

Mark Brahier

Nicaragua, Research Grant

Summer 2015

Healthcare Access in the Granada, Nicaragua Garbage Dump Community

This project was proposed and accepted as an International Development Studies Minor field experience. It was completed in partnership with International Samaritan, a non-profit development organization based out of Ann Arbor, Michigan. Throughout much of the developing world, healthcare access is limited by a variety of barriers: geographic, socioeconomic, and political, to name a few. In garbage dump communities in particular, inhabitants are often faced with a unique disease burden, one that is the product of ongoing exposure to a toxic environment. In this project, I began by researching these barriers to healthcare in Granada, Nicaragua- a comparison of urban, rural, and garbage dump communities. As the project evolved, I gathered data regarding changing incomes among the garbage dump community workers in an attempt to better understand the economic restrictions on healthcare development.

A variety of research methods were involved in the study: qualitative interviews with healthcare professionals; quantitative surveys with recyclers and a sample of urban, rural, and garbage dump dwellers; de-identified healthcare record analysis; and many open-ended interviews with administrators. The study produced intriguing data related to (1) barriers to healthcare access and a variance in disease burden, (2) the role of the recycling movement in decreasing incomes amongst garbage dump recyclers, and (3) the impact of International Samaritan Housing projects. The key findings of each are summarized here:

(1) *Barriers to healthcare access and a variance in disease burden:* For this project, I focused on the geographical, political, and economic barriers to healthcare. Though Nicaragua operates with both public and private-sector healthcare systems, the political system is largely a hindrance to delivery of access due to inefficient use of funds and a system that emphasized treatment over prevention for many decades. Geographically, taxi drivers helped us identify impassable roads and rough terrain that would be a physical barrier to access. Economic barriers result in inordinate wait times, poor sanitation, and lack of medication in an event that a patient would see a physician. With the assistance of International Samaritan's partner organization, Children's Wellness Fund, I worked with physicians to identify and differences in disease burden among urban, rural, and garbage dump communities. I found that the greatest difference is not the disease burden itself but the frequency with which garbage dump workers are afflicted with disease and the lack of medical assistance in the event of illness.

(2) *The role of the recycling movement in decreasing incomes among garbage dump recyclers:* This component to the project was an expansion upon open-ended interviews that revealed potential decreases in incomes among garbage dump recyclers over the past decade. I then surveyed more than half of the daily garbage dump community workers regarding personal finances and prioritization of spending. My findings were shocking: incomes have decreased by nearly 75% in the past five years despite consistent work hours and materials prices. These workers prioritize medical needs among

“expendable” income that has not been accessible in several years. Upon passing a “recycling” sign on an elementary school one day, I began to think about the “green” movement as a contributing factor to these decreased incomes. My interviews led me to several new governmental policies and recycling agencies that have supported this newfound thesis.

(3) *The impact of International Samaritan Housing Projects:* As a side project for IS, I studied the impact of their housing project in the poorest communities outside Granada. “Before-and-after” interviews with homeowners- some of whom moved into their homes a year ago and others who moved in later in the summer- revealed improvements in quality of life, health, education, safety, and finances that could be linked to the occupation of a safe, cinder-block home. Most notably, homeowners are able to save 11% of their annual income that previously contributed to roof and siding repairs. They have also seen increased motivation and performance in school among the children who now have a home to call their own.

This summer was marked by both accomplishments and challenges as the project evolved. Thanks to my affiliation with International Samaritan, I was able to quickly gain the trust and support of the community and worked with a Nicaraguan (Francisco) who helped me navigate the system. With Francisco’s assistance, I obtained all of the adult and minor healthcare interviews that I had planned. This connection enabled a random sample of urban, rural, and garbage dump community interviews. The unexpected efficiency of the first two or three weeks allowed me to expand the project and add an economic component to the study. Ultimately, the finances data and associated theories

were the most intriguing parts of my results. Though individual days presented some challenges of low turnout to survey sessions or long waiting periods for individual interviews, the project went well overall due to the extensive planning beforehand. Any challenges pushed me to innovate, even to the extent of setting up “La Joya” garbage dump itself for interviews so as not to disrupt workdays that provided necessary income to these families.

The original intent for this project and capstone thesis was to gain insight into the barriers to healthcare access and disease burden in the garbage dump community of Granada, Nicaragua. The eventual outcome combined this original intent with data questions that I came close to answering. Through my thesis may change after this summer, it is for the better; I was able to identify an unintended consequence of the “green” recycling movement that will demand creative solutions in the ongoing search for equitable employment opportunities.

Thanks to the Kellogg Grant this summer, I drew close to a community of the poorest of the poor in Central America. I learned about their daily lives and the struggles they face. One could reduce this garbage dump population to its profile: 35 year old women who have worked in the garbage dump for 14 years while supporting four children on \$1.20-\$2.00 per day; however, that would be to underestimate the empowerment achieved through the partnership of International Samaritan with local NGOs. It would be to ignore the improvements that have been made and a future that is encouraging. I am appreciative of this opportunity to grow in my understanding of development on the ground, and more importantly, to lay the foundation for years to come.