

CONVERSATIONS WITH

Santiago Santi, Naporuna indigenous community health worker from the Amazonian region of Ecuador

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ABSTRACT

Santiago Santi is an indigenous man from the Naporuna ethnic group in the Amazon region of Ecuador. He has been a volunteer Community Health Worker (CHW) for 30 years in his community of El Edén, Orellana Province, Ecuador. He has published his memoirs in a book entitled 'Sé de donde vengo, no sé a dónde voy' (I know where I come from, I don't know where I'm going). He is one of the founders of the 'Asociación de promotores de salud Naporunas Sandi Yura', which currently includes 120 indigenous community health workers from 58 communities in the provinces of Orellana and Sucumbíos. The association is celebrating its 30th anniversary this year and is the largest movement of CHWs in the country. Santiago reflects on his reasons for being a community health worker, the values that CHWs should have, the history of Sandi Yura, and where the organisation should focus in the future.



Keywords: Community health worker, Amazon, Ecuador

Abstract in Español at the end of the article

MY BEGINNINGS

At first I thought I wanted to learn something about medicine, that is, the "mischief" of doctors, I wanted to know why doctors sometimes cured, sometimes didn't I was curious, I wanted to know. At that time (at the end of the 1980s), Father Javier Aznárez, who was also a doctor, was in my community. He, together with Father José Luis Palacios, went between the communities of Puerto Quinche and El Edén (Figure 1). In El Eden we had a small dispensary. And he took me with him, perhaps because of my interest, perhaps because I lived in the centre of the community where the dispensary was. There he explained to me about medicines, treatments,

illnesses, dosages... how to deliver a baby, how to do cures and extractions in dentistry. All of this taught me. I don't know how I learned all that. Because I'm a jungle person, the practice stuck with me very quickly. During the day we treated the sick at the dispensary or in the communities, and that's how I practised. At night we would talk and then we would talk about theory.

SANDI YURA IS BORN ... AND GROWS UP

I immediately saw the need to train community health workers (CHWs). We went around visiting each of the communities, which are far away from each other,

several hours away by canoe, to attend to the sick. But when we left the communities, new sick people appeared, and we were no longer there! So it was thought that each community should have a CHW, someone to look after the health of the community.

And at that time, Dr Miguel San Sebastián, a Spanish doctor who was working here, arrived, and we bumped into each other. He came to live in my community, El Edén, and he joined us. And we got to know each other. And that's how the two of us walked, like two Wise Men.... downstream, upstream. And while we were like that, money came to the Vicariate of Aguarico through Medicus Mundi Andalucía (Spain). That money allowed us to organise training courses in the communities (Nuevo Rocafuerte, Puerto Quinche, El Edén, Pompeya) along the Napo River. We visited the CHWs to follow them up, we attended community meetings to find out about the needs of the people. Dr Miguel learned a lot here in the Amazon, he was a hunter, a fisherman. He was not only a doctor, he was also a coordinator, a teacher, even a cook!

When the money was running out (at the end of 1992), we thought that we didn't want it to be like the German volunteers' project on the Napo River in the 1980s, where when the project ran out, the CHWs ran out; the medicine ran out, and the care in the communities ran out. So, we talked with Dr. Miguel to see what we could do.

I didn't want us to stay only in a small group, but to form CHWs at the level of the whole Federation, in all the communities. And so in a Congress of the FCUNAE (Federation of Communes Union of Natives of the Ecuadorian Amazon), we discussed whether or not they agreed to start a health programme in all the communities of the organisation. In the Congress, the comrades spent about four hours in discussions until it was approved. All this happened in the community of El Eden; it was approved and from there we began our journey. Then the Federation (FCUNAE) contacted the Vicariate of Aguarico (the local church) and the Vicariate contacted the Ministry of Public Health (MSP). I think the Vicariate had presented the project in Spain through Medicus Mundi, where it was also approved, and then a small amount of money arrived, in euros, which we changed here to sucres.

So after that first phase on the banks of the Napo River, we expanded along the road, reaching 50 communities by the end of the 1990s, both along the river and the road. We were able to build the headquarters of Sandi Yura in Coca, we had canoes and cars, doctors, nurses, dentists worked with us in the communities. Then that money stopped coming in and the activities decreased, but we have always been there.

But I still had it in my head that it shouldn't stay like that. We had to form something, an organisation. So we started talking with Dr. Miguel, thinking that it would be good to form an association. In an assembly of the CHWs in the Pilche community we talked, and

we approved the formation of the association. Three of us started looking for a name. I, being from the jungle myself, proposed Sandi Yura (because the sandi tree is medicinal). And the fellow CHWs approved the name Sandi Yura. This is how the association Sandi Yura was formed, which later became a legal entity in 1994. And here we continue; sometimes we fall down, but then we get up again. We have lasted 30 years!

From the beginning we saw that the Association had to be independent and legal; linked to FCUNAE but autonomous. At the beginning there were protests because they thought we were going to form an organisation against FCUNAE, but time has proved us right. FCUNAE entered politics and lost. But not Sandi Yura. Today it seems that they are far away with these new leaders of FCUNAE, I don't even know who the health secretary is now; maybe we should reestablish this relationship.

Sandi Yura has played a very important role because it has trained CHWs, giving them the knowledge to treat illnesses and also to prevent them. If they are simple illnesses, there is no need for doctors in the communities. When they are serious, you have to take the patient to the hospital.

For many years there were only CHWs in the communities In most communities there are still only CHWs from Sandi Yura. The Ministry of Public Health (MoPH) comes very rarely.

But during the time of President Correa, they downgraded us as CHWs. And now they want to call us community vigilantes. Just so that we can see if someone is sick, and then go and tell the MoPH. But I tell them no: 'doctor, graduate,' I tell them, 'you are not paying me, you are the ones who have to go around seeing the sick'.

We are health CHWs (jampi rikukkuna in my language), we are the ones who take care of the health of the communities, we are much more than vigilant, ...

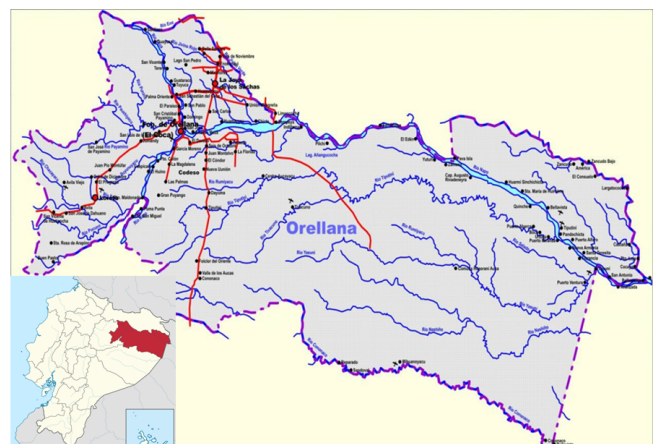


Figure 1. Map of the province of Orellana and marked with a yellow dot the community of El Edén; at the bottom, the province of Orellana in relation to Ecuador.

SANDI YURA AND THE MOPH

With the MoPH we have had all kinds of good and bad relations. In the beginning, we used to collaborate a

lot and plan visits to the communities together. Now it is no longer like that. I tell my colleagues: "Sandi Yura prepares CHWs, the MoPH also prepares CHWs". But when you are ready, they take you out of the community. They tell you that you are no longer going to serve in your community, they tell you to go to such and such a health centre, that you have to go to Zancudo cocha, to Chiru isla, they send you there! Some comrades who trained with Sandi Yura, went to the MoPH, she gave them a bonus, or I don't know what... and then Sandi Yura went away!

During the time of President Rafael Correa, the MoPH told us that yes, the CHWs had spent years helping, but they could no longer administer medicines, they forbade us. Only the specialist, the graduate, could administer medicines ... I was so angry, I gave them back my diploma.

We CHWs stopped being interested in the MoPH for a while, but then COVID came and again they asked for our help, because they needed us to prevent COVID in the communities. That's when they called me again, to come and participate and collaborate. I told them: "but you rejected me because I am not educated, you told me that I couldn't manage, and that's why I withdrew".

Now we have a good relationship with the MoPH, they support us in the courses and sometimes call us when they visit the communities. But the staff are very weak, they lack commitment. I tell them, take the canoe down the river, go to the communities, go and drink chichita, platanito, yuquita.

Now we arrive in a community, and they don't want to serve themselves chicha, they don't want to eat bush meat, only canned food, you have to bring bottled water.

It is good that the MoPH gives certificates to the CHWs because it is their way of recognising our work. But I say to the comrades that the certificate is nothing more than a piece of paper, what is important is that our work is well socialised in the communities where we work, not in the workshops or courses, but in the communities because they are the ones who should accept and legitimise us.

THE VALUES OF THE CHW

What I have enjoyed most about being a CHW is being able to cure, to give medicines, to see the dosage, to inject. I was taught mainly through practice, although I also received some theory. And that's how I learned. If you want to learn, you learn. That's why now I keep seeing the doctors who go to work at the health centre, who walk around, make phone calls... ask questions... I tell them: "Do you know, or don't you know?"

To be a good CHW you have to serve, that is the main thing. But it is also hard because you have to leave your home to go to courses, to visit the sick. You don't have to serve when you're a bit sick, nor is it right to be a drunkard. You have to spend time talking to the sick, advising them what to do, what to eat, saying: "this food is good,

this food is good" because now they don't want to eat patas uchu, yuyu, palmito, white cocoa.

The big problem now is that the CHWs want to be paid. They want to be paid first before they even study and train. In general, young people want to be paid, "how much is it? -they say,"to become a CHW". But I tell them that the first thing is to go and learn, to serve the community.

I didn't study, I just trained, that's why I don't receive anything. But I have always been willing to help, I tell those who arrive that, until the last day of my life, I will help them by advising them. For the good. If they don't listen, it's not their fault.

The other problem I see, although minor, is that CHWs are formed very young because then they get married and change community and then they get lost... also when they get married and don't want to continue because of their children....

It is important that communities stand behind you. At least for me, they have never complained to me. Maybe because they saw that I helped them and collaborated in whatever way I could. I have always been there for the sick, day and night, often taking them to the hospital, bringing them to Coca, sometimes I had to take them to Quito. Maybe that's why I've never been scolded.

What really worries me these days is alcoholism, it's killing us. It's much worse than before. People have taken to drinking. Every time we discuss this in my community. But they say: "I'm drinking with my money". Yes, of course, but when the children get sick, the woman says: "community, help me, I don't have any money". There is no money for that, but there is money to drink. If someone is sick, there is no motorbike, there is no petrol to take the sick person; but when there is a party, the motorbike is there, rain or shine, with a covered leaf, for that there is, I don't know how to reduce this thing... I don't know if the advice is worth it, it is not enough, it is losing its value.

I think it's worse now than before because of the oil companies. The oil companies brought the money and that's the end of it. Those who go to work have money and those who don't have money,

They wait for them and tell them: "Let's go com-padre, let's go uncle, let's go nephew, let's go nephew, let's see some beers". We should start working with the communities where there are companies like El Edén, Chiru, Tiputini. These communities are the ones that consume the most alcohol. But I don't know how to solve this... We are going to disappear with the drink.

THE FUTURE OF SANDI YURA

There are still young people in the communities you want to serve. Many of the young CHWs are the children of older CHWs. That's why I tell the young people: "prepare yourselves and study as much as you can, but to help the community. Here in the community, we have school, college. Study whatever you can, now there are

possibilities with the internet, but not to play games, but to train yourselves". And if you don't want that, then go to the land, take the hook and machete, that's where the money is too. That's what I tell them, but they don't listen to me. The company attracts them a lot....

That is my advice, for Sandi Yura to be stronger: you must prepare yourselves, prepare as much as you can. Training and responsibility is the most important thing. We have to be with the idea of preparing ourselves, but to serve the communities, to walk with the communities.

To do this, Sandi Yura has to keep looking for funds, for training, to be able and know how to manage them well, to maintain the building.... And that money has to come from outside, because here the Municipality, the Council, they offer you, but they don't give you anything, they are not interested in us; the MoPH is even worse. And thank God that Dr. Miguel San Sebastián has not forgotten us; others have forgotten us, but he always comes to visit us. Thanks to his contacts, we get some funds from Spain and Sweden to be able to continue our training. It is also very important to have allies, trusted people who come to advise us, to show us where we are going wrong, and if we are crooked, to help us straighten up. This is what I have experienced, and this is how I

tell it.

DECLARATIONS

Publication Consent

Not applicable.

Competing interests

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Author contributions

MSS conducted the interview which was subsequently read and approved by SS.

Santiago Santi, promotor de salud indígena Naporuna de la Amazonía del Ecuador

RESUMEN

Santiago Santi es un indígena de la etnia Naporuna de la Amazonía del Ecuador. Durante 30 años ha trabajado voluntariamente como promotor de salud en su comunidad El Edén, provincia de Orellana, Ecuador. Ha publicado sus memorias en un libro titulado "Sé de dónde vengo, no sé a dónde voy". El es uno de los fundadores de la "Asociación de promotores de salud Naporunas Sandi Yura", que incluye en este momento 120 promotores indígenas pertenecientes a 58 comunidades localizadas en las provincias de Orellana y Sucumbíos. La Asociación cumple este año 30 años de organización jurídica siendo el movimiento de promotores más grande del país. Santiago reflexiona sobre sus motivos para ser promotor, los valores que los y las promotores deben tener, la historia de Sandi Yura e indica las líneas donde la organización debería enfocarse en el futuro.

Palabras clave: Promotor de salud, Amazonia, Ecuador