

HEALTH AND THE DEVELOPING WORLD

JOHN BRYANT

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A central problem of our times is how to make most effective use of the vast amount of specific knowledge man has acquired over an equally vast field of specialties. The problem becomes acute, indeed personal, when one considers the use and usefulness of professionals in today's community.

Roland Warren some time ago observed that "the community can be analyzed in terms of a horizontal axis and a vertical axis."¹ The vertical axis represent the many specialized interests and actions that impinge on (horizontal) community life. Our crucial task is to make an effective meeting of the two forces possible. In some communities, the special interests represented by agencies and institutions operating vertically have effectively entered the life stream of the horizontal world; in others they have not. In no field is this more poignant than in the field of health where the battle of life and death is waged. John Bryant has written an important, compassionate book dealing with the attempt to coordinate horizontal and vertical forces toward a world with "effective health care for all the people of each nation."

Bryant's book, now two years old, arrived at a moment when this country is engaged in a searching discussion of health care in our own reasonably well developed society. Reporting on a survey cosponsored by the United States Government and the

Rockefeller Foundation, the book arrived at a time of governmental scrutiny of foundations, especially with reference to their international programs. A deeply human, and at times moving, documentation of the shocking gap between the well-off and the deprived, it arrives at a period in history when we need to reconsider man's priorities and his ancient ethical commitments.

The study has one major limitation. It appears at the confluence of two twentieth century movements: first, a medico-scientific movement toward more elaborate treatment of illness and a more extensive use of prevention rather than prophylaxis; second, a multidisciplinary effort to rationalize economic and social development. The first is found *inside* the world of medicine, among medical scientists and practitioners, health planners and administrators and people concerned with education of doctors, nurses and health auxiliaries. The second is found *outside* medicine, among economists, political scientists, sociologists, anthropologists, community development professionals, communications scientists and general educators. The Bryant book is virtually limited to the first movement, medicine, although the title suggests that it deals with the second, the "developing world." The "inside-medicine" story, therefore, has a bias: the focus throughout is on health care and education for professionals in this field, not on the wider community and its development. Two illustrations will suffice:

In vivid, journalistic fashion, the book opens with a series of short, effective impressions of "people and their communities, of diseases, and efforts to provide health care." Beyond these glimpses of life and the need for better answers to immediate health problems, the author sees a larger need for decisions "about schools and roads and marketing of rice which will have little to do with health programs as such but will affect health nonetheless." However, this larger need never seriously becomes a basic point in the story.

In the beginning of the book is found this promising plea, ". . . our understanding of health must have a broad range, from

the interaction of men and diseases in distinctive ecological settings to the national scene where other men try to understand and make decisions about the interplay of health and economic development . . ." Despite this plea, the author's emphasis throughout is on the professional question of an adequate machinery for delivering health care and quality programs for educating health professionals.

Despite this, the book is a valuable tract on health care as well as a call for action, private and public. It is a useful political document and a rich, human story. It should be read and discussed by present policy makers, educators and practitioners in the field of health, and also the young, impatient group of medical students who are looking for action to meet ideals and satisfy a need for relevance. Though not a ready blueprint, it has snatches of suggested programs. Though not an organized textbook on international health, it includes powerful ingredients of international programs different from the ones we now support.

The book is the result of a collaborative study started in 1964 under sponsorship of the Rockefeller Foundation and the United States Agency for International Development. Behind the author, John Bryant, then from the University of Vermont Medical School, now with the Rockefeller Foundation staff in Bangkok, Thailand, were his survey members: John Z. Bowers, N.R.E. Fendall and Margaret Arnstein.

Most of the field observations, carried out in approximately 21 countries, were made seven years ago; therefore, the study is not as "up-to-date" as today's news reportage from the world scene. In a sense, all studies are "out of date" as soon as they are finished. This one appears less so as it deals with reality still alive in current problems.

The report has a simple outline, almost beguiling in its step-by-step movement. A first group of chapters deals with the problems of health that countries face, presents case stories of how countries meet their problems and gives an exposé of relations between health, national development and management.

A second group of chapters takes up the matter of providing health care, clarifying the roles of participants in the health team, educating professionals for these roles and the economics of that education. A chapter discusses the role of donors in this picture of actual and potential assistance leading to a final statement of "links in the chain" and "search for solutions." A brief glossary provides assistance to the nonprofessional reader, and an extensive index is useful to professionals and nonprofessionals.

In the first chapters, several pages with facts and tables illustrate the gap between developed and less-developed countries, particularly in health terms. There are good summaries of population trends, especially in terms of future levels of support for health programs. There is a good discussion of "the mirage of ratios," the futile citation of the number of hospital beds, doctors, nurses and so forth in talks about "health care needs."

The author tells six stories of health care illustrating how countries are dealing with their problems. In most cases, the general focus is on health services and the education for such services. This renders the report somewhat unbalanced, but gives it interesting angles. In the case of Colombia, the problems are seen through the eyes and researchers in Universidad del Valle, one of several medical facilities. In the case of the Sudan, the problems are seen almost solely from the viewpoint of service personnel. Malawi's problem is the "great discrepancy between demand for health care and limitations of resources." Thailand has "a well-established, though sparse, health service which provides care of marginal effectiveness to a population that seems somewhat indifferent to its presence." Colombia has "a sophisticated university system engaged imaginatively with government in seeking solutions to national problems." What one would have liked in these six portraits are clues to the community structure in these countries, to their nature of cultural change and to their stages of development.

In the next few chapters, Bryant does make the connection between health problems and other elements in development.

He relies heavily on Gunnar Myrdal.² He underlines Myrdal's thesis that health inappropriately has been dissociated from other factors in development. He rejects, with Myrdal, those economic planners who tend to look at physical investment as "the engine of development." But, he does not put development into a framework that would help the reader. For example, he does not bother to place development into a time perspective or to discuss the idea of "stages of growth."³ He pays little attention to "social systems"⁴ within which "development"⁵ occurs. He does not discuss such current ideas as "social change"⁶ or "culture,"⁷ all relevant to the treatment of health in "a developing world." Thus, he never explains *why* it is so inappropriate to use Western models and terms, or to introduce, for example, Western ideas of education of doctors in most developing countries. He proceeds to use Western ideas in discussing the management of health problems. Bryant advocates "an intuitive approach through which a strategy can be developed that relates health to development in its broadest possible way," but he has not adequately told us what he means by "development."

In the author's account of "constraints within which planning and design must take place," he raises the central question as to whether resources should be used to provide better care for a few or some care for all. This issue, says Bryant, "has an importance apart from social justice and the rights of man. It affects the extent to which limitations of resources influence planning of health services." The issue is relevant to all involved—a single physician, a health team, a director of a program or planners of overall health services. In the light of this issue, Bryant discusses, most graphically and realistically, needs, resources, distance and cost as constraining elements. From those constraints flow consequences in the actual work of dispensaries, health centers, district hospitals and regional and central administrative units. However, the author has little specific reference to how the community, the customers and the clients also set constraints and limitations, or, for that matter,

provide conducement. If a strategy for health care services is to be total, then it is necessary to go further than the author's concern with money, facilities, personnel and technical skills. "Total health" strategy needs to be concerned with such broad, important factors as "culture," "stage of growth," hopes and aspirations of "the folk," perceptions of "health" and "illness" and traditional health care systems.

The need for a "total health" argumentation becomes particularly important when Bryant discusses "the health team" and its education and when he turns to the matter of economics of medical education. He does a fine job in making the case for a health team "of uncertain composition" with health workers capable of shifting roles and in pleading for planners aware of a team and a system as a whole "not as something isolated and apart." He realistically faces the conflict between a tradition of the physician as the primary diagnostician and therapeutician and a community needing comprehensive health programs. "While logic tells us that the physician's role should be determined by the health needs of the entire population, implementation of this logic is obstructed by the insistence of the medical profession that only physicians can evaluate and treat the sick." Logically, the author does present a nonphysician health care system where the traditional physician job has been taken over by nurses, auxiliaries and subprofessional health workers, and the physician has turned into "the teacher, the consultant, the planner, the manager." Nevertheless, the case for a new kind of health team is presented from *inside* medicine and professional health, not from *outside*. Thus, curiously, the needs and wishes of the community around health care appear to be distant, if not excluded. The connection between a health care system and other life systems is by no means clear. There is little reference to the community's stage of development, current indigenous processes of living, leadership for solving problems beyond health including nonhealth professionals. There is no clear admission that a great number of health problems are, or could be, adequately handled outside the health care system.

Conspicuously absent from the picture are many professionals such as agriculturists, sociologists, anthropologists, social psychologists, lawyers, political scientists, architects, school teachers and nutritionists.

Despite this inherent limitation, John Bryant does a superb job of presenting the shortcomings of our efforts in educating the future health professional. He has a fine section on approaches to teaching and learning. Although one could wish for more specific reference to conditions for effective learning and to varying theories of learning and instruction, there are illuminating pages of interviews with students, poignant revelations of the failures of universities and suggestions for developing university programs to meet national needs. There are realistic criticisms and practical plans for revisions of the education of nurses and a refreshing section on educating auxiliaries.

The complicated question of the economics of medical education is taken up with great care in a chapter. Bryant skillfully deals with the interplay of "number," "quantity" and "cost" and leads us toward a reexamination of old ideas of medical education. His treatment of possible economies, low cost and high-quality medical education and educational facilities are highly relevant not only in a book on developing countries but also in a treatment of health care in a highly developed society. Gunnar Myrdal, long before he wrote his *ASIAN DRAMA*, as a professor of economics in Stockholm, posed the question, "Do social reforms cost money?" One may now reword the question and ask, "Do health care reforms cost money?" In analyzing cost, one may follow Bryant's advice to take up "the interesting challenge of dissecting medical education concept by concept, tradition by tradition, dollar by dollar" and add to it the challenge of dissecting comprehensive health care "concept by concept, tradition by tradition, dollar by dollar." In both cases one would end up with clarification of what kind of "cost" we are talking about, leading us beyond the matter of "money"

into the matter of total human resources and the setting of priorities in our use of these resources.

Bryant gives a formidable charge to the "donor agencies," national governments, foundations, churches, international organizations, "a partnership in which the donor searches for means of giving that are close enough to national needs to make a difference." But he extends the charge to the receiver to be "perceptive enough to guide the donor in finding these points of critical need and courageous enough to keep the donor from creating inappropriate burdens by the gift." One may phrase this double charge defensively and ask, How can the donor protect himself from being an outsider, a powerful leader and uninvolved? How can the national and local communities protect themselves from being invaded, pushed around, dependent and sapped of initiative and responsibility? The charge is especially poignant as it now is issued in the field of health where powerful forces have, for a long time, put basic human destinies and life and death in the hands of a few professionals, where, indeed, "all cards are stacked against" partnership.

The author's final challenge is to all concerned with health—to strike out boldly in new directions. His call is directed, in particular, to universities that are, in his opinion, keys to development of new attitudes and commitments among the future health professionals. He also envisions universities as the keys to a deeper understanding of the interrelation between health and other aspects of community life. He hopes that the university, as in some past moments of history, will again serve as the agent of change through education and research. His closing paragraph states that in the universities "resides the potential for defining the necessary directions of change and for educating the leadership that can bring those changes to reality." In the future, we shall need "new phases of technological development, new forms of professional capability, new relationships among health personnel, new approaches to educational problems, and new attitudes of professional and academic people." Few can

quarrel with this potent submission, some may justifiably ask for a wider base than the university for the needed change.

The Bryant book has cast new light on what Myrdal calls the "circular causation within the health field and in the whole social system."⁸ It remains to be seen if his book can become part of the causal relation.

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¹ Warren, R., COMMUNITY DEVELOPMENT REVIEW, Washington, D.C., International Cooperative Administration, No. 9, June, 1958, pp. 40-48.

² Myrdal, G., ASIAN DRAMA: AN INQUIRY INTO THE POVERTY OF NATIONS, New York, Pantheon Books, Inc., 1968, see especially Appendix 2, pp. 1843-1940.

³ Rostow, W. W., STAGES OF ECONOMIC GROWTH: A NON-COMMUNIST MANIFESTO, Cambridge, Massachusetts, Harvard University Press, 1960. Compare Myrdal's criticism of Rostow and similar proponents of "stages of growth" and "circular causation" in Myrdal, *op. cit.*, pp. 1844-1859.

⁴ Choosing "indeterminacy in concept," Myrdal, building on the idea of "social systems," suggests that "development" may be seen as "the movement of the whole social system upwards." Myrdal, *op. cit.*, p. 1868. He includes in the social system such causally interdependent conditions as (1) output and income, (2) conditions of production, (3) levels of living, (4) attitudes toward life and work, (5) institutions and (6) policies. Myrdal, *op. cit.*, p. 1860. Bryant, (pp. 20-23) builds his picture of development on GNP and the Harbison-Myers "composite index of human resources." Harbison, F. and Myers, C. A., EDUCATION, MANPOWER AND ECONOMIC GROWTH, New York, McGraw-Hill Book Company, 1964; "one reflecting progress in economy, the other in education." Bryant also makes extensive use of Kahn and Wiener for summary illustrations of population, gross national product and gross national product per capita. Kahn, H. and Wiener, A. J., THE YEAR 2000, New York, The Macmillan Company, 1967.

⁵ See, for example, Chin, R., The Utility of System Models and Developmental Models for Practitioners, in Bennis, W. G., Benne, K. D. and Chin, R., THE PLANNING OF CHANGE, Boston, Massachusetts, Holt, Rinehart & Winston, Inc., 1962, pp. 200-214.

⁶ See, for example, Goodenough, W. H., COOPERATION IN CHANGE: AN ANTHROPOLOGICAL APPROACH TO COMMUNITY DEVELOPMENT, New York, Russell Sage Foundation, 1963; Hanson, J. and Brembeck, C., EDUCATION AND THE DEVELOPMENT OF NATIONS, New York, 1966; and Read, M., CULTURE, HEALTH AND DISEASE, London, Tavistock Publications, 1966.

⁷ Bennis, Benne and Chin, *op. cit.*; Mead, M. (Editor), CULTURAL PATTERNS AND TECHNICAL CHANGE, New York, The New American Library, Inc., 1955; and Redfield, R., PEASANT SOCIETY AND CULTURE, Chicago, The University of Chicago Press, 1956.

⁸ Myrdal, *op. cit.*, p. 1618.