

BETRAYAL OF TRUST

Laurie Garrett.

New York, New York: Hyperion; 2000. 754 pp.

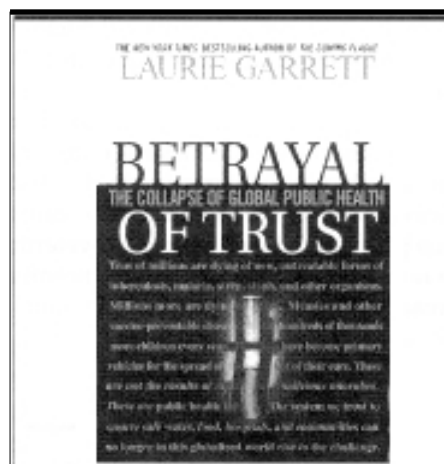
ISBN: 0786865229

This is not bedtime reading; it cannot be read in one sitting nor can the many minutiae of its descriptions of complex situations and the logic of its arguments be captured on the first reading. It is a journalistic tour de force that, rather than adopting a subtle rapierlike approach, bludgeons the reader with an impressive amount of detail into accepting that there is such an entity as global public health and that it is in crisis. It is in crisis in the sense that there is no longer a system that can promote the public's health, protect it, or see that it is restored after it is lost. There is betrayal because the people of the world have tacitly accepted that the nation-states, either individually or collectively, should give up those responsibilities.

Author Laurie Garrett focuses predominantly on infectious diseases and the apparent failure of the world as a whole to recapture the will or the capacity to deal with the infections that were the bread and butter of public health practice at the beginning of the twentieth century. Although the chronic diseases do get mentioned, particularly in relation to aging, the arguments turn predominantly around the infectious diseases.

She begins with the age-old scourge of plague, which affected India in the middle of the last decade, after being absent from the country for 30 years. Garrett describes the basic reason why *Yersinia pestis* can cause the epidemic and the extent to which the Indian city of Surat is the epicenter of the epidemic. Considerable attention is given not only to the clinical manifestations but also the underlying social dislocation that was caused. Perhaps the most impressive part of the story is the unbelievable level of unpreparedness of the public health system, which had forgotten lessons painfully learned in ages past. One agonizes over the apparently ineffective efforts on the part of other countries to prevent entry of the disease. The spectacle of attempts at an international airport to identify possible disease carriers through a superficial oral questioning of passengers is nothing less than tragicomic. Less comical is the economic loss suffered by India and the apparent inability of the

World Health Organization (WHO) to reassure India's trading partners that their fears were unfounded. It is chastening to read Garrett's comment that "WHO had by then allowed India to be treated as a global pariah for more than two months." The theme that is repeated throughout the book is that the State had betrayed the trust that the people had placed in it.



The second major episode that Garrett recounts in her book is the highly publicized outbreak of the epidemic caused by the Ebola virus in the small town of Kikwit in Zaire. Although I count myself as having been reasonably well informed about this epidemic, my eyes were opened by many of the details she describes. There is a dual impression here of a massive tragedy, of poor people affected by a dreadful disease for which there is no immediate diagnosis or cure, and of the heroic efforts by a large number of selfless and dedicated health workers. The reader easily understands the sensation of terror that must have gripped this community, as well as Garrett's sadness as she traces the abominable local conditions to the central

government's gross incompetence and corruption. It is hard not to feel that the victims were virtually sacrificed. There are many scientific questions that she leaves unanswered, such as the real origin of the epidemic, why it reappeared after an absence of 19 years, and why some few persons actually recovered from what in most cases was the kiss of death.

While not excusable, it is easy to accept that there is a real possibility of such abject absence of basic public health infrastructure in distant Kikwit. Nevertheless, it beggars the imagination to entertain the state of disarray in Russia and the other independent states that emerged after the dissolution of the Soviet empire. Were it not for the intellectual integrity of the author, I would have found it nearly impossible to believe the state of affairs in what I would have taken to be a developed part of the world. It is almost unbelievable that the basic elements of infection control that have been in common currency since Semmelweiss would not have been accepted. That a miasma theory of infection transmission would even be entertained is remarkable, to say the least.

It is relatively easy to accept the explanation that it was the social and economic collapse that led to what has to be one of the greatest demographic tragedies of modern times. It is almost inconceivable that in any country the number of deaths could exceed the number of births in a year, but those are the data that Garrett presents. The situation is made worse by the fact that the great majority of this change was due to increased adult mortality. Every imaginable defect in the health system is bared through an impressive compilation of data. Almost every infectious disease shows increased incidence, although a great deal of attention is given to the problem of tuberculosis. It is not only the deterioration of health status that shocks, but also practices such as widespread sex slavery that contribute to the picture of a society in crisis if not absolute depravity.

The largest section of the book is devoted to the health problems of the United States of America. So many problems are exposed that it is difficult to fix on any one that stands out. The historical approach to public health in the United States is refreshing, and the recounting of the exploits of such public health giants as Dr. Hermann Biggs and the retelling of the story of Typhoid Mary make good reading. The possibility of incarcerating that lady at the beginning of the twentieth century because she was a carrier of typhoid speaks volumes about the authority of public health leaders and the extent to which the public trusted their judgment. There is much similarity between that kind of authority and

the actions of the health police of nineteenth century Germany. Quite properly, considerable attention is paid to the specter and reality of antimicrobial resistance, which is one of the underappreciated public health time bombs of our era. HIV/AIDS and the reality that the new treatments serve but to hold back the flood are described with great lucidity and conviction. The author brings out evidence of growing insouciance on the part of some sections of the population who are most at risk for contracting the infection and perhaps unfairly attributes this in part to a failure of public health.

This section of the book focusing on the United States might have formed a separate book in its own right. In many parts I was reminded of the reasoning in Paul Starr's *Social Transformation of American Medicine*. One criticism of Garrett's book is that it moves so rapidly from one problem to another that it is difficult to see a particular logic to the organization of the different themes. We transit from Los Angeles to Minnesota to New York, dealing with different themes but without the benefit of good bridges. However, there is no doubt about the central message, that the public health infrastructure is a shadow of what it was in its glory days at the beginning of the twentieth century. The public health system suffers chronically from the politics that pay more attention to personal care medicine, and there is insufficient awareness of the fundamental role of poverty and inequality in affecting the determinants of health.

The main part of the book ends with a picture of the potential horrors of bioterrorism and the apparent state of unpreparedness of the United States. Perhaps the most frightening of the scenarios is one in which smallpox could be a terrorist weapon, since there is a real possibility that the virus is in the hands of rogue nations and groups. She does not dwell extensively on the irony or tragedy of the situation in which one of public health's greatest triumphs—the eradication of a disease—has made our planet susceptible to its introduction as a weapon of terror. The threat of bioterrorism is perhaps greater than the threat of nuclear devastation. With nuclear weapons, the various parties knew the nuclear capabilities of the other nations, and that in itself acted as a deterrent.

There is no doubt about the intention of the author. She intends to convince us that attention to the public's health is a public good and must be a concern of the community of nations, and she achieves that goal. I think she worries unduly about arriving at any consensus on a precise definition of public health. Although in the introduction she avers that her job is not to proffer solutions, she might have dedicated more space to the successes in addressing

some of the public health problems of our time. She might have mentioned the efforts of the countries of the Americas to eliminate poliomyelitis and measles, for example. She might have speculated on the concepts of health promotion and social marketing that hold out some promise for the behavioral changes that she rightly points out must become part of the armamentarium of public health practitioners, who have perhaps been concerned too much with disciplinary purity.

Her insightful analysis makes us in the Pan American Health Organization even more enthusiastic about pursuing our efforts at investigating the extent to which the countries of the Americas appreciate the essential public health functions and the role of the State in discharging them. It is not false optimism to believe that at least in this Hemisphere there can be collectivity of approach to ensuring that these functions are discharged and the nations can keep some measure of faith with the people who have put their trust in them. Self-interest should also enter. The historian Will Durant said, "The health of nations is more important than the wealth of nations." I am sure that Garrett would add that the health of nations is also vital to the security of nations.

This book should be recommended reading for all who are interested in the prospects of our having a healthy world, but in particular it should be read by all those who teach public health disciplines and those who are the actual or potential leaders in this field.

George A. O. Alleyne
Pan American Health Organization
Washington, D.C.

RESHAPING HEALTH CARE IN LATIN AMERICA: A COMPARATIVE ANALYSIS OF HEALTH CARE REFORM IN ARGENTINA, BRAZIL, AND MEXICO
Sonia Fleury, Susana Belmartino, and Enis Baris, eds. Ottawa: International Development Research Centre; 2000. 292 pp.
ISBN 0-88936-923-2

In the past two decades Latin American countries have experienced major sociopolitical changes and economic crises. These changes, as well as ones in the epidemiology of major causes of morbidity and mortality, have been associated with changes in health care systems.

This book is an assessment of the health care reforms that have taken place in recent decades in three countries: Argentina, Brazil, and Mexico. The intent of the authors is to describe the political and economic context of the reform period, compare the transformations in the methods of financing and delivering health care, and assess outcomes for people in different socioeconomic groups in the three countries. This study includes descriptive, qualitative data on the health care systems, as well as a more-quantitative analysis of household surveys of health service utilization.

The first section of the book describes the historical context of health care provision and other types of social protection in Latin America. In the second section one chapter for each country is devoted to a political and economic analysis of the social transformations in each country over the past 20 years. A second chapter for each country describes in detail the legislative and administrative tools used to effect health care reform. For the more-quantitative analysis of health service utilization, other contributors to the text carried out a population-based survey of health care utilization in one major metropolitan area of each country. The survey examined three high-priority conditions: hypertension, diarrhea in children, and prenatal care and delivery in women.

The different social, political, and economic trends in the three countries have led to very different structures in their health care and social protection systems. In the 1970s, Argentina's system covered almost all of the population but was highly stratified with regard to access to the health care system. The working class was very organized and homogeneous, and much of the social security system was controlled by trade unions. Brazil and Mexico both had systems in which social security covered a small part of the working class, and large numbers of people were effectively excluded from most health services.

In the past two decades all three countries have suffered economic crises and introduced various structural adjustment policies to move toward economic recovery. Argentina's economy has become somewhat more stable, but with growing unemployment and underemployment. Brazil has experienced hyperinflation, which has been controlled only in recent years. Mexico has not suffered extreme inflation, but levels of poverty increased in the 1990s.

The three countries have different epidemiologic profiles as well. In Argentina the major causes of death are cardiovascular diseases and malignant tumors. In Brazil the causes include cardiovascular disease, but also symptoms and diseases of uncer-

tain definition, indicating some characteristics of a developed country but also poor health care coverage. Mexico has a mixed profile, with major causes of death being cardiovascular disease, accidents, and respiratory diseases.

All three countries attempted health reforms in the 1980s and 1990s. In all three the reforms have taken place in the context of crises of authority and profound economic change. The three countries have all tried to decentralize their health care systems, and all have shifted more of the health care delivery to the private sector. In Brazil the new visions for reshaping the relationship between the State and different population groups came primarily from organized civil society groups, within the context of a transition from a military government to a more democratic, civilian one. In Argentina and Mexico the impetus came more from Government authorities.

Brazil has integrated the social security health care network with the public system, but in the other two countries the systems remain separate. Argentina has a contracted-insurance model, with trade unions still managing a large portion of the financial resources but with increased competition between health service providers seeking that business. In Mexico the social security system has its own health services network.

The qualitative chapters in the middle section of the book provide detailed descriptions of these arrangements and the changes that have occurred in them. The quantitative chapter presenting the results of the utilization survey describes a very complex model to attempt to explain factors that might be responsible for variations in use of services. The survey results support the conclusion that none of the three countries has a very equitable system: one of the major factors associated with utilizing services is the ability to make out-of-pocket payments.

The work of these authors is an important attempt to analyze changes in health care systems and their effect on the population of three large Latin American countries. The writers acknowledge several important limitations, including problems comparing the systems of three countries with different languages, cultures, and social organization. It is difficult to establish causal links between different political and economic orientations and institutional arrangements of health care systems. In addition, there was a lack of baseline data to use in comparing the health utilization findings.

The book is not easy to read. In some chapters the descriptive language could be clearer. Some of the graphs and tables intended to clarify narrative descriptions are themselves very complicated. Readers who are already familiar with the health

care institutions of the three countries, or persons with direct experience in policy-making at the national level, may find the discussion easier to follow. It is likely to be more difficult for health professionals and others who might be interested in this work as a way of gaining a better understanding of the international debate on the organization of health care systems.

Despite these limitations, this book is an important contribution to the debate. The authors conclude that none of the countries has achieved a system that is equitable. All the countries still have health policies that contribute to the segmentation of the population and that pit the middle class against the poor. These countries have a long tradition of strong government control over the lives of citizens, but without a tradition of social solidarity. If these countries are unable to promote such solidarity with subsequent reforms, the nations may succeed in modernizing their health care systems at the cost of moving even further from the ideal of fairness. This book should inspire politicians to reassess the goals and direction of the reform process.

Linnea Capps
Harlem Hospital
and Columbia University
New York, New York

BIOÉTICA Y CUIDADO DE LA SALUD
Equidad, calidad, derechos.
Serie Publicaciones 2000.
Fernando Lolas Stepke, ed.
Washington, D.C.: Organización Panamericana
de la Salud; 2000. 116 pp.
ISBN 956-7938-01-6

El 3 y 4 de mayo de 2000, en la Ciudad de Panamá, celebró su segunda reunión el Comité Asesor Internacional en Bioética, que fue nombrado por un período de dos años por el actual Director de la Organización Panamericana de la Salud (OPS), Sir George Alleyne, con el fin de evaluar las actividades del Programa Regional de Bioética y mejorar su pertinencia e idoneidad. Este programa, que se remonta a 1994, se creó como iniciativa conjunta de la OPS, la Universidad de Chile y el Gobierno de Chile para promover el desarrollo de la reflexión bioética en América Latina y el Caribe. En América Latina, gran parte del interés que en años recientes ha despertado la ética en el ámbito sanitario se debe a la labor de la OPS por conducto del

Programa, como apunta Fernando Lolas Stepke en el ensayo de introducción a esta obra, titulado “Hacia una bioética para América Latina y el Caribe”.

En la presente publicación se recogen nueve de las estimulantes ponencias dictadas en la segunda reunión del Comité, donde se produjo un vivo y fructífero intercambio de ideas y recomendaciones en torno a la labor del Programa Regional y donde los miembros del Comité reflexionaron sobre aquellos asuntos que actualmente ocupan un lugar destacado en la agenda de trabajo de la OPS y en las tendencias prácticas y disciplinarias de la bioética: los derechos de los pacientes y sujetos de investigación, la equidad, la provisión equitativa de servicios, la evaluación del impacto y de los resultados de las reformas de los sistemas de salud, etc. En estos temas y sus interrelaciones se centra hoy en día el interés de los políticos, académicos y planificadores, para quienes esta publicación representa un recurso de singular valor.

El reunir en una sola publicación parte del contenido de la segunda reunión del Comité Asesor obedece a algo más que un deseo de dar a conocer las observaciones orientadoras de este grupo. En el ambiente latinoamericano, donde aún rigen influencias culturales foráneas, se impone la necesidad de ponderar con ánimo crítico el contenido de la disciplina de la bioética desde el punto de vista del contexto local. Las contribuciones que aparecen en esta obra reflejan las inquietudes que comparten todas las sociedades contemporáneas y perpetúan antiguos debates filosóficos, como el de la preeminencia de la colectividad frente al individuo. No obstante, se trata de inquietudes comunes que adquieren matices diferentes según el medio social en el que se contemplan. En su ensayo “Los retos de la bioética en América Latina: equidad, salud y derechos humanos”, Juan Antonio Casas Zamora, antiguo director de la División de Salud y Desarrollo Humano de la OPS, analiza los problemas bioéticos desde la perspectiva de la salud pública y la formulación de políticas en América Latina.

En el tercero de los nueve ensayos, Diego Gracia, Profesor de la Universidad Complutense de Madrid y Director del Programa de Magister en Bioética, explora a fondo los temas de la calidad y excelencia en la atención de salud, señalando que la calidad consiste “en la realización de los valores positivos de todo tipo y la evitación de los negativos”, lo cual explica su estrecho vínculo con la ética. A ojos del autor, ha sido un grave y frecuente error el de considerar la asistencia sanitaria y la gestión empresarial en ese campo como actividades independientes de todo juicio de valor.

Las relaciones entre la asignación de los recursos y la equidad constituyen el tema central del ensayo de Julio Arboleda-Flórez, Profesor de Psiquiatría de la Universidad Queens de Canadá. Tras un resumen de los antecedentes históricos del tema, el autor pasa a explicar las diferentes fases del debate ético sobre el acceso a la salud en sus fases progresivas: la individual (que se circunscribe a la relación entre médico y paciente), la de los sistemas (que trata de los servicios asistenciales provistos por el estado o entidades privadas) y la poblacional (que examina la salud de la población vista en función del entorno social).

José Alberto Mainetti, Director de la Fundación Mainetti de La Plata, Argentina, centra su ensayo en la armonización entre la calidad de la atención de salud y los derechos de los pacientes, partiendo de la necesidad de reforzar la atención de salud basada en pruebas científicas de eficacia (*evidence-based health care*, o EBHC). Atribuye a esta reciente disciplina la tarea de adoptar nuevos lineamientos, inspirados en una evaluación rigurosa de las pruebas científicas requeribles, para justificar decisiones más transparentes y con mayor participación de los destinatarios de la asistencia.

En el sexto ensayo de esta obra, James Drane, Profesor de Bioética de la Universidad de Pensilvania en Edinboro, Estados Unidos, explica los desafíos que plantea la búsqueda de equidad, entendida en términos de distribución y acceso. Dedicada especial atención a los problemas implícitos en la medición de la equidad, que depende de los instrumentos de cuantificación aplicados y de la experiencia cultural de quienes manejan estos instrumentos, y a la relación histórica y filosófica que existe entre la equidad, la economía y los derechos humanos. Al concepto de que la igualdad en la atención sanitaria es un derecho básico, se suma la noción del bien común, es decir, de que la comunidad tiene la responsabilidad de permitir a todos un acceso igualitario a un sistema de salud. Por último, el doctor Drane explica los obstáculos que deben superarse antes de poder aproximarnos a un sistema de salud genuinamente equitativo.

En un ensayo conciso, Daniel Callahan, Director de Programas Internacionales del Hastings Center, en Nueva York, aborda el tema de la inevitable tensión entre la igualdad, la calidad y los derechos de los pacientes. Debido a su alto costo, son precisamente algunos de los avances tecnológicos más importantes en el campo de la medicina los que contribuyen a dificultar la búsqueda de equidad. El doctor Callahan argumenta que el impulso para mejorar la calidad de la atención sanitaria, así como el movimiento en favor de los derechos de los pacientes, que hoy en día participan más plenamente

en las decisiones que afectan a su salud, generan una tensión que pone en peligro la igualdad. Esto último se produce porque, al haber entregado al paciente el control de su propio destino, el mensaje implícito es que no tiene por qué reparar en cuestiones de costo a la hora de tomar sus decisiones, sino en su deseo de tratamiento como derecho humano inviolable. Estas tendencias impiden que el modelo contemporáneo de la medicina sea viable económicamente, lo cual le resta toda posibilidad de ser equitativo. Al final de su ensayo el doctor Callahan se pronuncia a favor de obtener una "medicina sostenible", es decir, que esté disponible equitativamente para todos y que sea financiable en un futuro indefinido.

En dos últimos ensayos de similar orientación, Ezekiel Emanuel, Director del Departamento de Bioética de los Institutos Nacionales de Salud en Bethesda, Estados Unidos, y Luis Argentino Pico, Profesor de Salud Pública en la Pontificia Universidad Católica Argentina, proponen directrices y expresan conclusiones en torno a los elementos necesarios para lograr un sistema de salud equitativo, pese a las exigencias económicas que impone un sistema de calidad.

Esta obra forma parte de una serie de documentos técnicos preparados por el Programa de Bioética con el fin de estimular el diálogo acerca de temas de interés en este campo. En 1999, a raíz de la primera reunión del Comité Asesor Internacional en Bioética, se publicó la obra titulada *Inves-*

United Nations Publication/Publicación de las Naciones Unidas A Glossary on Drug Addiction/Glosario de la drogadicción

This special publication is over 300 pages long, with a little more than half of the volume devoted to an English-Spanish glossary of terms related to drug addiction. To aid in understanding and correct usage, many of the glossary terms include explanations in both English and Spanish. The main glossary covers technical terms, but one extensive annex provides English-English definitions of numerous drug-related jargon and slang terms, and another annex has English-to-Spanish translations of those "street" terms. The final section, a Spanish index, gives English-language translations for drugs terms in Spanish.

The publication is intended primarily for translators and interpreters but would be useful as well for specialists and other persons interested in drug addiction and who need to work in the two languages.

The publication is available from the United Nations for free, either as an electronic file or as a regular, printed publication.

Esta publicación especial tiene más de 300 páginas, de las cuales más de la mitad están dedicadas a un glosario inglés-español de términos relacionados con la drogadicción. Con el fin de facilitar la comprensión de estos términos y su uso correcto, muchos de los vocablos se acompañan de explicaciones en inglés y español. El glosario principal contiene términos técnicos, pero un largo anexo define en inglés un gran número de palabras propias de la jerga del mundo de la droga, y otro anexo contiene traducciones del inglés al español de esa misma jerga "callejera". La última sección, que es un índice en español, da las traducciones al inglés de los vocablos españoles.

Esta publicación está dirigida principalmente a traductores e intérpretes, pero también puede ser útil para especialistas y otras personas que tienen interés en la farmacodependencia y se ven obligadas a usar ambos idiomas en su trabajo.

La publicación puede solicitarse gratuitamente a las Naciones Unidas, bien sea como fichero electrónico o como publicación impresa.

Information/Información:

David J. Deferrari
Terminology and Reference Section
United Nations
New York, New York 10017, United States of America
E-mail/Correo electrónico: deferrari@un.org

estigación en sujetos humanos: experiencia internacional,
la cual representa un valioso suplemento a la obra
aquí reseñada