

Healthcare Recidivism in Boaco, Nicaragua
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“The real question now,” an old Cuban doctor told me, “is looking at what happens when it [universal healthcare] doesn’t work.” We had just completed 15 interviews in Habana Vieja, when I decided I wanted to work in Nicaragua the following summer.

It will be different, I thought. It should be different, but it should also be particular, fluid, and innovative. And that’s when I found Clínica Verde.

Around December 2014, when I decided that I wanted to apply for my first ETW² grant, my advisor told me to “go where the opportunities are, regardless of where they might be or what they might be doing”. This summer, my interests brought me to Boaco.

Boaco is in the exact middle of Nicaragua. There’s really not much around, and Boaco is, to many Nicaraguans, just another city. ***To me, however, Boaco represents so much more than that.*** Boaco represents the synergistic desire of individuals to work together using accompaniment, the tried and true development strategy, and communal integration (in baseball of all things) to gain trust, run a study, and develop a series of recommendations to better serve the “boacqueños”³ and their surrounding communities.

The truth is, I came to the clinic to systematically define what ownership means in the context of post-modern development scenarios. I quickly came to realize, however, that ownership and health are only defined by the terms that they are composed of and not the other way around.

¹ IRB Approval was received from the University of Notre Dame in March 2016.

² Experiencing the World Fellowship, Kellogg Institute for International Studies

³ Refers to the demonym for those who live in Boaco

Healthcare is much more than the medication you receive, the amount of doctors available at a clinic, or whether or not you follow up with your appointments. Health is about the community you live in, the people you surround yourself with, and the way you perceive yourself. It is about knowing that good healthcare goes beyond just having access to good doctors. Health is about religion, sociology, and governance. Healthcare is, and will always be, at its core, about justice. And justice, I have learned, is an uphill battle against the current, a unifying cause that brings together doctors from Boaco, patients from Puerto Sandino, and a researcher from Chicago.

Justice is about the medicine we can afford, and definitely about the ones we cannot. It is about knowing that, while the difference you can make over eight weeks is minimal, it can still be profound. It is knowing that while social justice can unite individuals across cultures, we are still so different. Just as doctors can be called the lawyers of the poor, clinics should be called on to provide a fair court where the lawyers can work, succeed, and vouch for their patients.

During my ETW Fellowship at Clínica Verde, my partner and I compiled a study that aimed to tackle healthcare recidivism⁴ in Boaco. The research, interviews, and integration in the town and people of Boaco, however, demonstrated to us that the most important point of recidivism is understanding the community. For us, (and for the majority of individuals), that means that recidivism is best understood in the eyes of the community. Strategies such as participatory scenario planning, design thinking, and a renewed focus on community integration not only can hold great weight in development strategies, but also uphold human dignity and respect when working in the delicate area of inequality and development. When talking about recidivism, or the rate of preventable readmission to a health entity (public or private), the

⁴ 'Recidivism' in this case refers to the rate of preventable readmission within the healthcare sector and can be viewed as a proper way to evaluate the effectiveness of a healthcare system

question shifts from services to effectiveness. In other words, is the clinic providing the care that it needs to be able to support the community. Healthcare systems are essentially teams that are only as good as their weakest link.

What then, does it say that some healthcare systems fail to provide their patients with the successful tools to not only get healthy, but to stay healthy? Clínica Verde, on the other hand, aims to overcome and transcend the normally stoic healthcare sector by giving their patients the tools to succeed and obtain true biopsychosocial care.

What did I actually do during my ETW? For eight weeks, I split my time between the clinic and the community. I interviewed over forty-five individuals using a standardized research protocol developed with my advisor, the Institutional Review Board (IRB), and Clínica Verde. I visited rural communities with the community health workers of the clinic once a week. I also joined a semi-professional baseball team, in order to understand and integrate into the community I had chosen to study.

My fondest memory of Boaco is the first time I put the “Los Zancudos” uniform on and played for the barrio of San Miguel. Full of nervous excitement, I just wanted to be able to earn a spot and meet more people. When I slid head first into home to score the winning run for us, I figured that I had gained about twenty friends that I could interview, talk to, and learn from.

What I didn’t know was that their social networks would allow me to visit a nursing home, the local hospital, and talk to more individuals at the local Puesto de Salud. My teammates welcomed me not because I was Nicaraguan (or trying to be Nicaraguan for that matter), but because they resonated with what I was trying to accomplish. They admired why I was there, and they especially liked my old-fashioned head down, feet up, aggressive baseball moxie that, while risky at times, helped us win close games.

In joining a local semi-pro baseball team, my research transcended the clinic. Suddenly, my experience was not separated or siloed in terms of ‘work’ and ‘non-work’. I was learning about politics, inequality, and medicine between innings. My research at the clinic and in the community expanded with my local understanding of the identification and symbolization of Boaco. As I once told my mother, that, “is something you can’t learn in a book or online.”

The core of ETW Fellowships is experiential learning. During my time at Notre Dame, experiential learning has been the core of my undergraduate learning experience. In the field, as in life, the GPA you earn, the credits you take, and the major you have really doesn’t matter.

What matters is how you interact with people--how you relate to them, how you transcend cultural barriers and find common ground. In many aspects, my ETWs have been the most difficult classes that I’ve taken, and I couldn’t be more privileged and proud to be a part of the Kellogg Institute’s undergraduate programs.

In Nicaragua, I explored the relationship between public and private healthcare by looking through a lens of design thinking and accompaniment. Just as no study is perfect, we⁵ hope that this study can help Clínica Verde strengthen outreach programs by focusing on expanding community visits (something that also has been very successful with Partners In Health (CES, for their Spanish affiliates)) in rural communities in order to gain trust. The best development organizations do not have all the answers. What they do have is tone. They set the vision for their team, their community, and then they watch people respond. Good vision is not only contagious and infectious, but resonates with individuals who would otherwise see no reason to be connected.

⁵ ‘We’ refers to my research partner and I, whom I worked with on the ground in Boaco (Christopher Meyer from the Middlebury Institute for International Studies, Monterey, CA)

I was told last year in Brazil⁶ that “people only see what they are prepared to see”. I often have thought that my experience in Nicaragua contradicts that; we live in a world that is much too complex for that. At the heart of every innovative design is a dream, a goal, and a desire to make things better. That desire is crucial, and it might be the most inspiring thing in education today.

Once again, as I have learned in Brazil, Cuba, and Nicaragua, thankfully, people are resonant, and have enormous capacity. Yet, for some reason, some people matter less, and, as Dr. Paul Farmer⁷ famously coined, that “is the root of all evil in the world”.

Although Clínica Verde challenges the perception of development in Boaco, Nicaragua, they do not have all the answers. Copying the Clínica Verde model and design and transplanting it to another Latin American country would be naive and futile. Development and inequality is too complex for any kind of “ten word answer”. Clínica Verde, does, however, represent a transcendent vision that can be transplanted to other countries and situations.

Vision, therefore, is the best tool to tackle recidivism.

The best thing about vision? You do not have to go to college to learn it. It is free, and it is powerful. You can learn it from successful people, all over the world, like the one’s I worked with at a small clinic in the middle of rural Nicaragua--a place called Clínica Verde.⁸

⁶ “Analyzing the Effectiveness of the CHWs (Community Health Worker Program) in the Rocinha favela of Rio de Janeiro, Brazil” Experiencing the World Fellowship, Kellogg Institute for International Studies, University of Notre Dame.

⁷ Dr. Paul Farmer is the founder of Partners In Health, an organization that aims to tackle inequalities throughout the developing world by recognizing health as a human right. For more information on Dr. Farmer’s connection to the University of Notre Dame, please visit <http://kellogg.nd.edu/events/calendar/spring2016/accompaniment.shtml>.

⁸ For more information on Clínica Verde, please go to www.clinicaverde.org, and for more information on the Kellogg Institute for International Studies, or their numerous international programs that place Notre Dame undergraduates in developing countries, please go to www.kellogg.nd.edu or contact Ms. Holly Rivers at hrivers@nd.edu.