

Wheels of Change

In any language, they turn slowly.



I recently traveled to Santa Lucia, a remote town deep in south-central Honduras, with Shoulder to Shoulder (STS), an NGO dedicated to health care delivery and poverty reduction in this desperately poor part of Central America. Through a series of miscommunications as well as the usual delays in travel over rutted dirt roads, I arrived to find a group of 10 angry faces gathered around a table in the *comedor* (dining hall) of

STS's clinic, waiting for me. There was no time spent on the greetings, blessings, and inquiries about my health and the health of my family that usually begin one of these encounters. Instead, I was met with this from Professor Rene, the head of the committee: "Doctora, we have been waiting here for two hours, and we have one question for you: What is more important, the contract, or health?" At this opportune moment, the

power went out and I was left in the dark—literally—to explain myself.

I've lost count of the number of trips I've made to Honduras since I started volunteering for STS six years ago. As a medical volunteer I participated in two-week brigade trips, where I saw primary care patients—sometimes 50 women a day—in villages hours away by foot from the closest medical care. Now, as executive director, I supervise a staff of

JESSICA DEANE ROSNER

more than 100 employees in Honduras from here in Rhode Island. And when I travel to Honduras, I find myself in meeting after meeting, trying hard to implement the STS approach.

Shoulder to Shoulder is an NGO founded 20 years ago by a family doctor named Jeff Heck. From its inception the group has insisted on the active participation of the communities in which it works, forming local health committees with which we work “shoulder to shoulder” on the issues of poverty and health. This approach, while time and labor intensive, has always been the hallmark of STS’s work, and indeed of successful community development.

More recently, though, STS has focused on the implementation of a complex government contract to provide primary care to our region. In addition, we’ve built several new clinics—a move which, unexpectedly, has led us to focus less on community participation. In its drive to grow in order to serve more people, the organization adopted a more North American, top-down, results-driven approach. This has given us some wonderful new infrastructure but has also left us with less engagement on the part of the communities with which we work. As a result, we have had to work hard to change our approach and re-engage the communities. Add to this the backdrop of Central American politics, which have grown more divisive in recent years, throw in a political coup, and you can imagine the sinking feeling that overcame me at that dark moment in Santa Lucia.

On this trip, a particularly contentious issue was the type of patients our doctors could see in our two major clinical

sites. The Honduran government mandates that primary care visits occur in primary care centers (STS oversees nine of these) and that bigger clinical sites be restricted to emergencies and deliveries, a system that on the surface seems sound and resource appropriate. The only problem is, people in STS communities don’t like this plan. They are used to the STS doctors, trust them, and want to see them when and where they want—including in our large primary care centers.

to listen, not talk, following Jeff Heck’s adage to “come in with your mouth closed and your hands in your pockets.” I kept trying to make eye contact with everyone, even though we were operating by candlelight and cell phone screens. Gradually, the issue became clear. The committee was being bombarded with requests from community members for the STS doctors to treat primary care patients in the large clinic. The committee was feeling the pres-

Sitting in the dark *comedor* ... **I forced myself to listen, not talk.**

At times like this I try to remember my Honduran colleague Marvin’s words to me: “Emily, community development is *slow*.” Marvin and I both started working for STS six years ago, and he is my good friend and trusted colleague. Since becoming executive director, I have come to rely on his judgment and advice as I deal with a multitude of complex issues. His point in this case was especially valid. People like me come from the North, full of good intentions and accustomed to making things happen quickly in our jobs and lives at home. As a full-time family doctor and faculty member who runs marathons for fun, I am more guilty of this than most. Leaving that mentality behind is crucial when I come to Honduras—but it requires conscious effort on my part.

Sitting in the dark *comedor*, I reminded myself that the solution to this particular challenge could only come from the group, not from me. I forced myself

sure. It dawned on me that this was good news. The community was telling us what they wanted. In fact I had been handed a golden opportunity to win back some trust.

I wish I could report that at that point, I was able to say “OK, from this day forward we will see all patients in the clinic,” but this is Honduras, and it is never that easy. Instead, I promised to look into the issue and to advocate for what the community wanted. As I write this, I am still waiting to hear back from the Ministry of Health. But it’s only been three months, and that’s OK. Community development is slow. 🇻🇪

Emily Harrison is clinical assistant professor of family medicine at Alpert Medical School and a full-time family physician at Women’s Care, a joint family medicine/job-gyn practice in Pawtucket committed to the care of Latino families.