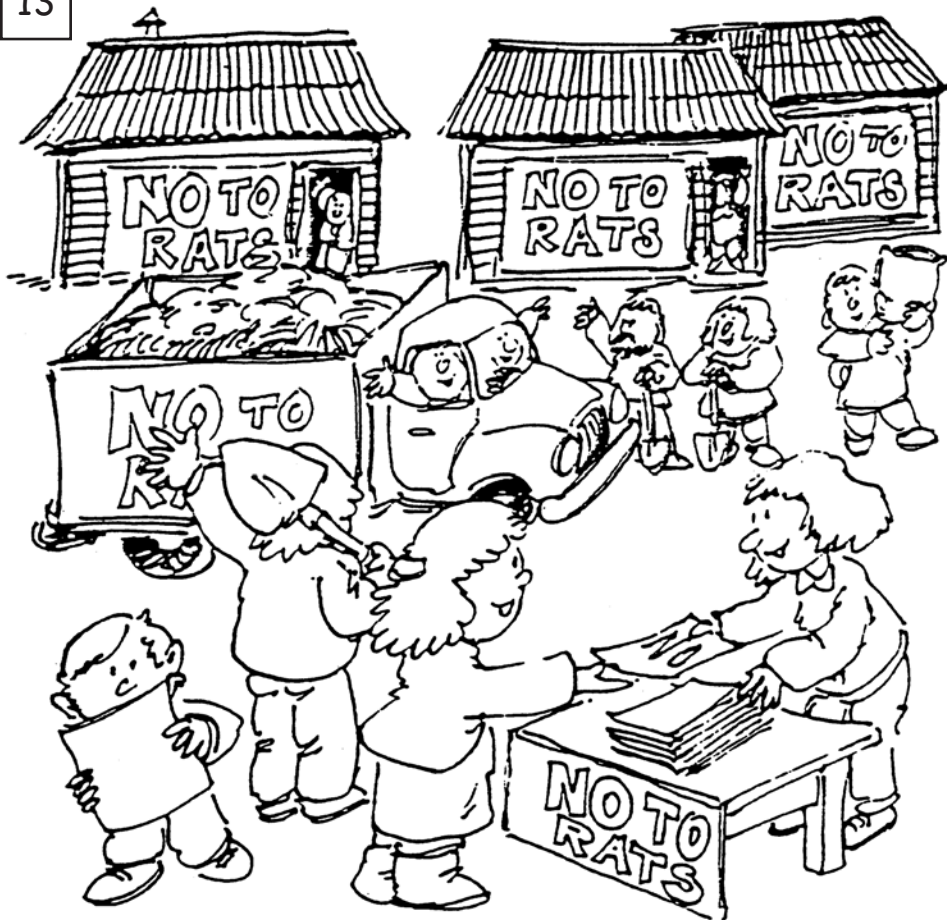
One of the local health clinics dropped out of the campaign. The clinic's director claimed that the campaign was "too political" and not "health-oriented."

The four remaining health clinics, as well as community organizations and local action groups, strengthened their commitment to the anti-rat campaign.



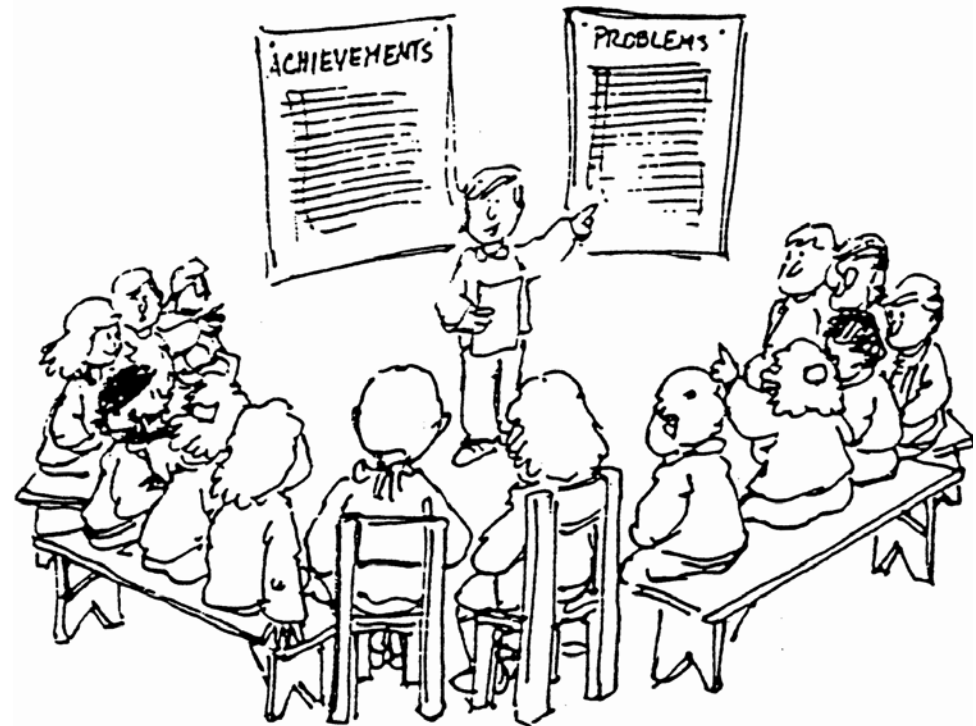
In each neighborhood association, the local committee organized a community-wide anti-rat day to be held throughout the community.

Groups of concerned neighbors painted murals to inform others in the community about the anti-rat campaign and the day of the event.



On the day of the anti-rat event:

- \* 21,000 educational flyers were distributed to neighbors by local action groups.
- \* 2,000 posters were put up in the community.
- \* Volunteers used 15 volunteered trucks to remove 50 truckloads of garbage from the dumps.
- \* Authorities, for the first time, visited the community and talked with the action groups.
- \* Local media covered the whole event.



The Community evaluated the campaign:

- \* All the people and organizations involved participated in an group evaluation of the whole campaign.
- \* Achievements and problems were identified and discussed.
- \* EPES and the health promoters gave diplomas to the 67 members of the five local actions groups in recognition of their hard work and commitment.
- \* A celebration followed.

Sylvia and other neighbors involved in the anti-rat campaign decided to become health promoters.



"Today we have achieved a climate of trust, respect and work between authorities and organizations of the shantytown community. Together we have made life cleaner, healthier and more dignified for 55,000 people who live along the northern band of the Bio-Bio River."

— Extract from the letter sent by the EPES team to local authorities.

# EPES

## Guiding Principles

EPES has operated in the shantytowns of Santiago and Concepción, Chile, under these basic principles:

- \* It is the people of a community who define their own community's problems, and the people who play a leading role in solving their problems.
- \* Health professionals are resource people who use their skills and knowledge to strengthen the capacity of local people and groups to confront their problems effectively.
- \* Health is not reduced to a medical commodity but rather is seen as the result of many inter-linking social, economic, cultural and political forces.
- \* The dignity and rights of the poorest of the poor are respected and defended.
- \* Actions are planned collectively by many different groups. Everyone is listened to and priorities are jointly established.
- \* Actions seek to address both the immediate problems as well as long-term solutions.
- \* Training builds on people's existing knowledge and capabilities. They gain necessary skills in many

areas, including curative and preventative health, leadership and planning, organizational development, and partnership building.

- \* Training allows people to gain more control over the factors in their lives which influence their health and well-being (empowerment).
- \* Health professionals and people throughout the community work as equals in the process — power and decision making are shared.
- \* Collective action is often necessary to pressure local authorities to listen and address health problems of the poor.
- \* In Christ's self-giving love we clearly see the worth and dignity of all people. The church's health ministry strives to affirm and defend the health and dignity of all individuals and communities.

A mere curative response to a little boy bitten by rats is ineffective. In a world of increasing social inequalities, many times the church is the only group interested in going to the root causes of the problems faced by poor children like little Eduardo.



## History of EPES

EPES was founded in 1982 during the military dictatorship of General Augusto Pinochet as a health training project of the Evangelical Lutheran Church in Chile. Inspired by a vision of quality and fairness in health care for the poor, it offered training, guidance, and support for community health groups. EPES has grown from a small, emergency-response team to a leader of systematic community mobilizations to improve health services and awareness.

After almost two decades as a program of the Evangelical Lutheran Church in Chile, EPES took an important step towards long-term sustainability. In 2002, it became an independent foundation, receiving its non-profit status from the government of Chile. Although the EPES Foundation maintains close links with the Lutheran Church, as a foundation it can operate with more autonomy and grow in accordance with the needs of the community.

A Board of Directors comprised of academics, representatives from the Lutheran Church, and activists on health, human rights, environmental, and women's issues now directs its activities. The Board is led by Karen Anderson, a former Evangelical Lutheran Church of America missionary who founded and then directed EPES for close to two decades.