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Personal Paper

"All for health and health for all": a study of basic health care in Peru

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"Unto every one that hath shall be given, and he shall have abundance: but from he that hath not shall be taken away even that which he hath."[1] Such is the history of Peru since the Spanish Conquest, albeit somewhat tersely put. We visited that country in June and July 1980, and like every other visitor we were forcibly struck by the extreme contrast between the wealth, elegance, and sophistication of Miraflores in Lima, and the primitiveness, even brutality, of the lives of the natives of the Andean sierra and the Amazon jungle. The comment in Disraeli's novel *Sybil* that "the privileged and the people form two nations" would surprise a Peruvian by its banality.

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Two-tier health services

The stratification of society is to some extent reflected in the health services. Private medical care is excellent. In the public sector there are good doctors and modern hospitals in the cities, with separate facilities for the *empleados*, or white-collar workers, and the *obreros*, the rest of the work force in full-time employment. In these services patients contribute to the cost of consultations and treatment. The self-employed and all those without permanent jobs are excluded from these services; for them the Government provides a State health service in which consultations are free.

Despite this, many diseases are common, although in Britain they could readily be cured. The State service seemed to us to be quite inadequate to cope with the demand for it, despite the generosity of some doctors in taking time off from lucrative private practice to work for the State. After queueing for many hours, patients told us, one receives only the most cursory of examinations, and "you have to be dying before you're admitted to hospital."

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The demand would doubtless be greater still but for two things that limit people's access to the service. Poverty is one. People for whom the bus fare (4p) from the slums to the centre of Lima is a major expense can scarcely afford to buy medicines. The other reason is that the service is insufficiently diffuse. Peasants in the remoter areas—that is, most of the country—may have to travel great distances to obtain medical attention. This particular problem is accentuated by pressures on doctors to work in cities: they naturally expect financial gain and prestige as a reward for their arduous training; and they expect to have the facilities to practise the increasingly advanced medicine they are taught.

Alternative medicines

The doctors could never be thought indifferent to the people, but as a result of the inadequacy of the State health service many people are indifferent to them and their service. Predictably, alternative medicines are widely used in rural areas. Every market we visited, from Puno (beside Lake Titicaca in the south) to Huarax (among the highest mountains in the north), had stalls piled with dozens of herbs. Coca and camomile were the only ones we recognised, but we were told the others also had curative properties. And when walking in the countryside, if we told the peasants we were medical students they would often start pointing out plants they used for medicines.

There are bogus doctors, too. In Huancayo, which is a small town in a golden valley east of the watershed, we found one fellow putting on a splendid show to sell his wonder-drug. He talked too fast for us to understand a word (or else he spoke in Qechua, the native tongue), but judging from his gestures the gist of it was that his filthy green potion (in old beer bottles) would cure both rheumatiod arthritis and snake-bite: one minute he was staggering about his arena with crooked back and fingers and an awful grimace, and the next he was hopping furiously round a wicker basket that was filled by a snake!

Se Ci Gra

Perhaps nothing provokes doctors more than competition from "quacks"; but they also had more positive reasons for welcoming the decision by the military Government (in power until the end of our visit) to try to improve the State health service. This it did by embarking on a programme of hospital construction in provincial towns; and to help redress the poor distribution of doctors it started a scheme known as *Se Ci Gra*. This is a sort of National Service for graduates in which all newly qualified doctors have to work for a year or two in whichever part of the country they are sent to.

Given the imbalance of disease and doctors this good idea was perhaps the obvious response, because it increases the number of doctors in the most unhealthy regions. But a better solution would surely have been to reduce the disease—by preventing it and by using what have become known as medical auxilliaries: local people trained to recognise and treat only the prevalent diseases. The nation's health could thus be improved cheaply and on a grand scale. Such an approach is certainly not without precedent: China has had its barefoot doctors since the Cultural Revolution; and as long ago as 1946 the Indian Health Survey and Development Committee stated that, "If the nation's health is to be built, the health programme should be developed on a foundation of preventive health work."[2] The lack of such a foundation in Peru could scarcely be more obvious: the concept of hygiene is still foreign to many people in the lower social classes. One victim of this was a baby we saw, dying of tetanus in a hospital in the jungle. The infection occured when the umbilical cord was cut with a dirty knife (not in the hospital, we hasten to add). This is an isolated case, but also a paradigm as any visitor to Peru will confirm. One tries never to eat anything without seeing it being cooked or having washed it one's self. This can be very difficult, though: when exploring rural areas on foot one is always greeted with immense warmth and friendliness by the peasants, who are apt to offer food and drink. To snub such friendship would be unthinkable; but acceptance is always regretted.

Distortion of priorities

In such conditions increasing the number of doctors and hospitals seemed to us a distortion of the right priorities. Perhaps the policy was adopted without a thorough appraisal of the needs of poor Peruvians. This is quite possible: the wealthy Peruvians we met were surprisingly ignorant of their own country, and especially of the poorer "nations" in it. Their interests lay more in the world outside. Perhaps it is not too fanciful to draw an analogue with those spectacular parasitic flowers of the jungle: the foreign influence that arrived with Francisco Pizarro has infiltrated all of the Inca tree stump, but never become part of it; and the future for the seed of Lima lies outside Peru.

To be fair, preventive medicine is not entirely neglected. Entering the jungle we were stopped by police who were rounding up people for a yellow fever vaccination. There are also regular checks by UNICEF staff for outbreaks of malign tertian malaria. But these are essentially parts of international campaigns, not Peruvian initiatives. We hope that foreign influences on the Peruvian health service will continue in this vein, and there is some cause for optimism in view of the recent adoption by the World Health Organisation of two ambitious resolutions: firstly, that in the next 10 years a concerted effort should be made to provide a clean water supply for everybody; and secondly, that it should strive for "Health for all by 2000AD."

We have slight misgivings, however, about the "provision" of good health. Efforts to improve health should be made by the people, rather than for them. Health care is not a basic human right so much as a basic animal duty: "Behold the fowls of the air: for they sow not, neither do they reap, nor gather into barns"[3]—but they do preen. It was perhaps their recognition of this that impressed us most about two local health services that we visited in Peru.

Las Flores

The first of these is being organised by four Benedictine monks from Worth Abbey (Sussex). They have a parish of about 40 000 people in San Juan de Lurigancho, one of the "barriadas" or shanty towns that encircle Lima. The place is named with sour irony *Las Flores*—The Flowers—and also with a touch of prophecy, for these slums are also called the *Pueblos Jovenes*, the New Towns. Much of the parish has no running water, no sewerage, no electricity. Water may be bought, but is for many families too dear to use for washing; it tends to be stored in dirty tanks, and there isn't always fuel to boil it. The children playing in the streets seemed cheerful, but it has been estimated[4] that perhaps as many as 70% of them don't reach their 2nd birthday. Infantile diarrhoea, malnutrition (sometimes due to intestinal parasites), tuberculosis, and typhoid fever seem to be the biggest killers.

The crucial feature of the monks' health service is its concern with basic education. Selected volunteers among the women of the parish are receiving training in essential health care: nutrition, care of babies, and, of course, hygiene; and they have been charged with the responsibility of passing this knowledge on to all the others. We like to think of it as self-propagating information, like a virus. Ideally every member of the parish would become "infected"; and the scheme ought to be highly efficient. The principle that, "if you educate a woman you educate a family"[5] has already been proved in various developing countries, and so has the advantage of getting natives to do the teaching in order to avoid any cultural barrier. Furthermore,

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these women are supervised and supported by a qualified nurse, and are encouraged by the prospect of a small health centre being built. The local "comite," the community's elected governing committee, has agreed to help finance this centre, which will be staffed by a doctor, a nurse, two midwives, and a laboratory technician. Their priorities will lie with the children of the parish, with antenatal and tuberculosis clinics, and with vaccination and immunisation programmes pursued with the co-operation of all the schools in the parish. Help and co-operation are essential in any basic health service: it must be run on a do-it-yourself basis if it is to be cheap, efficient, and self-perpetuating. We would like to see the WHO slogan amended in acknowledgement of this: if four Benedictine monks don't mind becoming three musketeers, one could proclaim instead: "All for health and health for all."

Apurimac valley and the Amazon Trust

Community participation was somewhat less obvious in the second of the local health services, not as a matter of policy but because of its location. In contrast with the compactness of the city parish, this scheme encompasses a few small towns and many villages spread over an area said to be as great as the weather-man's South-east England. It is the Apurimac valley, in the western extreme of the Amazon jungle and among the toe-hills of the Andes. The soaring lines of distant mountains remind one that Villcabamba, the last refuge of the Incas, was in the forested hills not far away. Moored along the hills are brooding clouds; the climate is subtropical. It ought to be a prosperous valley since two crops every year are possible on fertile soil, and the range and quality of crops is extraordinary. But about a million tons of bananas are left to rot on the trees each year: the valley's economy is simply asphyxiated by the difficulty of marketing produce. The journey from the valley to Ayacucho, the nearest big town, took us over ten hours in the back of a truck, bumping through the potholes of an awful dirt road. There are two passes to cross at 4000-4500 m, which were bitterly cold at nightfall. And it is not uncommon for the trucks, inspired by the gymnastic bends of the road on the edges of precipices, to do somersaults, sideways; a stunt they never repeat.

The valley is, as one might suppose, medically something of a backwater. An English charity, the Amazon Trust, is working in the valley to improve transport and productivity and to reduce exploitation of the farmers; but it gives its highest priority to improving the health of the people in the valley. The disease profile there is typical of vast areas of the continent: anaemia, parasites, and tuberculosis are common, river and stream water carries hepatitis, and there are outbreaks of malaria, typhoid, and yellow fever.

The health service being developed to combat this includes a central hospital at San Francisco (the town where the road meets the river, and a place as unlike its American namesake as one could imagine) and several satellite village clinics. We visited one village and stayed in the *posta sanitaria* there. This consists of two rooms, both of them minute. One is for consultations, the other is an "office" with a cupboard full of drugs and bandages, and with wall-charts about yellow fever and Anopheles mosquitos. These rooms are in the end of a barn built of mud bricks and timber, and the young all-purpose medical auxilliary lives above his rooms under the thatch. His job is to diagnose sickness, dispense drugs, vaccinate the villagers, teach the schoolchildren, and advise the women about raising their families. (We had no need of his medicines, but were grateful for a preventive measure he advised: the use of nets against the vampire bats!)

The name of that village is Lechemayo, and it contains a clue to the need for such a comprehensive health service in the village: it means "milky water," being a bastard of Spanish and Qechua words, and it refers to the rapids. To reach Lechemayo (which is not one of the more remote villages) from San Francisco we had to travel upstream for eight hours in a merchant's motor-powered giant canoe. Four times we had to leap overboard and heave it up the rapids. The journey downstream towards the hospital took only five hours, and we were able to "shoot" all but one of the rapids without getting out. Even so, it must deter referral of patients to the hospital.

The medical auxilliary's training, however, is much less than a doctor's, and his clinic lacks facilities for prolonged or intensive care. Until recently patients who were referred to hospital had to go all the way to Ayacucho, but there are now 24 beds and cots in the new hospital at San Francisco (one bed for every 4000 people in the valley, incidentally). The hospital has a tiny operating theatre and a radiography room, both being furnished with second-hand equipment from London hospitals; there is a labour ward, and in the outpatients department a consulting room, a dispensary, and a somewhat rudimentary laboratory. The principle of health care by prevention and education has not been abandoned, though: rooms are set aside for epidemiology, for giving vaccinations, and for teaching the townspeople how to look after their health. The presence of a hospital in the valley also seems to be a great psychological aid to the promotion of basic health care in the villages: when the health care project was started the general attitude to health was described as fatalistic; but when we visited it there had just been prolonged festivities celebrating the extension of the hospital, and everyone seemed proud of what they called "our" health service.

It would undoubtedly be a great advance for Peru to have such health services as these in all the slums and rural areas. The principles on which they are organised would apply anywhere, and are in fact internationally recognised: health care should be primarily by education and by prevention; and to be cheap and efficient it should involve the community and be organised locally. The dictum "small is beautiful" does apply, but it needs the rider that international campaigns against specific diseases are also valuable if widely based and co-ordinated.

Patchwork of different health services

Nevertheless, there would be problems in using either of these two services as a model elsewhere, simply because of the extraordinary variety of landscape, cultures, and communities that make Peru such a fascinating country, What is required is a patchwork of different health services. The ones we visited were tailor-made for specific communities and might not fit others. Moreoever, successful tailoring has always demanded great dedication and perseverance. Whether the new (elected) Government can inspire these qualities in the country as a whole remains to be seen.

We tried to interview the in-coming Minister of Health before we left Peru, but were unsuccessful. We have also written to him without result. What his policy is we do not know; but last July it seemed to us that the Ministerio de Salud was really the Ministry for Doctors and Hospitals, and not the Ministry for Health.

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