

THE POSITIVE AND NEGATIVE OF HEALTH CARE IN LATIN AMERICA

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INTRODUCTION

At a recent meeting of the Council of the Organization of American States, Dr. Alberto Lleras Camargo, former President of Colombia, stated:

“Even with all the deficiencies noted, the Alliance for Progress has made an extraordinary impression upon the old, hardened crust of Latin American society that is no less important than the change in attitude of the people of the United States toward the problems and situations of the remaining countries of the Hemisphere. Never had there been so much discussion or action in this part of the world regarding the reform of old feudal structures of the ownership and use of land; nor had there ever been so widespread a change in tax systems, in order to extend the tax to areas where privilege, evasion, and injustice reigned. Many countries for the first time have established a modern tax system, after having refused for decades to take any step in that direction, just as they had also refused

to change the traditional land systems. Everywhere, there has developed a greater spirit of solidarity with the economically and socially weak classes, and vast housing, health and education projects are opening up, almost without exception, throughout the Hemisphere. Furthermore, the governments, which had been indifferent to the anxiety of the people, have shown as never before a zeal for economic development and for an emergence from the last stages of backwardness, which perhaps is without precedent in this area of the world. But all these great transformations taking place in attitude and the profound changes being made in American life are going somewhat unnoticed between political upheavals, on the one hand, and the impact of a very serious economic crisis on the other.”¹

How do the sciences and the arts dealing with health fit into this panorama? What is the positive and negative in their accomplishments? It seems to me most appropriate to discuss these questions at a Dinner of the Milbank Memorial Fund, an institution where “precedence is given to measures intended to benefit society as a whole” and “in which the emphasis is on the support of endeavors likely to lead to permanent benefits rather than to temporary alleviation.”²

THE LATIN AMERICAN COMMUNITY

Here stands a community of 206 million people living in 22 countries and in 25 political units, mostly located in the Caribbean area. The population is young, 40 per cent under 15 years of age, and shows the highest rate of increase in the world, $2\frac{1}{2}$ per cent to 3 per cent per year, which is reflected in very high birth rates of more than 40 per thousand, and a high general mortality rate of 12 per thousand. Ethnic differences are being superseded by the mixture of races, the impact of civilization in the larger communities, the spontaneous disappearance of some of the cultures, and the migration to urban areas. In this process, geography has been a negative factor.

As stated by Tannenbaum,

“the impact of mountain, desert and jungle on the history, politics and social organization has been profound. Almost nowhere in Latin America does one meet with human occupancy that covers the countryside and fills in the space between the towns; quite the contrary. Latin America consists of cities, towns and villages, with no human habitation in between.”³

This geography stimulates isolationism and regionalism within each country and among nations. It reveals the difficulties of approaching and solving social problems; it emphasizes the importance of communications for the incorporation of more human beings into the development process. For without a sense of national purpose on the part of the people, without their active participation in community and governmental affairs, it is very difficult to foster progress and to build a nation. While at the present stage ethnic differences persist, it will be difficult to bring great groups of marginal population into civilized life, producing and consuming, investing and creating. This is a fundamental step towards the achievement of what appears to be an ultimate goal for Latin America: political interdependence and economic integration.

In spite of passing periods of stagnation and occasional wanderings, society's development is a continuous process, causing and being caused by changes in environment and individuals, by local conditions and human values.

The expression “underdevelopment,” as applied to countries, most often refers to regions whose income and capital per head of population is considered low when compared with the technologically advanced societies. The yardstick seems to be, in this case, the level of economic and technical achievement. These countries are very far, however, from constituting a homogeneous collection. The interplay of other achievements and qualities accumulated or acquired through cultures and civilizations, in some cases thousands of years old, make it difficult to visualize arbitrarily separated grades of development.

The serious limitations of current income data as a basis for inter-

national comparisons, the differences in rate of progress towards technical advancement and economic growth between countries and, within countries among regions, indicate that the total picture is rather a smooth gradient than an arrangement of sharply defined blocks.

If the features of the technologically advanced countries are accepted as standards of development, three quarters of the world population, the "submerged community" of Myrdal, are contained in the so-called "underdeveloped" areas, including the quarter of a billion living in Latin America. Although presenting as a whole a common characteristic of poverty in income and capital and primitivism in technique, these areas do have cities, mining and manufacturing communities, with standards of living as sophisticated as those of Northern America or Western Europe, while at the same time containing isolated villages and dispersed dwellings where rather primitive living conditions are strikingly evident.

Population composition and trends also show marked differences, as do social attitudes and scales of values. These are motivated by the severe imbalance between what societies want for their welfare and the means they have to attain it. From a sociological point of view, this appears to be the cause of the present situation of Latin America.

We, of the health disciplines, have appreciated the full implications of this dilemma of modern society and trust the appreciation will grow among the intellectual and practical leaders of other fields.

We conceive health problems as the aggregate of factors that condition diseases and their distribution in each society; these factors being of a biological, economic, historical, and cultural nature. In Latin America, a recent meeting of a Task Force on Health at the Ministerial Level agreed that these problems are: infectious diseases, undernourishment, poor sanitation, unhealthy housing and working conditions, illiteracy, unsuitable clothing, and a low real per capita income. All these factors together bring about a high mortality among children, especially under 5 years of age, who constitute more than 40 per cent of all deaths. Accidents of pregnancy or motherhood also have a grave limiting effect on life expectancy at

birth. These factors are responsible, as well, for the poor scholastic performance of many school children, for low productivity, and for the pessimistic outlook of life so evident in some sectors of society in Latin America.

The distribution of these health problems among the countries varies just as it does between the cities and rural areas of individual countries. While the population grows at an average rate of 2½ per cent to 3 per cent per year, the average income per person increases at a rate of 1 per cent. According to studies of the Economic Commission for Latin America, this income is of the order of \$120 per person for approximately half of the present population that shows the highest rates of morbidity and mortality, of malnutrition and ignorance, of unhealthy housing and lack of sanitation, of high reproduction.

The social structure reveals a serious irregularity with regard to income and consumption. While 50 per cent of the population has 2/10 approximately of the total consumption, at the other extreme of the distributive scale 5 per cent of the inhabitants get almost 3/10 of the same total.⁴

An overall view of the health conditions in the Americas makes it possible to analyze certain areas pointing out what has been accomplished and what needs to be done, literally, the positive and negative of health care.

INVESTMENT AND PLANNING

It has been repeatedly stated by governments that health care is a component of development; it means an investment, not an expenditure, for economic growth and social welfare. Health care programs can be evaluated in terms of the better ability of members of a society to produce, to invest and to consume. At the same time, such programs can be evaluated by the natural resources that derive from a better environment. These ideas are incorporated in the Act of Bogota and in the Charter of Punta del Este, the latter being the legal framework of the Alliance for Progress. In both documents

is indicated the willingness of the participating Governments to promote economic development with a more equitable redistribution of national income according to social priorities. As Gunnar Myrdal says:

“The urge to prevent illness and death cannot be inhibited; . . . High mortality in early ages and poor health at every age in the population . . . imply a great waste of productivity which we must try to combat. This is, in fact, a very important part of any effective plan for economic development.”⁵

There is agreement in the philosophy and in the concepts. However, the disagreement starts in the allocation of resources. With great dismay we learn from some high quarters that health has no priority; that an industry might build a hospital but that never will a hospital create an industry. This is a position that certainly misinterprets the essence of the problem and only contributes to complicate further an issue, which is in itself very complex. Those economists who believe that the growth of an economy brings successively better welfare tend to forget the influence of human frailties. They are the same economists who argue whether political development should take precedence over economic development, without taking into consideration that neither will occur without human development, synonym of health and education. They also forget that only with a healthy and active population will progress be fostered.

The moral arguments stemming from health activities such as the prevention of disease, the increase in life expectancy, the contribution to happiness, do not impress enough those who have the final decision of the allocation of meager resources for pressing needs. It is apparent that a new language is needed to show the economic value of health care, its influence in the development process, its place among the priorities in the distribution of national income. Health authorities should decide what are the major problems, the concrete objectives to be attained, the staff needs and the resources to be invested. Whenever possible, each problem should be presented in terms of its social and economic consequences. Furthermore, alternative solutions should be proposed so as to facilitate the decision of the political power in each country.

Planning is the method recommended in the Charter of Punta del Este for achieving its fundamental purpose: to promote a sustained growth of the economy and translate it into social well-being. To this end a very active program is under way in Latin America looking toward the preparation of health planners, the formulation of health policies and programs, the incorporation of these into national economic development plans, and the utilization of foreign credit for certain endeavors, especially water supply systems. It is a salutary trend even though it involves difficult problems, problems caused by the incompleteness of statistical information, incomplete both in quality and in quantity, which make the establishment of measurable objectives no simple matter. However, governments have reiterated the importance of planning as an orderly way to bring the benefit of available resources to a larger number of individuals than previously. It is reasonable to assume, in the future, a larger investment in health than at present, particularly for those problems that are impairing the economy.

It has been repeatedly said that in Latin America, as in other areas of the underdeveloped world, medical technology preceded and expanded more rapidly than industrial and agricultural technology. As a result, death rates have diminished progressively, life expectancy has increased, birth rates have remained high, and the population is "exploding." We submit that there is no scientific evidence to prove this direct relationship between health and population increase. On the other hand, modern medicine has been applied primarily to the larger human aggregates in Latin America, while within each country many of the rural communities lack even minimum health services. With the information at hand, it can be estimated that, as an average, health services cover approximately 50 to 70 per cent of the population. Health care is not therefore available to at least one-third of the population. The fact remains that infant and early childhood mortality still is very high, reflecting the quality and the quantity of health problems.

The issue is not an academic one, but rather the heart of a most basic problem. In those countries where the gap between economic growth and population increase is widening, there may well be a

tendency to limit investments in health in the redistribution of national income, thereby producing an even greater accentuation of this fundamental imbalance. This is one of the significant negatives of health work in Latin America which must be met and overcome.

PROBLEMS OF HEALTH CARE

In Nature it is not simple to establish a clearcut separation between health and disease. They appear to be variations of the same biological phenomena. Health results, according to some, from the process of adaptation of human beings to a changing environment and its different stimuli. When this capacity is lost or diminished, disease emerges. Following the same argument, preventive and curative actions should not be separate entities, but part of the same organization. If such unification were to be implemented then families, the logical unit of work, could be better served for the protection, promotion, and restoration of their health. This is the thesis of the integration of services as opposed to their dissociation, now widely accepted by governments and experts. Regrettably, it is hardly seen in practice in Latin America. Curative and preventive organizations function as independent and uncoordinated authorities and this leads to a duplication of activities, to waste, and to the poor utilization of the few resources available. The picture is even more complicated where social security systems tend to create their own medical services, while the legal responsibility for the health of the people rests in the Ministries of Health.

This is an area in the evolution of health care in Latin America where there are great prospects for progress through the implementation of concepts and doctrines largely analyzed and debated in scientific milieu. John Grant was an outstanding pioneer in this field and his injunctions, if heeded, will help in the realization of better health service in the countries ready to adopt his deeply meaningful ideas and put them into practice.

Development in Latin America will be achieved if the countries prepare professionals and train auxiliaries who can make sound use

of the available resources. What this implies is a concerted movement of modern science and technology to promote well-being as the economy expands. Such an undertaking can only be tackled by those who have the knowledge, the experience, the sense of responsibility, and the concern to perfect existing methods and to explore more efficient and more economical procedures. For that reason, education and training are basic disciplines in development and have as their purpose the widening of opportunities of human beings, and the better utilization of natural resources.

In the Americas today the problem is more one of quantity than of quality. Real advances have been made in the last thirty years in the education of the various professions concerned with the prevention and treatment of disease and the promotion of health. There is a better understanding today of the aims to be pursued in education in general and in various types of health training in particular; education being understood as the ability to form judgments, and training as the process by which skill and dexterity in an art or trade are acquired. Of course, the way in which these ideas are applied varies in different teaching institutions, both within a country and abroad. A good number of these institutions, whether schools of medicine, engineering, or nursing, to cite but a few types, have been established within the last twenty years, a relatively short period of time in the complex process of personnel training.

It is clear that there is a shortage of professional and auxiliary health workers in the Americas. Production has not kept pace with the growth of population;^{6,7} nor has the equipment and other elements necessary to enable health workers to practice their profession increased proportionally. The distribution as between urban and rural areas in each country is very uneven. The proportion of professionals to population is far higher in the capital cities and in large towns than in the rural areas. In some countries, there is one physician for every 1,000 inhabitants in the capital, and one for every 50,000 in some rural areas. Similar disparities may be observed in the distribution both of other health professionals, and of the attendant facilities.

It is necessary to emphasize that the indices adopted in other

countries of the world are not always applicable to Latin America. The interpretation of health and disease in society is, in essence, a cultural pattern that becomes of paramount importance in the application of the arts and sciences for the treatment of patients and the well-being of the people. The social demand for health care varies from country to country and within each country. It is not only related to the availability of facilities but it is also entrenched in the mores, the beliefs, the superstitions, the whole outlook of the people. Studies on what the people want or expect from services and their impressions of what they receive are rather scarce in Latin America. They should be stimulated because the information obtained could have great influence in medical education as well as in the organization of health establishments.

Similar difficulties are faced in establishing the need for health care; but it is also very important to do it in relation to concrete objectives to be attained for major health problems. The information on need and demand, related to the available resources and their economic implications, would serve as the basis for a system to determine the number of professional and auxiliary health workers required for specific activities.

A study of this kind would give a clear picture of the situation in each country, whatever the criteria established. It would also permit an analysis in depth of educational patterns, particularly in the medical profession. There is uncertainty today if the physician that Latin American countries require is the one emerging from the University. There is varying opinion whether educational centers need to be established or expanded. Furthermore, the Ten-Year Public Health Program of the Alliance for Progress (Resolution A.2 of the Charter of Punta del Este) gives particular importance to this subject. The Round Table Conference on Medical Education in Latin America convened jointly by the Milbank Memorial Fund and the Pan American Health Organization, from 30 September to 4 October, will review these matters. We hope that the distinguished group of experts invited will propose a concrete approach to this problem and set the stage for its resolution.

Proper administration and management are just as important as

the conception of a plan and its translation into specific programs and projects. Experience shows that in health care every activity finds concrete expression in the application of a technical norm by means of an administrative procedure. In Latin America there is a marked discrepancy between the knowledge of the biological sciences and techniques and the administrative practices for putting them at the service of the people. For various reasons these practices are weak and as a result the effects to be expected are not obtained from the available resources. It has become essential to improve administrative methods at all levels at which a health program is carried out, and, even with the existing means, this action alone will lead to much greater yields.

It must be recognized that private enterprise has taken the lead in perfecting and applying efficient systems of organization and management. But whatever the incentives for such development the contribution to the knowledge of rational administration which they make is in no way invalidated and can serve every institution, regardless of its objectives. There is in all this process an attitude which, whatever its motivation, is worth taking into account by the public sector of the economy.

It is essential to create in governmental institutions an administrative conscience, a true motivation for obtaining better results at lesser cost. Public administration is not an end in itself, it is a basic function to serve the people so that they can benefit from modern sciences and technology. Regrettably, in the Ministries of Health of Latin America, public administration is often inadequately carried out to meet the complex operations of the various institutions. However, this situation is causing increasing concern and some governments have already requested technical assistance from the Pan American Health Organization in this important field.

The teaching of administration has been incorporated into the universities in Latin America in the last two or three decades. This fact may explain the present attitude of the personnel, influenced by political currents and accustomed by lack of proper systems and procedures, to perpetuate errors even within perfect laws. Notwithstanding, there is increased participation of University professionals

in key managerial positions as well as an awareness on the part of governments of the importance of this craft. The signs are healthy. Let us hope that the returns will also be, for the best conceived program will not fulfill its purposes without the proper support of sound organization and management.

COMMUNITY INVOLVEMENT

We hold the view that activities for the prevention and cure of disease have been imposed, rather than derived from a conscious demand of societies. This affirmation does not involve a criticism, since the problems which have merited preferential attention have been of real social impact. Nevertheless, there is reason to believe that if communities were informed of, and understood, what is being done is for their welfare, and realized that each of their members has something to contribute to the common good; in sum, if they were motivated to organize themselves with a view to obtaining the goals set out in each program, continuity of action and of effects could be guaranteed. We have not given voluntary collaboration, whatever the economic level, the importance it deserves in Latin America. We are guilty of a skepticism based more on impressions than on facts. This feeling has been reflected more in the rural communities, where progress is lagging and people do not participate actively in the development process. In some communities centuries old, there is, by tradition, little that is expected from the authorities, and the peoples' activities are limited to satisfying their basic needs with hardship and difficulty. The prospects of joint efforts for the common good have but seldom been made known to them and therefore such group activity is not in their habitual thinking. However, more and more examples can be cited of communities that have responded to the appropriate approach, have organized themselves for self-help, and have improved their lot in concrete ways. These people have proven our mistake in underestimating their abilities as well as their intelligence and sense of responsibility; for the basic traits of human nature and the most pure feelings also flourish

amidst complete ignorance. What is essential is to respect the values of a culture as reflected in the traditions, in the habits, and in the way of life of the families and communities long nurtured in its shadow. It will always be possible, by persuasion, to change negative attitudes and extract the rich potential which awakens in human beings when they become aware of what their lives may mean for others.

CONCLUSION

We can say that Latin America is in a process of transition whereby quarantinable diseases are fading away⁶ and health problems tend to reflect the characteristic of each environment and its influence on the human beings who live in it. They are becoming more and more peculiar to each community and to the trends of development. Health care is no longer related exclusively to the unexpected epidemic outbreak nor to the application of specific methods of the biological disciplines as a separate entity. It is becoming a part of modern science and technology to increase the economy for the welfare of man.

Far from being limited to urban areas, the disease problems and the health aspirations of Latin America extend into most of its rural communities sped through all the channels of modern communication. There are few places untouched in some way by the fingers of 20th Century commerce, while the health contrasts of affluence and poverty remain all too easily documented in the "political arithmetic" of the northern and southern continents. The inference is not only for a broadening of the concept and actions of health care as an integral part of the development of Latin America. It is also for an extension of health insights and influences into almost all the other aspects of national development and planning.

To this end,

"Latin America has a solid basis whose most valuable factors are the spirit of its people, its universities and teaching and research centers, and its professional and auxiliary workers. It

is necessary, however, to accelerate the process of training and to formulate plans and programs, to rationalize public administration and to make services more efficient, to increase investments, both of domestic resources and of external capital, as the economy becomes stronger, to intensify the active and informed participation of the people for the common good, which is public health.”⁸

All these measures will strengthen the spiritual value of health as a social mission. As stated by Camus, “tenderness, creativity, action, human nobility will take their place again in this insensate world. Man will rediscover at last the wine of the absurd and the bread of indifference out of which his greatness will be nourished.”⁹

*This is the text of a speech
presented at a Dinner
of the Milbank Memorial Fund
September 17, 1963, New York City.*

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