

This series takes an in-depth look at facets of the work of EPES in Chile

NO. 2: FACES OF CHANGE

TRAINING FOR HEALTH AND HOPE

Inspired by a vision of quality and fairness in health care for the poor, EPES (*Educación Popular en Salud*) was founded in 1982, during Chile's years of military dictatorship, as a project of the Evangelical Lutheran Church in Chile (IELCH). Now approaching its 30th anniversary, EPES has grown from a small emergency-response team to a leader of community mobilization for health services, awareness and empowerment.

Each year, EPES helps some 145,000 low-income women and their families develop skills for collective action. EPES works from its community centers in Santiago, the Chilean capital, and Concepción, the second largest city. In 2005, EPES launched the US-based Action for Health in the Americas (AHA) to support the sustainability of its work for health rights in Chile and the Americas.

At the core of EPES' strategy has been a program to train and accompany community health teams in poor neighborhoods. Groups of 10 to 15 women receive technical and practical knowledge in health promotion from a holistic perspective that examines how underlying social, economic and environmental factors influence individual and community well-being. The teams work with neighborhood associations, schools, clinics, city government and coalitions around projects that mobilize local resources to achieve change.

For EPES in its work with some of the poorest communities in Chile, the faces of change are those of the hundreds of women whose lives it touches. Behind every woman whose life is transformed is a family; sons, daughters and grandchildren whose lives will also change. You will meet some of these women here and read their stories of empowerment.



1982



AMANDA CÁCERES, Health promoter

Amanda left school after sixth grade. In 1982, she had to overcome personal and political misgivings to join an EPES health team. Today, she looks back at the experience as a time of "rebirth." "We were so oppressed, not only at home, but by society. Then we learned that we have rights to claim." Amanda eventually finished high school along with her older children. She is active in the El Bosque AIDS Prevention Network. "I don't see myself as a leader," she says, "but people are always coming to me for help, advice and information."

Quena heard about EPES from older women at her church. After high school, a job selling burial plots door-to-door opened her eyes to the real needs in the community. She trained as a health promoter in the 1990s and participates in the El Bosque AIDS Network. The mother of a teen son and young daughter, "my greatest motivation is that the skills and knowledge I learn extend beyond me to others... and have an impact on my children and grandchildren."



QUENA GARCÍA, Health promoter



1983

SOLEDAD PUEBLA, Social worker

"EPES started in our lives in a very difficult time in Chile. We were afraid. We formed health groups, we became leaders. I discovered myself as a person, a woman. I discovered my intelligence."

As folksinger Holly Near remarked: "Soledad is one of those people put on earth to remind us that nothing is impossible." As a child, Soledad went hungry and barefoot. She saw shootings and pulled bodies from the river during the 1973 coup. After training with an EPES health team in 1983, her leadership skills flourished.

Her ties to the Lutheran church began when she cleaned for a pastor; she later became regional coordinator of women's organizations for the Lutheran World Federation. Soledad's family took part in a takeover of public land. Today, she directs the Lutheran daycare center there. Attending night school, she earned a social work degree and is now completing graduate work. Her oldest daughter recently graduated from university and is a teacher.

1982



ROSA QUINTANILLA, Educator, author

*We have always existed, like drops of water,
essential and necessary, but forgotten.
But we believe that if we think, if we talk, if we write,
our words will be like blows
a fist against concrete walls that absorb the noise,
a muted explosion that becomes a shout.
No longer a lament of anguish or complaint,
but a battle cry of protest and desire to be seen
and heard.*

– From the poem “Distintas” (Different)
by Rosa Quintanilla

Rosa overrode her husband’s objections to join the first EPES health team in 1982. Physically and psychologically destroyed by the twin disasters of the dictatorship and an abusive marriage, she was fearful and distraught. “I knew I had to change my life,” she says, “but I didn’t have the confidence to try. EPES started a whole cascade of effects: I gained confidence in myself, in my ability to accomplish things. As my confidence grew, so did my relationships with other people, which in turn increased my confidence.” Today, Rosa is an educator, community leader and a member of the EPES Board of Directors. Her daughters, who grew up attending EPES activities, are all teachers. EPES had an additional benefit for Rosa: “Through EPES, I rediscovered my ability to write and realized I had something valuable to say.” Her book, *Yo Soy Pobladora*, about the lives of shantytown women, has been used as a college textbook.

EPES WOMEN, EPES FAMILIES

Millions of Chileans endure poverty, injustice and lack of opportunities. Women living in poverty face additional obstacles: gender discrimination, lack of education and, often, a low opinion of their own abilities. EPES helps these women build confidence, develop practical skills, overcome the odds against them and realize their dreams.

When a woman values herself, her self-esteem changes in fundamental ways. She becomes aware of the many of skills she has. This changes her relationships with others, and primarily with her family. As a wife, she may gather the courage to confront abuse or simply claim a space for self-development. As a mother, she can help her children fend off the dangers of a rough community and develop their own potential. Daughters of EPES women receive a special legacy; they grow up more aware of their rights, less likely to be oppressed by *machismo* and traditional limits that could hold them back.

The children of EPES health promoters have special memories. They tag along, or are dragged, to community activities, paint murals, join—and get lost in—marches. Neighbors are always at the door, seeking help and advice. Their mother’s dog-eared copy of “Where There Is No Doctor” is a community resource, always within easy reach. The health team members enjoy close friendships together and create a special community of solidarity, much like a second family—an EPES family.

1983



MÓNICA MALDONADO, Educator

Mónica approached EPES to request training in her neighborhood in 1985 and has been a tireless advocate of community health ever since. A natural ambassador, she represented health teams at the World AIDS Congress in Canada and relocated to northern Argentina, at the invitation of the Lutheran church, to train an EPES health team there. She credits EPES with giving her the hope and confidence to study. She proudly gave the commencement address when she graduated from high school in the same class as her daughter. Her youngest daughter (who was three when Mónica became a health promoter) recently finished law school with a goal to defend the poor. Mónica now lives in northern Chile and was recently honored by the local government for her “commitment and educational work” with women there. Her philosophy: “Like them, I also grew up poor. But I bettered my quality of life by becoming motivated to create change.”



Amanda Cáceres

Bernarda Aguiar

BERNARDA AGUIAR, Neighborhood leader

Everyone who knows Bernarda marvels at how she changed after EPES entered her life. She learned to read and stopped using a cane. From being too timid to talk in public, she became a leader of her health team, organizing many community health campaigns. With the first aid skills she learned in the training, she saved the life of an accident victim. Today, Bernarda is secretary of the labor committee of her neighborhood association and running for president. “If I’m elected, I’ll have EPES to thank.”

"We don't always see eye-to-eye with the local clinic. For them, health is a job. For us, it's about our rights and our quality of life."



MÓNICA DAZA, Health promoter

1999

Mónica credits a sweet tooth for introducing her to EPES, since she attended her first meeting in 1994 thinking she would learn to make ice cream. Instead, she discovered a taste and talent for community action. Mónica and her health team led a long campaign to get the local hospital to buy a mammogram machine to bolster breast cancer detection services, even meeting with the Health Minister. Her two children are in college.



1989



VALERIA GARCÍA, Psychologist

Valeria with her middle daughter Carol, who is finishing a degree in psychology.

An EPES health team leader during the mid-1980s, Valeria was elected to represent the teams at a Lutheran conference in Tanzania. The trip opened her eyes and she returned determined to finish high school. She later went on to university, graduating with academic excellence as a psychologist. Valeria now works in the community as the coordinator of a program (developed by EPES) to assist women who have suffered sexual abuse and domestic violence. She also runs workshops on violence against women for the police, local health professionals and poor women. As she shops in the same local market where she has shopped for three decades, people stop to ask her questions or thank her for her help. She is fondly called "the people's psychologist." "We must always remember that when we first began this tremendous undertaking, we started from nothing," she says. Her three daughters are in university.



ELI ALARCÓN, AIDS counselor

Stuck under her mother-in-law's roof in a difficult marriage, Eli was withdrawn. She approached EPES in the 1990s to learn to give shots and make a few pesos. She ended up organizing families like hers to obtain housing. The chance to represent the health teams at an international conference inspired her to leave her cleaning job and find a better way to use her abilities. She worked as an AIDS hotline counselor and participates in the local AIDS prevention network. "The network has shown us that we can work independently and focus on issues that the clinics are unwilling to address."

HEALTH IN POVERTY: YESTERDAY AND TODAY

When EPES first began training health teams in the 1980s, basic hygiene, nutrition and first aid were the order of the day, along with relief from tear gas and treating blows from police repression.

Today, environmental issues, public health policies and participatory mechanisms are just as likely to be on the syllabus, as are formerly taboo issues like domestic violence and sexual and reproductive rights.

Poverty, too, has changed. Dirt floors have been replaced by concrete; cardboard walls by brick. The poor are more likely to suffer from debt than hunger. The gap between rich and poor has widened, and with it, inequality and exclusion.

The economic system established by the dictatorship and maintained by successive democratic governments has reshaped society in ways that are easy to see but hard to comprehend. The pursuit of material goods dominates people's lives,

bringing improved standards of living for some but feeding competition and crime. Individualism is sapping solidarity and sense of community. It is increasingly hard to organize people for the benefit of others.

In neighborhood health clinics, services have changed, thanks, in part, to the actions of health teams. Women no longer stand semi-naked in the halls, waiting for the doctor. There is a formal system of participation, with local committees and self-help groups. But input and equity are as distant as before. Controversial demands, especially from youth and women, around sex education, emergency contraception, HIV/AIDS and violence, are largely ignored, leaving communities to tackle these issues on their own.

For the women that EPES supports, the right to be healthy and to be heard is still a rallying cry.

FOUR GENERATIONS OF THE GONZÁLEZ FAMILY



Clara González bequeathed her penchant for community service to her family. Clara (seated, middle) trained in 1994 with a health team organized by EPES Concepción. Daughter Leonila (to her right) was inspired by her mother's activities and joined her. Granddaughter Carla (standing at right, holding Krishna), Leonila's daughter, spent so much time tagging along that, in 2005, she joined a health team. Not to be left behind, Karen (standing in middle), another granddaughter, accompanied her. When sister-in-law Alicia (standing at left, holding Catherine), married to one of Clara's grandsons, saw what they were learning, she joined them. With infants Krishna and Catherine in tow, that's four generations inspired by EPES.

Seated (l-r): Vanessa Arriagada, Clara González and Leonila Soto.
Standing (l-r): Alicia Ruiz (holding baby Catherine), Karen Hermosilla and Carla Arriagada (holding baby Krishna).



As a young mother, Marisa discovered her leadership skills as a health team member in Hualpén. Motivated by EPES to "be something in life" for herself and others, she went back to high school and on to college in order to return to the community as a school teacher. She lives in the same community she grew up in, and continues to lead health workshops there for adults. Her two children are now in high school and are planning to continue their studies, as is Marisa, who plans to go back for more teacher training.

MARISA PANTOJA, Teacher

LONG-TERM CHANGE, LONG-TERM COMMITMENT

Community health teams trained by EPES maintain an active calendar of campaigns and educational initiatives throughout the year. But with the increasing number of women in the workforce and the complex changes of the past decade, EPES has developed new training strategies, including shorter, issue-specific courses (tobacco control, women's health, HIV/AIDS, environmental health, breast cancer and others), coalition-building and seed grants to community organizations. EPES creates innovative approaches that empower individuals and communities to address complex emerging issues while maintaining its long-term commitment to the grassroots work of the health promotion teams.

This is what health promoter and psychologist Valeria García sees when she looks forward: "Our experiences give us knowledge, but we needed help to see this. It took us time to discover our capacity for leadership; now we can prepare others. We can become social actors who generate ideas, make decisions and develop collective processes to transform our reality and our community."

Rosa, Mónica, Valeria, Amanda, Quena, Eli, Soledad, Bernarda and Marisa are all exceptional women. Like them, there are thousands of other exceptional women who are still waiting for an opportunity to discover and develop their talents and skills.



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EPES is excited to host its first International Training Course on Popular Education in Health in January 2010.



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