Chapter Four

Decommodifying Health

Howard Richards: What I cannot understand is how it can be possible that the coverage and quality of health services in Rosario has steadily improved during the 1990s and until today under adverse circumstances. Throughout the world governments are facing fiscal crises. The global tendency is that the welfare state is in retreat. The reasons for this tendency are deeply embedded in the structure of the global economy. There does not seem to be any likelihood that the structural causes of the decline of the welfare state will change anytime soon, and consequently no likelihood that the funding of health services financed by taxes will increase. What I do not understand is how Rosario can be different from the rest of the world.

Monica Fein: But Rosario's experience is not unique. In Spain, for example, in the provinces of Andalucia and Navarro, there are similar experiences, with results even better than ours, as is to be expected in places with resources at the level of a first world country. Our approach to health is also similar to that of Campinhas and other cities in Brazil. We have learned a great deal from the Brazilians, for example the concept of the expanded clinic (clinica ampliada) which promotes health in the area surrounding the clinic. We also learned from the Brazilians the concept of meetings of colleagues (espacios colegiados) in which teams of health workers permanently reflect on their practices, consult each other, and learn from each other.

Howard Richards: What you are saying gives me more hope but leaves me more puzzled than ever. The global tendency is that business is more mobile every day. Therefore, it is every day less feasible to raise public funds by taxing the sectors of the economy composed by businesses and their owners, which are the sectors that hold the greater part of society's liquid assets. Taxes are imposed every day more on those who have the fewest means for paying them, to the point where here in Argentina for example the Value Added Tax (sales tax) has risen to the incredible level of 21%. Consequently it is no surprise that throughout the world governments find themselves obliged to cut back on health services due to budgetary constraints. What is a surprise is that you are telling me that not only in one city of a million people in the southern cone of South America, but in

several cities and provinces in several parts of the world public health care is improving at the height of the epoch of neoliberalism and globalization.

Monica Fein: It seems to me that you do not understand what we are doing because you start from the premise that health is a commodity. If health is a commodity, then the laws of the market govern the delivery of health care services. We start from a different premise.

Howard Richards: Would you say that neoliberalism and globalization force the peoples of the world to rethink health care ?

Monica Fein: Yes and no. For at least five decades in Argentina, at least since the time when Dr. Ramon Carrillo was Minister of Health in the first government of Juan Peron, we have been saying that health is a human right. It is a right of all human beings, and not a commodity to sell to those who can afford it and to deny to those who are economically weak. The present epoch did not make us invent this concept, but it made us walk the talk. We have no alternative.

Howard Richards: Could you give me some concrete examples to help me to understand what you mean ?

Monica Fein: For example, if the health care system were organized according to commercial principles, then the greatest profits …

Howard Richards: ..which is to say, the best results, if the premise is that the objective is to make profits…

Monica Fein: …the greatest profits are made with the most expensive treatments, since the most expensive treatments are the most profitable treatments, such as high tech medicine, complex procedures, long hospital stays. I won't even mention cosmetic surgery. I won't even mention doctors who choose their patients according to how much they can afford to pay. I will not even mention luxurious hospitals that provide services typical of five star hotels instead of following scientific criteria to determine what treatments are necessary. Regarding health care as a commodity, its costs can rise out of sight. But since we start from a different premise, we can dedicate ourselves to providing the treatments that are scientifically indicated, without following the laws that govern the marketplace, but of course within the limits of the resource constraints we labor under.

Hermes Binner: The first principle of the social movement that Dr. Fein and I and many others have formed part of for several decades now is to give the collective good priority over personal interests, not just in the field of health care, but in general throughout our administration.

Monica Fein: It has always been the ideal of the medical profession, and of all the liberal professions with traditions going back to ancient times, to serve a noble purpose, in our case health, the life of the patient, and not to be governed by the criteria of personal interest.

Howard Richards: But cynics, and those who regard themselves as realists, have always said that ideals are weak and self-interest is strong. I am thinking for example of Adam Smith who wrote in The Wealth of Nations that he trusted more in the self-interest of his baker to bring him his daily bread than in his baker's benevolence. Self-interest was more reliable. Does it not make sense to say that the health of the citizens will be more reliably achieved by giving monetary incentives to the health care workers ? I assume that doctors and nurses and all the members of the health care teams have the same human nature as everybody else. Or is human nature different in Rosario from human nature in other places ?

Hermes Binner: It is not that human nature is different here. We have to start on the basis of what is, not on the basis of what we wish were the case. Socialism is about understanding the world better in order to change it effectively. It is well known that in human nature there are both selfish tendencies and social tendencies. We have taken solidarity as an ideal and as one of our basic principles not because we do not know that selfishness is a common human characteristic, and certainly not because we want to exploit health care workers, but because we know that the human being is also capable of solidarity. I do not believe that Rosario has a culture of solidarity, or a high level of social capital, greater than other places, or at least not greater than many other places. The difference is that Rosario is one of the places where there is a political program, specifically but not only in the area of health care that systematically engages and supports the tendencies toward solidarity that human beings do have.

Monica Fein: It is not just a matter of the solidarity shown by professionals, as if we were the givers and the patients and the neighbors in the neighborhoods where our health centers function were the passive receivers of our generosity. On the contrary, we think of health as a social

construction in which everyone participates. There are always two experts in a diagnostic interview. There is the professional who has done specialized study. There is the patient who is an expert on the circumstances of her or his life. It is useless, for example, to prescribe a salt-free diet if in the circumstances of the patient's life a salt-free diet is impossible. The patient may have no other source of food but the comedor comunitario (the community dining room) where it is not feasible to provide special diets. What the solution to the problem may be depends on a dialogue between two experts, one an expert in medical science and the other an expert on the realities of daily life. The neighbors know the reality of their neighborhood (barrio) and the expertise they bring to the clinic is fundamental. The neighbors also provide other very concrete support, which varies from case to case, for example in maintaining the cleanliness of the building. The various institutions of a given neighborhood, and sometimes too businesses in the private sector, also contribute.

Hermes Binner: I was going to say that the three principles of our administration have been solidarity, participation, and transparency. The third principle, transparency, bears on the question how to cope with the economic crisis in health care. A consequence of conceiving health as a social construction in which everyone participates is that there are many people who know exactly where the money is going. Over time participation and transparency generate trust, which is something for which there is no recipe in any manual of political science, but which in a thousand ways makes it easier to achieve goals within the limits imposed by the available resources.

Howard Richards: What I hear on the street is that in Rosario the health care system works well because the politicians are honest. That seems to me to be too simple an explanation.

Hermes Binner: Creating transparency is not just a personal commitment. It is also reorganizing public administration.

Monica Fein: In Argentina historically we have suffered from a culture of corruption. Government is for sale. The elected official pays with favors those who voted for him and those who financed his campaign. We have proposed for ourselves in our political activity the goal of changing that culture.

Howard Richards: Does this have to do with "constructing citizenship"? That is a phrase frequently heard in Rosario.

Hermes Binner: Yes. To give a more specific example, it has to do with the committees the neighbors elect to supervise carrying out the decisions they make in the participatory budget process. They track what the city employees do to be sure it is what the citizens want. They serve as guarantors of transparency.

Howard Richards: As volunteers ?

Hermes Binner: As volunteers, in their capacity as citizens, as owners of the government, and not as clients of the government.

Howard Richards: And is computer technology used in this process ?

Hermes Binner: Yes, anybody can follow the bidding process for public contracts and the purchases of the health secretariat and of the municipal government in general by looking them up on the Internet. The address is www.Rosario.gov.ar.

Howard Richards: Seeking the voluntary contributions of citizens, as participants in public deliberations, or as overseers of the administration of the city, or as people who do their community service in clinics as part of the work plans the federal government provides to give citizens a basic wage, or simply as volunteers, reminds me of the philosophy of Bernardo Kliksberg. In his books and articles Kliksberg works to demonstrate with empirical data that organizing social life with principles permeated by ethical principles of social responsibility is practical. It works.

Hermes Binner: Dr. Kliksberg is a collaborator with whom we are regularly in contact. His writings show that in doing what we do we are not romantic utopians, but rather builders of possible social realities. I dare to say also that our city contributes some concrete facts that support his thesis. The city's public health system which we have been talking about attends to the medical needs of perhaps a third of the city's population. The taxpayers who pay most of the cost, and the citizens who support the system with their votes at election time, in their majority enjoy the benefits of the Argentine system of medical insurance (obras sociales). In spite of the fact that they do not need the public system themselves, they support free clinics that

attend mainly to the needs of those who are least well off. It is understood that those who are least well off also support the system with what they have to give, including helping the sick and injured in their families and neighborhoods, helping out at the clinics in their neighborhoods, and giving their time to participate in the deliberations of local government. I can also cite an example from outside the field of health, which was the program to connect the pipes to deliver natural gas to neighborhoods that lacked it. Those who were already connected to the natural gas delivery system paid ten per cent more on their gas bills to build a solidarity fund to expand the service to the barrios that were not connected to the system. Today the entire city is connected. Almost everybody willingly paid the extra ten percent for solidarity without complaining.

Monica Fein: It should be mentioned also that in this city and in this country we medical doctors are not a superior caste with the ambition of earning very high incomes. Medicine here has always been a modest profession which attracts young people with a vocation for service.

Howard Richards: I can understand too how your point about health not being governed by the laws of the market applies here. If the supply of medical doctors is determined by market forces, then almost every doctor will choose to specialize, since professional fees can be maximized by providing specialized services to patients who can afford to pay for them. There will be hardly any generalists left, and poor people will have to stand in line and pay fees they cannot afford to consult one of them. Further, the professional associations will limit entry into the profession so that the supply curve for medical services will intersect the demand curve for medical services at a point where the price is high. If, on the other hand, it is understood that the bulk of the medical problems of the mass of the people are comparatively simple problems, then public policy and medical education will be geared to producing large numbers of general practitioners.

Hermes Binner: I think we also need to give great credit to the Rosario Medical Association. Already during the years of military dictatorship, during the late 1970s and early 1980s, the medical association resisted policies that prejudiced the health of the people. It also sponsored a series of studies and held a series of conferences concerning health issues. The scientific studies the doctors carried out during the dictatorship became the basis for new initiatives in health policy at the head of the public policy agenda when democracy returned to Argentina.

Howard Richards: I cannot help but remember a certain famous Argentine medical doctor who was born in Rosario, who was Dr. Ernesto "Che" Guevara.

Monica Fein: We remember him too, although our philosophy of political activism is a different one.

Howard Richards: I also cannot help but remember friends in the health professions in the United States, and in some cases medical doctors who were my clients in my law practice, who found themselves obliged to charge their patients high fees in order to pay off the huge debts they had incurred to get through medical school.

Monica Fein: Here university study in the faculties of medicine, and in all the health professions, is free. Of course the student, who is most frequently a woman student, since medicine is more and more a feminine profession, has to have certain economic advantages in order to be able to devote time to being a student, and to pay certain expenses, such as the cost of textbooks. Nevertheless, she does not begin her professional life with heavy debts. Nor does she begin with social expectations that because she is a medical doctor she is expected to become rich. On the other hand, she does begin with the social expectation that as medical professionals we have civic responsibilities. For example, because of the economic conditions of the country many people have been reduced to a state where they have to sort through trash bins every day in search of something they can eat or something they can sell. The constant contact with trash carries a high risk of infection. The medical profession has the responsibility of brining this problem to the attention of the authorities and the public, and to contribute with scientific data to the common search for solutions to it.

Hermes Binner: Monica's example also illustrates another concept we use in Rosario that we discussed earlier, the concept that health is a social construction, which everybody participates in constructing.

Monica Fein: The point can also be expressed in a phrase Guillermo Estevez Boero used to use: "Either reality will be transformed by all of us working together, or it will not be transformed."

Howard Richards: Promoting health in the first instance at the level of primary care in neighborhood clinics also seems like a good strategy for reducing the cost of hospitals. The neighborhood clinics no doubt perform a sorting function, treating immediately the majority of cases that are relatively easy to treat, saving the hospitals the expense of dealing with them.

Hermes Binner: Exactly. 80% of the problems are resolved at the primary level, in the local neighborhood health center.

Monica Fein: That is also the way the neighborhood health centers with respect to our center for specialized medical treatment of ambulatory patients (Centro de Especialidades Medicas Ambulatorias de Rosario, CEMAR), which was recently inaugurated in the year 1999. CEMAR is a secondary level of medical attention, but it is not a hospital. It makes it possible for the mass of the people to have access to the services of specialists, without the enormous expense of posting specialists in each neighborhood. 85% of the patients of CEMAR are referrals from the neighborhood health centers. They are referred back to the neighborhood health centers after consulting specialists at CEMAR.

Howard Richards: Why is CEMAR not a hospital ?

Monica Fein: Because it does not keep patients overnight in hospital beds. The hospitals that do have beds also benefit from the neighborhood clinics in the same way. The health teams in constant close contact with the people of their neighborhood relieve both CEMAR and the hospitals of many burdens. It also makes it possible for us to work at a grassroots level that the big hospitals usually cannot efficiently attempt, for example in the field of preventive medicine and in the field of health education.

Hermes Binner: The general hospitals for severe cases and the maternity hospitals are able to devote themselves to their specific functions, which are to provide health services at a high level of complexity. We must acknowledge that we do not have enough hospital beds. If we consider only what is available to the part of the population with fewest resources, which is the part that has to depend on the public system, the beds available are on the order of one bed for every 300 people, when the norm desired is one bed for every 100 people. We have chosen to face this situation partly by building another hospital, but also by treating the less severe cases in the

neighborhood clinics, by ambulatory treatment in CEMAR, and also by providing professional support to people who are sick in bed in their own homes.

Monica Fein: I do not want you to get the impression that we have neglected the hospitals. Especially in the first phases of our administration we gave priority to their physical and moral reconstruction. We received them in a deplorable state at the end of the years of military dictatorship.

Howard Richards: I think we are drawing the conclusion that decentralization has made possible more efficient use of the available resources. I think I am beginning to discern through the fog the outlines of an answer to my initial question …

Monica Fein: …which was how it has been possible to increase health services in an era of budget crises …

Howard Richards: …and in an era whose principal characteristics seem to be imposed by the competitive structure of the international economy, and therefore not cyclical but permanent …

Monica Fein: …unless we change social reality.

Howard Richards: It seems to me that it has been possible to increase health services not just by rethinking health, but also by rethinking government.

Monica Fein: Exactly. The role of government is fundamental. If you start with the premise that health care is a human right, then somebody has the duty to guarantee the enforcement of that human right. Rights without duties are just meaningless words. That somebody is the government, the state, in our case the state at a municipal government level.

Howard Richards: But -–this is what I was going to say—it is a state that constantly reinvents itself, constantly seeks more intelligent ways to mobilize the resources needed to make the utopia of health care for all a reality. It is a state that learns, a state that facilitates culture change, a state that convenes dialogues among all the social actors, a state that forges consensus, a state that partners with nongovernmental organizations, a state that coordinates its actions with the private sector, a state that formulates norms and measures results.

Monica Fein: I can give you a concrete example. To get necessary prescription medicine is a right, and for that reason it is a duty of the government to be watchful that this right is realized in practice, and does not fall as a dead letter as have fallen so many of the economic and social rights that are solemnly declared in international treaties. In Rosario the government has facilitated the establishment of the Municipal Prescription Medicine Commission. It designs policies for the rational use of the available medicines, that is to say, for the prescription of the appropriate drug at the right time, without prolonging the treatment more than is necessary. It oversees bulk purchases, choosing the most appropriate pharmaceuticals. It implements quality controls.

Howard Richards: If I understand correctly it is a matter of regulating also the functioning of the pharmacies and the private pharmaceutical industry. The many institutions of diverse kinds that provide health goods and services should be oriented toward the concrete objective of making sure that every citizen is guaranteed that part of the right to health care which is access to the medicine that she or he needs. The citizens as a whole, by the agency of the governing authorities they elect, guarantee that each of them will get prescription drugs when needed. Although the means are multiple, the end is clear.

Monica Fein: I would say that it is not so much a matter of regulating the private sector as a matter of coordinating the efforts of different sectors, and in the first place the public sector. The state makes a commitment to guarantee that in one way or another the right to necessary medicine will be a reality for everyone. When it is called for it is appropriate that the public sector also participate in production. In Rosario the Laboratory of Medical Specialties (Laboratorio de Especialidades Medicas , LEM) is a municipal pharmaceutical factory. It produces at low cost more than sixty common pharmaceuticals.

Howard Richards: And are there not complaints against the LEM made by the great multinational pharmaceutical companies ?

Hermes Binner: So far there have been none. And they have no reason to complain. Those who benefit from the LEM are those who otherwise would have no pharmaceuticals because they cannot afford them. They are not a market for the private sector.

Monica Fein: We have dedicated ourselves systematically to studying how to guarantee the right to health care with the available resources. We have a specialized institute devoted to the study of public health, the Instituto Juan Lazarte. But it is necessary to take into account also that the available resources have also grown. The municipal budget in recent years has been giving more and more priority to health. Health was less than 8% of the municipal budget in 1989, and in some recent years it has come to more than 25%.

Howard Richards: It is a possibility that the fiscal crisis of the state is a global phenomenon, but that there is no fiscal crisis of the municipal government in Rosario. But let me resolve one mystery at a time. The city's finances will be discussed in another chapter. At this point I am working on understanding how socialism in Rosario has gone about facilitating a culture shift, so that the available resources are used more effectively. I suspect the two strands are connected. It seems likely to me that to the extent that taxpayers have confidence that city funds are well managed they will be more willing to pay the taxes needed to fund the city's programs.

Hermes Binner: It needs to be said that for the construction of CEMAR the city received a loan on favorable terms from the Interamerican Development Bank, and it received another for the construction of the new Clemente Alvarez Emergency Hospital, which is not yet completed. En the construction and operation of the neighborhood primary care clinics the city has had major support from the federal government of Argentina. It would be a long list to name all the institutions and individuals who have contributed to the common aim of improving health care in Rosario in one way or another.

Monica Fein: We collaborate as equals with many individuals and institutions. We are not looking for followers who blindly go where we lead. We want autonomous teams of professionals and autonomous citizens, people who have their own ideas and their own proposals. We want people who criticize us and tell us how we can improve.

Howard Richards: So it is not a matter, speaking in terms of traditional political science, either of power flowing from the top down, or of power flowing from the bottom up. It is a matter of some other way to deliberate, make decisions, and coordinate implementation.

Monica Fein: We work with the concept of network. We speak of weaving the network of health. [Note: In Spanish red means both net and network.] For example, we have partnerships with Catholic church institutions that run houses for the rehabilitation of drug addicts. We facilitate the organization of workshops for the handicapped, and of groups of women who receive training in preventing problems of at risk adolescents. There are voluntary groups dedicated to accompanying lonely old people, and there are women who volunteer to provide nutrition education as well as aid to families with undernourished children. Besides our 50 neighborhood primary health care centers, there are 28 more sponsored by the government of the Province of Santa Fe. There are also provincial hospitals. There is a system of prepaid medicine in the private sector. There are the many health insurance (obras sociales) agencies. And new ideas for improving health care are always emerging from the people's meetings in the barrios and from the participatory budget process. The health teams of every neighborhood center hold team meetings every Tuesday. Representatives of each clinic meet once a month at the district level. [Rosario is divided into six decentralized governmental districts, each with its own mini City Hall.] The health coordinators from the entire city meet once a month in the auditorium of CEMAR, always reviewing what we do and learning from each other.

Howard Richards: You have mentioned the obras sociales several times. They are an Argentine phenomenon that I fear no foreigner will ever understand. I believe that they began in the 19th century as mutual benevolent associations whose members belonged to one or another ethnicity among the immigrants flowing into the country mainly from Europe. The first was British. Later associations of Germans, French, and especially Italians and Spanish, and people from particular provinces of Italy and Spain formed obras sociales. The sindicalist and socialist movements among Argentine workers gave new forms and new strength to what had started out as cooperation among people of the same ethnicity. Then Juan Domingo Peron's corporate state enthusiastically embraced them and encouraged them, and also carried out many benevolent activities in the field of health through its Eva Peron Foundation. Under Peron, and then ever since through a series of modifications, the obras sociales have been governed by a maze of statutes, which regulate them, impose certain duties on them, and provide for them to be funded partly from various public funds, partly from deductions from paychecks, and partly in other ways.

Monica Fein: Concretely, in Rosario the elderly 70 years old or more are mainly cared for by the obras sociales ?

Howard Richards: Even the poor ones ? Even the ones who did not have coverage when they were younger ?

Monica Fein: Yes. Even the penniless. As a general rule Alzheimer's, senile dementia, and other diseases typical of the elderly are handled by obras sociales and do not come to us.

Howard Richards: But since you have so many neighborhood clinics so conveniently located you must have a lot of drop-ins who come to you even though they are covered somewhere else.

Monica Fein: The social workers who are part of the health teams at the clinics help such people get oriented and find their way through the obras sociales bureaucracies.

Howard Richards: What do the public clinics treat ?

Monica Fein: Whatever comes in the door, but the biggest part of our practice is in pregnancies, infants, and pediatrics.

Hermes Binner: But also the closing of many factories during the 1980s and 1990s and the economic crisis of the first part of the 21st century has brought floods of new people in mid-life into our neighborhood clinics. They generally lose their obras sociales when they lose their jobs.

Howard Richards: So in a sense you are running hard just to stay in the same place, just to keep the level of care people already had. You are taking in the people who lost the health coverage that was tied to their work. Looked at another way, the growth of the public system came just in the nick of time.

Hermes Binner: Yes, but when you call it a "public system" you have to differentiate it from something like the British national health care system.

Howard Richards: Yes, I remember what you have been telling me. The new approaches to health in Rosario, in the Brazilian cities health professionals from Rosario go to for training, and in other innovative places,

are not just carbon copies drawn from Western European welfare states. They represent an emerging new paradigm. Solidarity, participation, and transparency have become idees-forces that transform multiple practices. You are treating health as a collective social construction. You are facilitating a culture shift.

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Hermes Binner, M.D. was the Secretary for Public Health from 1983 to 1989. From 1989 to 2000 he was Mayor of Rosario. He currently represents Rosario in the Argentine federal congress.

Report on a Visit by Howard Richards to a Neighborhood Clinic

I went on a Tuesday in November of 2005 to Health Center 33 of the City of Rosario, named after St. Vincent de Paul. It is located in the southernmost part of the city in a house next door to a new community kindergarten and across the street from a Community Center. I was told that its catchment area is a fraction of the city with a population of about 7,000 people. The health histories of some 3,000 of them are tracked in its medical files. It is a middle-sized Health Center, neither among the largest nor among the smallest.

I was told that the land the Health Center was built on had been donated by the Catholic Church. The Argentine federal government contributed to putting up the building and acquiring the equipment. The salaries and operational costs are paid by the City of Rosario.

The full roster of the health team at the time of my visit was:

Cristina –a neighbor who helps in distributing powdered milk in the afternoons

Mirta – a neighbor who helps in distributing powdered milk in the mornings

Silvia A. –a neighbor who helps the dentist

Suzette –a pediatric physician who is full-time at St. Vincent de Paul

Carlos –an obstetrician who is almost full time (30 hours)

Gonzalo – a part time pediatrician

Diana – a social worker shared with one other Health Center

Alisa -- a part time dentist

Patricia -- a part time dentist

Hector --a part time clinical medical doctor

Rosana --a part time gynecologist

Marta –an administrator almost full time (30 hours)

Silvia G. – an administrator almost full time (30 hours)

Alicia --a neighbor, who helps with housekeeping

Marisela – a neighbor, who helps with housekeeping

Julia – a neighbor, who helps with administration

Wilma -- a nurse who is almost full time (30 hours)

Silvia T. – a nurse who is almost full time (30 hours)

Cesar -- a nurse who is almost full time (30 hours)

Lilin -- a full time psychologist

Gladys -- a neighbor, who helps with administration

Betty ---a pharmacist, the dispenser of the prescribed drugs, full time

The people listed as “neighbors” count their contributions to the clinic as the community service they do for their work plans. I have met people

visiting other clinics who just volunteer without counting it as community service for a work plan.

Not everybody was present for the health team meeting I had come to attend, but there were people of all the kinds listed above. I made notes on what they said, and then sent the notes back for them to review to be sure I had understood them correctly. Here are the revised notes:

They have no complaint against the city regarding the supply of pharmaceuticals. It is sufficient to meet the needs. The city uses a competitive bidding process to buy the needed medicines that it does not make in its own factory, the LEM. A minority of the pharmaceuticals are provided by the Argentine federal government under its Remediar program.

One of the three biggest problems is in the coordination of the relationship between primary attention at St. Vincent de Paul and the secondary attention at CEMAR and in hospitals. They try to resolve as many problems as they can at the local level of the Health Center, because referrals to higher levels for specialized care are frustrating.

Going to secondary care means at least two long bus trips to the center of the city. It means spending 5, 10, 20 days or more waiting until the day of one's appointment. At the local neighborhood Health Center everyone gets health care the same day with no appointment necessary.

The staff of St. Vincent de Paul wastes a lot of time trying to get exceptions made for urgent cases that cannot wait 20 days for an appointment at the secondary level, "…calling CEMAR on the telephone and praying that the specialist I am calling has his cell phone turned on," as Suzette said.

The frustrations are even greater when the referral is to obras sociales. In those cases the patient first has to get acceptance of the referral by a medical auditor, and then get an appointment and wait until the day of the appointment.

Another part of the problem of coordinating the primary level with the secondary level is the counter-referral. The secondary level is supposed to send back to the primary level treatment follow-up instructions and a prescription. The needed medicine is supposed to be there when the patient

walks back in the door of the primary care clinic. But sometimes the secondary doctors send back a counter-referral that prescribes something different from what the patient expects. Sometimes when the patient comes to the primary clinic to get the medicine the prescription has not arrived due to a communication failure.

The St. Vincent de Paul health team thinks that because of having regular contact with the same patients and because the population of the barrio is not large, they have a more human relationship with their patients. They tend to stay after hours when needed. (I met a pediatrician at another Health Center who voluntarily stayed after hours to teach principles of child health to a class of young mothers.) They are available weekends for emergencies. Such things are less typical of the staffs of the large institutions in the center of the city.

St. Vincent de Paul has not, however, implemented a recommendation called "adscription." The Brazilians recommend, and Rosario has made it a policy, to identify a medical pair, one doctor and one nurse, as the primary care agents for a given family. The team at St Vincent de Paul agrees in principle, but they are still carrying on internal debates concerning the best way to do "adscription."

The second of the three biggest problems is violence in the barrio, and especially domestic violence. According to the social conception of health they work with, it is part of their mission not just to treat the wounds of the abused woman, but also to concern themselves with preventive measures.

The third of the three biggest problems has to do with finances. They and other teams in the city's health care system provide emergency services in cases of necessity that are supposed to be reimbursed by obras sociales or by private insurance companies. In some cases a private party is responsible for paying. In practice the public sector is only able to collect about 20% of the payments due to it.

All of the above was discussed in an open and respectful way, with nobody dominating the conversation. Everyone spoke frankly about how to cope with the objective problems. There did not appear to be any information needed to hold a rational conversation that was kept reserved so that only higher level people knew it.

Some Notable Achievements

Infant mortality in Rosario fell from 25.9 per 1,000 births in 1988 to 13.8 in 2001 and an estimated 11.4 in 2003.

Cases of measles fell from 371 in 1992 (the first year with reliable data) to 2 in 1999 and none in the following years. Rosario was protected from the measles epidemic that struck Argentina in 1998-1999.

The percentage of pregnant women getting pre-natal care rose from 37% in 1995 to 60% in 2003.

Since 1995 the records of the maternity hospitals of the city show a reduction in teenage pregnancies.

A program to combat AIDS has been established which among other things has increased the free distribution of condoms from 40,000 in 1985 to 350,000 in 2003.

Without a significant increase in the number of hospital beds the efficiency of the hospitals has been improved. The number of persons hospitalized, treated and released per month in hospitals rose from 1,500 per month in 1991 to 2,200 per month in 2003. There will be an increase of 141 hospital beds when the new emergency hospital Clemente Alvarez is opened in 2006.

The number of ambulatory patients not hospitalized but treated in hospitals rose from 366,000 in 1989 to 764,500 in 2004

In 1991 the city initiated the Servicio de Internacion Domiciliaria which provides medical support to people sick in bed in their own homes.

The CEMAR, Centro de Especialidades Medicas Ambulatorias de Rosario (Center for Ambulatory Medical Specialties) was inaugurated in 1999. It reached the level of 66,000 treatments per year in 2004.

Rosario has been awarded a prize by the World Health Organization (WHO) of the United Nations as a city with an outstanding public health system.

Source: Mario Rovere, "Una Ciudad Modelo en Salud Publica," in Buenas Practicas para la Gobernabilidad. Rosario: Municipalidad de Rosario, 2004.

Numbers of Consultations in City Neighborhood Health Centers in Rosario

Year	Regular Patients	Emergency	Total	Number of Centers
1988	127,100			26
1989	129,852	17,483	147,335	26
1990	182,990	32,367	215,357	33
1991	242,300	43,000	285,300	43
1992	281,856	19,040	280,896	47
1993	271,809			45
1994	350,259	12,994	363,253	46
1995	419,644	18,969	438,613	46
1996	437,971			45
1997	455,913			47
1998	509,412			46
1999	565,671	12,056	577,727	51
2000	575,711	11,832	587,543	50
2001	624,869	18,789	643,658	49
2002	643,297	24,878	668,175	48
2003	647,739	40,649	688,388	48
2004	662,689	47,345	710,034	49
2005	342,213	23,909	366,122	50

Notes:

* Figures for 2005 are for the first semester only.

* From 1994 onward the figures include dentistry.

* “Emergency” refers to treatment after hours by an emergency staff that remains at the clinic when it is closed.

* In 2005 there were also in Rosario 28 neighborhood centers operated by the Province of Santa Fe, whose activities are not reflected in these numbers.

* According to the National Census of 1991 the population of Rosario was 908,875. According to the National Census of 2001 the population of Rosario was 909,397.

Source: Direccion de Atencion Primaria, Secretaria de Salud, Municipalidad de Rosario, Dpto. de Estadistica.

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