HEALTH AND HEALTH CARE IN LATIN AMERICA

SALUD PÚBLICA Y BIENESTAR SOCIAL. Edited by MARIO LIVINGSTONE and DAGMAR RACZYNSKI. (Santiago: CEPLAN, Universidad Católica de Chile, 1976. Pp. 332. Available from Inst. of Development Studies, Univ. of Sussex, England.)

MEDICINE UNDER CAPITALISM. By VICENTE NAVARRO. (New York: Neale Watson Academic Publishers, Inc., 1976. Pp. 230. $5.95)

THE DRUGGING OF THE AMERICAS. By MILTON SILVERMAN. (Berkeley: University of California Press, 1976. Pp. 161. $8.50.)

Health services in Latin America reflect the general tendency of medical establishments to adopt doctor-oriented, highly specialized curative medicine. These represent an inappropriate distribution of health resources in a region where community-oriented preventive medicine would provide a more effective means of responding to the nutritional and environmental hazards that affect the health levels of the majority of the population. In addition, Latin American health services are notoriously inequitable, providing more and better care for those who least need it. The books under review provide us with alternative ways of looking at these problems and with specific evidence of the dimensions of inequality and inappropriateness in these services; they are also concerned with how to change them to improve the health of the majority of the population of the region.

Navarro's collection of essays is the most ambitious and general work of the three. As its title suggests, it is a study of health and health care in capitalist societies and, except for a chapter on dependency analysis and another on Chile, is not a book on Latin America. Navarro is looking at the "forest" (i.e., how health care relates to the larger social-political system of capitalism) and not the "trees" (i.e., detailed analyses of separate health care problems) and in doing so is less than systematic in his presentation of empirical material. In a very readable style that gives life to concepts that often in other works have an arid abstract quality, he has provided us with the beginnings of a Marxist theory of health care.[1] Not only are we informed of the class relations within health institutions and between these institutions and the rest of society, but these relationships are brought into focus with an analysis of the role of the state—a newly contested concept in Marxism. Unfortunately, Navarro only applies his Marxist framework to developed countries, using dependency analysis for studying health care in Latin America.

In his chapter on dependency, Navarro argues that the Parsonian sociological framework has dominated most social science research on medicine and proposes that dependency analysis provides a more accurate picture of health and health care in Latin America. His evidence, collected from fairly well-known studies, tends to support his claims that there are considerable inequalities in health services and that, along some dimensions, these inequalities reflect the

adoption of the medical systems of the developed metropole (e.g., emphasis on medical specialties not appropriate to the major health problems of underdeveloped countries, preference for curative health services rather than public health, rural-urban imbalances). While his evidence suggests that dependency analysis is useful, it far from contradicts the Parsonian framework. One would like to find data that suggest inconsistencies in the Parsonian analysis that are better explained by dependency analysis, or at least some suggestion of the kind of data that are relevant to such a study.

Turning his focus to Chile, Navarro argues that the curative and urban character of the Chilean National Health Services—which provided most of the health care delivery in the country—was not only responsive to the satisfaction of the consumption pattern of the dominant Chilean bourgeoisie, but also reflected an imitation of the health services in developed countries and therefore did not respond to the main causes of mortality in Chile—malnutrition and infectious diseases. Navarro then discusses attempts by the Allende government to implement a more appropriate community medicine approach to health care delivery, emphasizing both maternal and child health services and increased democratization of medical decision-making. He argues that the democratization program was not fully implemented but nevertheless threatened the physicians' monopoly control of the system and turned them into a major force opposed to the regime. After the fall of Allende the physicians joined the military in dismantling the public health services and persecuting those who had favored Allende. Navarro concludes that Allende's "gradualism" and "compromises" were at fault, but does not show how he could have proceeded faster and still avoided the tragic outcome.[2]

While Navarro presents us with a very important first step in applying the Marxist and dependency frameworks to the case of health care, he has fallen short of our expectations. He has shown us that one *can* apply the frameworks but has failed really to go beyond that to show how they bring a better understanding of health care problems. Obversely, and perhaps more importantly, he has not shown how his study of medicine helps us understand the frameworks better. Health and medicine appear to provide vehicles for the explication of dependency and Marxist analyses without suggesting any modifications of the theories for the special cases of health care or Latin America. Navarro might just as well have studied any other sector: education, land tenure, public enterprises, etc. If his objective is simply to show that medicine reflects the general conditions of society, he has set his sights too low; a Marxist or dependency analysis should show not only how the health sector is structured by capitalism and dependency, but also the contradictions that are particular to that sector.

This lack of originality and innovativeness in application of the frameworks is also reflected in Navarro's description of them. Most disappointing is the chapter on dependency, which is a dated and uncritical application of the works of Baran, Frank, Griffin, and ECLA and which has not been revised in response to subsequent developments in dependency theory. While his Marxist analysis of the state utilizes the current literature of Poulantzas, Milliband,

O'Connor, and Offe, he has not added much to these very sophisticated theoretical concerns.

Navarro's most original contribution is his clear critique of Ivan Illich's *Medical Nemisis*. He challenges Illich's assumption that industrialization is the cause of societal problems and argues persuasively that Illich's emphasis on dismantling the medical bureaucracy is misplaced. On the contrary, Navarro argues that the health problems of society rest on the class structure and political power distribution under capitalism, that the medical bureaucracy reflects that structure and power, and that a major change in class and power relationships could establish more equitable and appropriate health services. Illich's suggestions that medicine be practiced by each individual in society rather than a health bureaucracy, Navarro argues, only contributes to the maintenance of the existing class and power relationships.[3]

The policy suggestions in *Medicine under Capitalism* are quite vague. They are not the kind that governments can apply, but rather are suggestions for those who wish to make major changes in society. He insists that "closet socialists" come out and apply their values to the study of capitalist society, that we engage in conflict against both the ideology of bourgeois social science and the "fetishism" of anti-industrialism in Illich's work, that we see the inherent hostility of the great mass of alienated people in capitalist society who seek workers' control of the means of production, and that we oppose the "gradualism" that characterized Allende's regime. Many will protest that his policy suggestions are not realistic, but the major problem is that they are presented as assertions rather than arguments and are far too general to be useful even to us "closet socialists."

Salud pública y bienestar social is a collection of studies of the Chilean health sector under the Frei and Allende governments prepared by the Centro de Estudios de Planificación Nacional of the Universidad Católica de Chile. Most of the articles are based on empirical studies of the inequalities of the public health services at that time. Since Chile's health system was reputed to be one of the most egalitarian in Latin America, it is important to note that in spite of its relative success in providing some curative services to lower-income groups, it was providing relatively more care to middle-income groups than was justified in terms of income, health risk, and numbers of people. The authors persuasively argue (even accounting for the recognized limitations of their data) that those who were least able to pay for health services—who also were the families generally in the highest health risk categories—were not getting a sufficient proportion of the health resources to correspond with their perceived and objective needs. It is unfortunate that the data that they present are only related to the public health sector and do not demonstrate the great imbalance in quality and type of services between public and private sectors. The one major success that these articles point out is that both regimes, but to a greater extent that of Allende, were able to redistribute health care resources to the benefit of maternal and child health through both the free milk program and greater provision of easily accessible pre- and neo-natal services.

The volume explicitly applies a "Weberian" framework of class analysis using income and status, rather than relation to the means of production as the distinguishing feature of class. Emmanuel deKadt's introductory essay is an adequate review of the general problems of the sociology of health care, focusing on the issue of inequalities of services but, unfortunately, it fails to go beyond raising the fundamental questions. We would have liked to see specifically how the empirical data about Chile expand our understanding of the problems he raises. What is striking is that although in this volume data are inspired by a Weberian framework, the book easily provides data that could be used in Navarro's dependency and Marxian analyses. This perhaps suggests more about the lack of clarity in the use of theoretical frameworks in both works than it does about the frameworks or data themselves.

Unlike Navarro, the authors of *Salud Pública* are more concerned with income inequalities than they are with changing the power relations in a society. They describe their proposals as "realistic" measures to establish equity presumably without challenging established power distributions. The radical change in power relationships since the coup in September 1973, however, raises questions about just how "realistic" their analysis and policy proposals are.

Silverman's *The Drugging of the Americas* attempts to demonstrate "how the multinational drug companies say one thing about their products to physicians in the United States and another thing to physicians in Latin America." He argues that the companies behave inconsistently from country to country and that their failure to disclose all the hazards of their drugs is unethical and, in some cases, criminal. He calls on the "world's medical-scientific community" to make an effort to "assure—and not merely recommend—that full and objective information on drug products is made available to all nations" (p. 133).

Unfortunately, the book only chips away at one piece of the problem. It might better have been a short article suggesting preliminary findings for a more complete study of the pharmaceutical industry in Latin America. Most of the book is a tedious presentation of the different ways twenty-eight drugs are described in the drug reference books of the U.S. (the *Physicians' Desk Reference*) and five Latin American countries. Most of the description is far too technical to be of use to nonprofessionals and would have sufficed as an appendix were it not for the fact that it takes up all but thirty-six pages of the book.

Silverman's informal observations, which make no pretense of being systematic, are perhaps the most interesting aspect of the book. He argues that the drug company detail men, with little formal training and a memorized advertising pitch, are more likely to be the source of drug information to doctors and pharmacists in Latin America than are the reference books he examines. This observation—along with the well-known fact that pharmacists, rather than doctors, are often the prescribers of drugs—suggests an area of research that would be extremely important for evaluating drug use and drug hazards for the majority of Latin America.

Silverman's appeal to the medical-scientific community is at best naive. His argument rests on the implied contribution of that community to the FDA's control of drug information in the *Physicians' Desk Reference*. Yet, as he argues in another book, the pharmaceutical industry of the U.S. is far from coming under

the control of the medical-scientific community.[4] As Navarro and deKadt both suggest, the medical community is not likely to be the most appropriate agent for change in world medical practices.

Although all these works do contain some policy implications they clearly do not go far enough. An appeal to "closet socialists" or the "medical-scientific community" is inadequate. Nor can we be satisfied with the moderate policy recommendations for tinkering with the health system of a Chilean regime that is no longer in existence. We must go beyond both the global and the specific recommendations to come to an understanding of the way policies are made in the health sector. As these books demonstrate, there is much concern with showing that the present health policies are both inappropriate and inequitable. Other literature on health care delivery services attempts to demonstrate the benefits of alternative types of services—in particular the community medicine approach using village "health leaders."[5] But few of these studies have begun to explain how governments adopt health care policies and how such policies can be changed.[6] If we seek changes in government policy in order to respond to lower-income groups, as do the authors of *Salud Pública*, we need to know how government policy is made and changed so that our policy advice will be "realistic" not only in terms of health needs but also in terms of the constraints of the policy process. If we agree with Navarro that health policies of Latin America reflect dependent capitalism, we also need to know how such systems change. Even for Marxists it is important to know how state policy—even within the constraints of dependent capitalism—can be ameloriated and how contradictions within the sector can be taken advantage of. These are areas for future research.

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NOTES

1. For English-reading audiences, Navarro clearly breaks new ground here. His is perhaps the only generally available work on health that uses an explicitly Marxist analysis.
2. For a complementary view of Chile see: Howard Waitzkin and Hilary Modell, "Medicine, Socialism, and Totalitarianism: Lessons from Chile," *The New England Journal of Medicine* 291, no. 4, (25 July 1974):171–77.
3. For an interesting follow-up on this argument see: Sally Guttmacher and Ross Danielson, "Changes in Cuban Health Care: An Argument against Technological Pessimism," *International Journal of Health Services* 7 no. 3 (Fall 1977).
4. See Milton Silverman and Philip R. Lee, *Pills, Profits and Politics* (Berkeley: University of California Press, 1974).
5. See Maurice King, ed., *Medical Care in Developing Countries* (New York: Oxford University Press, 1966); John Bryant, *Health and the Developing World* (Ithaca, N.Y.: Cornell University Press, 1969); David Morley, *Paediatric Priorities in the Developing World* (Woburn, Mass.: Butterworth, 1973); World Bank, *Health Sector Policy Paper*, March 1975.
6. The few exceptions include Milton I. Roemer, "Organizational Issues Relating to Medical Priorities in Latin America," *Social Science and Medicine* 9, no. 2 (Feb. 1975): 93–96 and Antonio Ugalde, "Los procesos de toma de decisiones en el sector sanitario y sus implicaciones políticas," *Papers: Revista de Sociología* 5 (Universidad de Barcelona, 1976).