

Moriah Lutz-Tveite, Student Participant
Des Moines Christian School
Urbandale, IA

Inequality in Health Services in Rural South America

Public health initiatives are an important issue in dealing with rural poverty and sustainability in the South American Tropical region. Yet, health care problems in rural regions often take a back seat to the more visible regional concerns of saving the rain forest and alleviating the problems of urban slums. When South American politicians formulate awareness campaigns and health care programs, they often forget the strife of their geographically and culturally distant citizens. Part of the problem can be linked to the economic and geographic diversity of the region. Geographically, both individual countries and the region contain mountains, rain forest, and plains. This makes it more difficult for both national governments and international aid organizations to develop plans that are beneficial to the variety of lifestyles involved. The economies of the region also vary greatly with gross domestic product per capita of the region ranging from \$8,300 in French Guinea to \$2,500 in Bolivia (worldfacts). These differences provide unique challenges for farmers throughout the region; however, many of these farmers face similar problems. These include poor soil conditions, lack of technology and education, and poor healthcare in rural areas. These issues are certainly not helped by the rampant corruption of South American governments. The powers that be in these countries spend little money on health-related issues. Even when the governments do initiate health programs these are not always particularly beneficial to the rural community or their struggle to keep their crops and their families healthy. Many of the countries in the region face income inequality where the wealth of the nation is concentrated in urban areas. This is particularly true in Brazil which ranks second only behind South Africa in unequal distribution of wealth. In fact the bottom 20% income bracket accounts for only 2.4 % of the income in Brazil (rural poverty). Often, in recent years, South American governments have actually hurt instead of helped their rural population by placing the vast amount of their investments in the international market rather than keeping the money within the country. Introducing new health initiatives that provide equal service to citizen in every part of the country is essential in keeping a healthy farm work force. This workforce could be put to much better use if the citizens were educated and cared for properly. An educated rural community would benefit both the economy and environment of the region. The foremost issue that needs to be discussed is not if the South American governments are initiating health program, but rather if these programs are readily available to the rural poor by providing free services in their community. Supplying non-discriminatory health programs in rural areas will encourage a more trusting relationship between the government and rural farmers. If farmers have faith in their government to supply their needs, they will be more willing to participate in environmentally sustainable farming techniques.

One of the uniting factors of rural poverty in South America is the likelihood of the poor to live in arid areas with poor soil conditions. Many of the rural poor are indigenous or belong to a minority group. They are, as a whole, largely uneducated. Often the families are run by women. This is particularly true in Brazil where men frequently migrate to one of the many industrial centers in search of work. Because the poor are mainly minorities, women, and children, their voice is often not heard by the government. The crops grown by subsistence farmers differ greatly from the sugar cane, cocoa, and coffee that South America is known for and makes large profits by selling these products abroad. Instead of these financially beneficial products, the average family grows rice, cassava, maize, wheat, and other readily edible crops. Their diet consists almost solely of the crops they grow as most of the families have little if any cash. In fact, almost 40% of the population in Peru survives on less than \$2 a day (rural poverty). Because of the lack of education and technology, farms stay very small. For example, in Brazil, 2/3 of the farms are smaller than 100 half acres (fao). The techniques used by most subsistence farmers in the region are labor-intensive and damaging to the environment. The major environmental problem caused by these

techniques is soil erosion. Marketing is unnecessary because few farms produce more than the family can consume. The major problem facing farmers in rural South America today is a lack of services due to apathetic and corrupted governments. These services include a lack of basic health care and health education. Farmers also complain that they are not able to expand or better their farms because of a lack of government loans.

Initiating public health policies will not create a more sustainable agricultural environment on its own. However, if governments want to have a healthy agricultural sector, it is imperative that they have a healthy farm work force. Currently, little or no healthcare is readily available to rural farmers. They must often travel miles to seek medical care. When a farmer falls ill, they must decide if it is worth the time and money it takes to go to a physician. The tradeoff is the productivity of their farm. It is a vicious cycle that is difficult to break out of. If a farmer does go to the doctor they lose much needed time for planting or harvesting. They must then work twice as hard to get their crop ready while still recovering from illness. If they do continue working instead of seeking treatment, their long-term health may suffer. This results in decreased life span and lifetime productivity. If a farmer is healthy they can concentrate more on making long-term healthy choice for themselves and the environment rather than constantly worrying about the next day's meal. Instituting health programs in rural areas will also help governments become more connected to the often overlooked countryside and its needs. It will benefit the government by developing a relationship of trust with the farmers who the government will need to depend on if they introduce environmentally sustainable farming campaigns.

The need for health initiatives for South American countries is essential for both preventative care and immediate illness. Major health care issues in the region include HIV/AIDS and malaria. At present, AIDS is only a major epidemic in Brazil; however, a lack of education and ever-increasing cases throughout the region are cause for concern (avert). Education is particularly lacking in rural areas as they are overlooked by educational campaigns that are promoted through television ads and other technology widely unavailable to the rural poor.

The state of healthcare throughout the region varies greatly depending on each government's commitment to the issue. For example, the Venezuelan government has taken a strong stance against inequality in healthcare through their Barrio Adentro program introduced in 1999. The program was the first of its kind, and its goal is to provide health care to all citizens in all communities. Perhaps even more important than universal health care which provides free health care for farmers, is the program's placement of 20,000 Cuban medical professionals throughout Venezuela (rethink). The program requires its citizens to help take control over their own health care. Communities organize local health committees to make sure the government funds are properly dispersed throughout the community (thirdworld). The program should be commended for its commitment to health care for all, and for allowing citizens to have control over their medical care. However, some of the Cuban medical professionals who were brought to Venezuela solely for the program complain that they are underpaid and that the program is only a political ploy for Venezuelan president Chavez to gain victory in a recall referendum (vcrisis). Initiatives like this can be powerful forces for rural communities, similar plans, minus the political motivations, could bring positive change for other countries struggling with healthcare issues.

Sometimes a universal healthcare plan is not all it claims to be. A prime example of this is the Peruvian system. The country says that they provide service to all citizens for free, but a report by Amnesty International strongly refutes that claim. The AI report declares that the system treats rural farmers unfairly because they must travel considerable distances to reach the free "medical care" and once there they must pay for their own medicine. Amnesty's study also claims that infant mortality rates are five times higher in the poorest region of the country than in the capital of Lima. The report links this to discriminatory health care workers who give preferential treatment to better-dressed women. Amnesty

says because poor women do not want to be subjected to prejudice they choose to have their babies at home which leads to the higher mortality rate due to a lack of medical care at the time of birth (amnesty).

Other governments such as Brazil are investing in health care and nutrition, but often times leave out the rural poor. In 2000, the Brazilian government took a step in the right direction by introducing the National Food and Nutritional Policy. The policy promoted nutrition labels, education, and money for local programs. However, the program did not directly benefit farmers as they consume little packaged or processed food. The education tools were mainly directed toward teachers being able to use TV as a learning tool, and the majority of local programs were in large cities like Rio de Janeiro (delivery & format). Then in 2003, Brazil started a marketing campaign promoting testing for HIV. The straightforward campaign was first revealed at the country's biggest fashion show. The show was followed up with a television commercial campaign (pacific news). This campaign was much needed, as Brazil has more than three times as many cases as any other country in all of Latin America (avert). The modern approach of this campaign was essential to reaching the target audience: the young people of Brazil. According to avert.com, 36% of Brazilian teens lose their virginity before the age of 15, and only 62% of teens know how HIV is actually contracted. Despite, the importance of the issue, the rural areas were once again overlooked by a high-tech, albeit effective, campaign. As the AIDS epidemic expands away from the cities and to more and more women, it is imperative that prevention campaigns begin now before the disease reaches uncontrollable proportions in the countryside.

After years of pressure from international organizations to close the expanse between the wealthy and the impoverished, Brazil has finally initiated Zero Hunger program. The program, which was begun in 2004, seeks to help the rural poor in several ways. First it provides basic health care, social security, and social development for the most impoverished region of Brazil: the Northeast. Secondly, it provides direct assistance through food stamps and emergency food baskets. Finally, Zero Hunger seeks to create local programs that support the goals of the program (brasilemb). By all reports, the program seems to be a success. Brazzil Magazine was quoted in October 2005 as saying that Brazil is winning the fight against hunger mostly thanks to Zero Hunger.

Due to the often sporadic assistance provided to rural areas by governments, particularly those experiencing civil unrest, other nations and organizations have often come to the aid of the people. One of these groups is the International Women's Health Coalition. This group provides midwife services for rural Brazilians and Peruvians. In addition, the coalition provides sexual education for young women and promotes women's health issues (iwhc). It is groups such as IWHC that fill in the gaps that government health programs leave such as childbirth care in rural areas.

Often it takes a crisis for changes to take place. This was the case in 1991 when Public Health Initiative volunteers came to Ecuador following a cholera outbreak. They began a campaign to construct safe water systems and to provide education about water safety to villagers. The campaign has completely rid the area of cholera, as well as providing a safe method of waste disposal. The success on the local level has encouraged the Ecuadorian government to become involved with the program (questia).

Bolivia has also discovered that much can be accomplished for rural health when governments cooperate with other organizations. The country has seen much success with its Social Investment Fund. The Fund is sponsored by the World Bank and puts money into churches and other non-governmental organizations. These organizations are then placed in charge of providing schools and health care services. The rural communities have seen the benefits of being able to be in charge of their own services while having the security of being backed by an organization more stable than a shaky South American government (world bank).

The United States has designated a hefty sum of money to the region. In 2004 alone, the U.S. gave \$122 million dollars to Colombia and over \$360 million dollars to the South American Tropical region as a whole. The aid was directed in several directions including decentralization, AIDS prevention, and other health concerns. The region also receives aid from the United Nations and other international organizations. Recently the UN pledged over \$1.5 million to rural Brazilian regions that will provide farmers without electricity this service while producing renewable energy sources (UN). These outside financial sources are a significant help to equalizing services which is why the UN and the USA must carefully monitor their investments to make sure they are being properly used.

In many South American countries, the popularity of introducing public health initiatives is gaining ground. However, these policies are often ineffective or discriminatory towards the rural farmer. Emphasis must be placed on producing quality programs that ensure that the best health care is not available only to the poor of the metropolises, but also to the most secluded farm family.

Improving health initiatives in South America will improve the lives of rural farmers. Health programs that promote safe water practices will keep livestock healthier and more valuable to farm families as a food source. Having medical care readily available in every community will allow subsistence farm families to receive much needed treatment without having to worry about risking the survival of their crops. If governments want their farmers to start using more environmentally sustainable farming practices, they must first convince these farmers that there will be benefits for better farming. Providing health care services is the perfect methods for nations to win back their disenfranchised rural populations by proving to farmers that the government truly cares about their well-being.

If international organizations want to improve the lives of farmers in South America, they must work to help countries place medical workers throughout all their regions. The major issue, particularly for wealthier countries like Brazil, is not lack of money but rather the distribution. Countries would be wise to follow Venezuela in its plan for healthcare workers dispersed throughout a nation. However, governments must be careful to not let political motivations take over initiatives. This is why it is so important that the UN and world nations stay involved to keep the South American countries accountable to their commitments to their rural poor. Initiatives should be taken not only in health care, but also in promoting safe drinking water and HIV testing and education. HIV awareness programs as successful as the one in Brazil's more populous regions should be replicated in rural areas with concessions taken for the differences in culture. This could be accomplished by using the same catchy slogans and graphics, but by incorporating these into pamphlets and roadside signs instead of TV commercials and fashion shows. The UN and other organizations should also promote programs that allow the community to have a strong say in decisions affecting them. This will also help keep money from "disappearing" into bureaucrats' pockets. Programs that help promote safe drinking water like the one in Ecuador should be strongly encouraged. The UN should also be alert to the warnings of groups like Amnesty International who claim that discrimination is rampant in so-called universal healthcare systems.

Today's South American Tropical countries face the important dilemmas of saving the rainforest and improving conditions in urban slums. These issues are important, but the concerns of the rural poor should not be forgotten. While, the AIDS epidemic in South America may not have reached the proportions of Africa, that could unfortunately change if educational and preventative health programs are not initiated in rural areas where the people are particularly uneducated about these topics of health care and safety. Safe drinking water programs are also essential to a healthy countryside because without clean water the food supply, livestock, and human populations will suffer. The South American countries must do what they can to preserve and protect their rural population to ensure the continued economic growth of their nation. For, if subsistence farmers are given better opportunities and health services, they will be able to produce more crops that will then be available for sale. The South American Tropical countries of today are gaining ground in the areas of universal health services, HIV education, and other health related

issues, but these nations must stay committed to ensuring equal treatment of all people if they wish to maintain a stable economy. The nations of South America must learn to provide equal medical treatment to all their citizens, including rural farmers, if they hope to stay competitive in the global economy.

Works Cited

- Ballve, Marcelo. "Brazil, Not U.S., May Lead World's Fight Against HIV." *Pacific News Service*. 21 July 2003. http://news.pacificnews.org/news/view_article.html?article_id=28437S2d2b16287129a77963400e569.
- Carvalho, Paulo Cesar de Faccio. "Country Pasture/Forage Resource Profiles: Brazil." *Food and Agricultural Organization*. 25 September 2006. <http://www.fao.org/AG/AGP/AGPC/doc/Counprof/Brazil/brazil.htm>
- Cotinho, Denise, Carlos A. Monteiro, and Barry M. Popkin. "What Brazil is doing to promote healthy diets and active lifestyles." *Public Health Nutrition* 5(1A), 263-267.
- Dudley, Steven. "Venezuela: Cuban Doctors Speak Defect, Speak Out on Barrio Adentro." *Vcrisis*. 22 August 2006. <http://www.vcrisis.com/indx.php?content=letters20060823020>.
- "GDP per capita." *World Facts and Figures*. 11 May 2004. http://www.worldfactsandfigures.com/gdp_country_desc.php.
- "HIV and AIDS in Latin America and the Caribbean." *Averting HIV and AIDS*. 29 June 2006. <http://www.avert.org/aidslatinamerica.htm>.
- Kalson, Dennis J., Ron Baker. "Fighting Cholera in Ecuador: Building a Public Health System That Works." *Questia*. 1998. <http://www.questia.com/PM.qst;jessionid=FTYThvx393STxTHXPP70Fpcygr93fkT8plp5j2cOLJVnG8!-310404012?a=0&d=5002283060>.
- "Latin America." *International Women's Health Coalition*. 2004. http://iwhc.org/programs/latin_america/index.cfm

- Maybarduk, Peter. "A People's Health System: Venezuela Works Bring Healthcare to the Excluded." *Multinational Monitor*. October 2004. http://www.thirdworldtraveller.com/Health/PeopleHealthSystem_Venez.html.
- "Poorest Peruvian Women and Children Endangered by Discriminatory Practices." *Amnesty International USA*. 11 July 2006. <http://www.amnestyusa.org/news/document.do?id=ENGUSA20060711003>.
- "Private and Public Initiatives: Working Together in Health and Education." *The World Bank Group*. 25 September 2006. <http://www.worldbank.org/html/extder/hnp/health/ppi/pubpri2chtm>.
- "Rural Poverty in the Americas." *Rural Poverty Portal*. 7 July 2006. <http://www.ruralpovertyportal.org/english/regions/americas/index.htm>.
- "Venezuela Brings Healthcare to the Communities." *Venezuela Information Office*. <http://www.rethinkvenezuela.com/downloads/healthcare.htm>.
- "Zero Hunger: a Food Security Policy for Brazil." *Embassy of Brazil*. 28 October 2002. http://www.brasilemb.org/social_issues/zero_hunger_program.shtml