
Argentina

Debt burden ruins public health

by Hugo E. Arce, M.D.

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It would be comfortable and tempting to point to a simple cause-and-effect relationship to show that the economic policies imposed on our nation by the International Monetary Fund have had negative repercussions on infant mortality rates or the nutritional levels of our population. There are those who, of course, would immediately accuse us of making a prejudiced association or interpretation of epidemiological data, or would criticize us for excessive ideological rigidity. But if we proceed with a global analysis, we will find that the degree of attention given to our foreign debt obligations, competes directly with monetary resources available in the internal market, and this in turn, with the socio-economic situation and health levels of the population.

A broad analysis of our health resources, compared to the number of inhabitants, shows that these are reasonably acceptable for a country of our level of development. For example, we have 5.3 beds for each 1,000 inhabitants. We have 1 physician per 500 inhabitants. . . . In our more urban centers, we perform cardiovascular operations (with extra-corporeal circulation), chronic renal dialysis, neurosurgery, and other complex diagnostic and treatment procedures, on a par with the highest-quality international services. . . . Our mortality rate generally oscillates between 8 and 10%, comparable to some industrialized countries.

But, what is the counterpart to this? The rate of infant mortality (children under one year of age) . . . is over 35%, double and triple that of developed nations. The rate varies between less than 25% in some urban areas, whose access to

medical services is greater, and up to 200% for many impoverished rural zones, the equivalent of some African and Asian countries. In these regions, one out of every five children born, dies before reaching one year of age.

Nor do the indicators speak of the four remaining children, because for statistical purposes, it is much easier to register categorical events, such as birth or death. But as our health establishments will attest, infant malnutrition has visibly increased in recent years, and in a large percentage of these cases, the nutritional alterations have irreversible effects. However, it is more difficult to reflect this statistically, because information on morbidity is less reliable.

Forced contraction of the economy

Paradoxically, this deterioration occurs in a country that produces and exports food. . . . The food available is of the most varied nutritional quality: We have a surplus of production in dairy products, red meat, and grains. But recessive economic policies, imposed for the purpose of accumulating monetary reserves, forced our governments to invest all surplus in the payment of debt service, at the expense of a violent contraction of the domestic market. And this contraction caused a reduction in industrial production, unemployment, and underconsumption. In inverse proportion, we see an increase in malnutrition, infectious diseases, and illiteracy.

If, instead of disaggregating the infant mortality rate by geographical region, we do it by pathological cause of death, we shall see that in Argentina more than 35% of these infant deaths are due to infectious and parasitical diseases, as well as malnutrition and other perinatal diseases. These causes of death are directly related to the levels of nutrition and medical attention these children receive, and with the socio-economic environment in which the pregnancy develops, as well as the birth and the first year of life. In the majority of cases, infectious diseases do not result in death, nor spread, if the organism exists in conditions which allow it to defend itself. *The structure of infant mortality is therefore a representative indicator of our socio-economic situation.*

To recapitulate: The decline in the terms of trade determines that our country receives less for its primary products, while paying more for manufactured imports. So as to lessen the negative impact of this on our purchasing power, the industrialized nations and their financial institutions have generously offered volumes of credit, through interest rates whose amortization became increasingly impossible.

This is the picture which has characterized the last 10 years of our economic and health policies. Today, the IMF specialists, who over the years watched without alarm as developing nations' debts grew, arranged credit at interest rates exceeding all reasonable expectation of repayment, innocently ask: "How can Argentina presume to maintain the activity of its domestic market, full employment, and stable consumption, when its foreign debt obligations must absorb all of its monetary capability?"