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... In his book, Unhealthy Societies: The Afflictions of Inequality, Richard Wilkinson examines the relationship between social health and mortality rates. He argues that “social circumstances and patterns of social organization” (Evans 2001) are the most direct contributors to life expectancy. Most importantly, it is *distribution* of income versus *absolute* income within a society that is the deciding factor. Societies with drastic inequality in incomes will experience less community cohesion and overall higher mortality rates (as witnessed in a small Italian-American population in Roseto, PA, 1960) (as cited in Evans 2001). On the other hand, societies who experience an amalgamation of incomes, such as in wartime Britain, will see a decrease in mortality rates (as cited in Evans 2001). Besides citing these historical cases, Wilkinson theorizes that as societies begin to gain a degree of prosperity they undergo an “epidemiological transition,” in which degenerative diseases become the leading causes of death instead of infections and malnutrition (Hess, 1999).

Wilkinson goes on to stress the psychological effects of inequality, commenting that those who receive a lower *relative* income are more prone to developing low self-esteem, feelings of worthlessness, and decreased motivation. These citizens are also harbored by smaller living spaces, less education, and more stress, which in turn makes them less likely to give up such things as smoking and more likely to give in to short-term pleasures such as comfort foods (Hess 1999).

To combat the effects of these societal gaps, Wilkinson argues that programs must target causes rather than merely symptoms: “even if we could afford vast armies of counselors and community development workers with a small team for every street, there is no reason to think that it is possible to separate the structural causes from their social symptoms” (as cited in Hess 1999). Yet, eliminating these structural causes requires a profound understanding of how to empower those at the bottom end of the income spectrum. Unfortunately, leaders with both this capability and motivation are few and far between. In the twenty-first century, Hugo Chavez, president of Venezuela (1998 -) is likely the best example of an executor of Wilkinson’s ideas. He has noted both the extreme levels of physical illness and of social inequality in Venezuela and is attempting to resolve these problems with the implementation of numerous social reform programs.

The largest and most famous program is Barrio Adentro (“inside the neighborhood”). A collaborative program with Cuban doctors to provide free primary health care, Barrio Adentro *directly* addresses only physical health; yet, by being created solely for the poorest citizens of Venezuela, it has acted as a socially empowering device for these people and achieved undeniable success in both areas. One woman commented that “nothing like [Barrio Adentro] ever existed before. We were never taken into consideration” (Nieto 2005). Comments another, this “is [our] program - one that belongs to the Venezuelan people and health is [our] right” (Maybarduk 2004).

Barrio Adentro has been working to instill this kind of empowerment in people for the past three years. In April 2003, the first Cuban doctors arrived in Venezuela. Fifty-eight highly courageous individuals came to Caracas to fulfill a request for help from the Venezuelan government. By May of 2003, it was already so successful in Caracas that President Chavez decided to nationalize the program. The response from Cuba was astounding: between October and November alone more than 4,000 Cuban health professionals arrived (Sánchez 2005, 8). December 14, 2003 saw the official

launch of the program and by that time more than 10,000 Cuban doctors, hundreds of nurses, and some Venezuelan physicians were working in every area of Venezuela (Sánchez 2005, 8).

These health officials help carry out the mission of Barrio Adentro which is to provide free health care to the poorest citizens of Venezuela, namely those living in the Barrios. It combines primary and preventative care and emphasizes a number of different methods. One of the key aspects is educating people and getting as many people as possible on board to help take preventative measures. Engaging people in the process at all levels, including making sure things run smoothly, getting materials delivered where need be, and working in the clinics, is part of the empowerment process and ensures a higher level of success and long-term sustainability for the program. Barrio Adentro has several sub programs working with the environment, social economy, culture, education, nutrition, and sports. In addition, Program entitled, SUMED, provides subsidized prescription drugs. Only the sports program will be mentioned in more detail in this paper, however, please see Germán Sánchez's Barrio Adentro and Other Social Missions in the Bolivarian Revolution, 2005, for more information regarding the other programs.

As far as the general Barrio Adentro Program is concerned, the Cuban doctors (currently there are more than 20,000 according to Malapinas, 2005) live completely immersed in the communities in which they work. Each one is responsible for a certain number of families, depending on where they are located, and one of these families houses the doctor for the entirety of his/her time in Venezuela. Doctors commit to remaining with the assigned community for at least two years and are completely volunteer (they are given a 200\$/month stipend to cover living expenses) (Sánchez 2005, 12). In the mornings, the doctors receive patients in their "offices" or clinics, but often these are simply the houses in which they live or improvised rooms. Formal consulting rooms and the necessary furnishings were supposed to have been constructed with money assigned from the president; however, these resources were allegedly delayed due to "bureaucratic shortcomings" (Sánchez 2005, 10). During the afternoon, the doctors make house calls to the families in their region (as of 2004 there was approximately one doctor for every 250 families) (Sanchez, 2005, 11).

Arguably the most noteworthy aspect of this entire program, however, is the fact that the doctors are *voluntarily* on call literally twenty-four hours a day, seven days a week, three-hundred and sixty-five days a year. No hour of the night is off limits and the remarkable willingness of the Cuban doctors to respond enthusiastically and wholeheartedly to any call for help is a huge reason for the popularity of the program (Sánchez 2005, 10). Also remarkable, the doctors have access to roughly 100 medicines with which they can treat about 95 percent of common ailments for free. These medicines are provided mostly by Cuba and again, like everything else in the Barrio Adentro program, are dispensed completely for free to every patient attended by a doctor (Sánchez 2005, 10).

An additionally innovative aspect of Barrio Adentro is the education it encourages and provides for Venezuelans. Venezuelans are being trained in doctoral programs and as technicians so that eventually they can completely take over for the Cuban doctors. Every Cuban doctor works with several Venezuelan students who learn with audiovisual material, computer classes, and by shadowing the Cuban doctors. The goal is to have 40,000 Venezuelans trained as doctors in the next ten years. In addition, 5,000

Venezuelans are being trained as technicians to operate equipment (Sánchez 2005, 14). Cuba provides education also, by accepting a number of Venezuelan students to study at their universities (500 in 2005) (Kilaru 2006). Ideally, in coming years Venezuela will not only be self-sufficient in supplying its own doctors for the Barrio Adentro program, but it will be able to provide doctors to accompany Cuban doctors on similar missions in other Latin American countries.

Besides the main faction of Barrio Adentro, there are several other offshoots in the Barrio Adentro program. Responding to criticisms, Chavez launched Barrio Adentro II in 2005 which provides secondary health services. This allows patients to not only receive diagnosis and primary health services but also provides them with intensive care, emergency services, rehabilitation, and physiotherapy. More specifically, once implementation is complete, Barrio Adentro II will include 600 general diagnostic centers with 24-hour emergency and intensive care services, 600 rehabilitation and physiotherapy rooms, and 35 hi-tech diagnostic centers – at least one in every Venezuelan state (Sánchez 2005, 13). Barrio Adentro III is also being discussed, which would work to rejuvenate hospitals and medical centers by upgrading facilities and supplying them with state-of-the-art machinery (Kilaru 2006).

Another exciting extension of Barrio Adentro is the sport program is oversees. It operates the same way as the general Barrio Adentro program, however, the Cuban “sports trainers” focus solely on running exercise clinics targeting both recovery and prevention. The sports trainers only remain in Venezuela for a year and a half (as compared to two years like the doctors) but the housing situation and monthly stipend is the same. There are currently more than 8,000 of these workers dispersed throughout the country who work with children, pregnant woman, the elderly, and numerous other groups (Sánchez 2005, 15). These sport sessions have been especially helpful for the elderly who also benefit from organized “talking sessions...[designed] in order to get them out of their isolation” (Kuiper 2005). The health doctors and sports trainers remain in close contact with one another and it is not uncommon for doctors to refer patients to the sports clinics, especially those patients needing to improve their circulation.

Others, with graver issues than circulation problems, benefit from another subset of the Barrio Adentro program: Mission Milagro. Noted by Sánchez (2005) to be “one of the most noble, generous social programs ever conceived,” Mission Milagro provides free electrocardiograph, endoscopic, ultrasound, X-ray, and laboratory services as well as free surgery in Cuba for anyone suffering from cataract or other eye disorders. These last services amazingly include free travel to Cuba and lodging accommodations for the patient and a companion if need be (Sánchez 2005, 11).

Mission Milagro is also occasionally referred to as “miracle: its English translation, and in many ways all these programs appear to be just that, or, potentially, grossly overrated. It is clear, through first hand accounts and numerical data, that Barrio Adentro is having at least minimal success in improving the physical health of Venezuelan citizens, but just how much success? To begin, the Venezuelan government reports that roughly 17,000 million people benefit from the program. Per month, the average number of consultations given by doctors is 6.4 million and the average number of families visited by doctors is 1.22 million. Dental surgeons provide 720,000 consultations, do 680,000 fillings, and 160,000 extractions per month. Opticians average 188,000 exams per month along with providing all the glasses deemed necessary

(Sánchez 2005, 11). Pure numbers, however, are obviously meaningless without comparable figures. Thus, the most striking data supporting Barrio Adentro is the fact that 76,000 million consultations were given in 2004 *alone* versus the only 70,000 million consultations given in the years 1994-1998 *combined* (Sánchez 2005, 11).

As pointed out previously, however, by Wilkinson, it is often the psychological factor that is more indicative of overall success. Thankfully, the *mentality* of the poor also seems to be improving; the program has lifted the spirit of the country's poorest and increased self-confidence, motivation, and hope for the future. Comments a former garment worker, "I will finish these courses and I will go on to Mission Sucre, and I will get into medical school, and become a doctor. I don't care if I am 40; I don't care what anybody says" (Malapanis, 2004). Following Wilkinson's belief, this improved mindset is a direct result of the decrease in income gap (the poorest households saw an average relative increase in real income of 33% in 2004) which many attribute to "the huge social programs, [such as Barrio Adentro], that give free medical care [among other things] to millions of people" (Datos, 2005).

Unfortunately, support for Barrio Adentro is not unanimous, indicating that the program does have shortcomings. The main opposition stems from the middle and upper-classes (not surprisingly, considering they have always comprised the vast majority of antichavistas). The Venezuelan Medical Foundation is one of the leading organizations against Barrio Adentro, claiming that the program steals jobs from Venezuelan citizens, indirectly promotes communism, and has no long-term sustainability.

The most valid of these claims is that the program will be unable to continue providing completely free services for so many people and with such strength for an indeterminate length of time. This argument carries more weight when looked at from a financial point of view: a budget of nearly 28 million was approved for just the first round of equipment for Barrio Adentro III. Claiming that the supply of doctors will run out, however, is not incredibly believable. Besides the fact that Venezuelan doctors will soon be substituting in for the Cuban doctors, Cuba stands to gain in numerous ways from their side of this program. Firstly, in exchange for providing doctors, Cuba receives oil from Venezuela at below market rates. Secondly, although the monthly stipend is less than the average private Venezuelan doctor receives *and* less than was offered to Venezuelan doctors for the same job, it is still higher than is expected in Cuba.

More fundamentally, Cubans view this program with a sense of national pride, feeling that as a country more capable in any given area it is only moral and just that it provides help to a neighbor in need; in many ways, this is Cuba's equivalent to the US peace corps. Cuba has one of the highest doctor to citizen ratios in the world: approximately one for every 160 people (Sánchez 2005, 24). Even before the implementation of Barrio Adentro, Cuba had more than 53,000 health professionals working in 93 countries (Sánchez 2005, 25). In addition, infant mortality rate is 6.22 % per 1,000 live births (in the US it is 6.43% per 1,000 live births), average life expectancy is 77.41 years, (in the US it is 77.85) and "the entire population has access to free preventive attention and high-quality care" (CIA Worldfact book 2006, Sánchez 2005, 25)...

...One of the most common misperceptions regarding the health care situation in Venezuela is that the notion of providing free services to anyone in need originated solely

from Chavez's Barrio Adentro program. There were numerous organizations already in place, however, that focused on enabling poor Venezuelans access to health services. The majority of these programs were run out of churches or community centers such as the Community Center in the barrio "Nuevo Horizonte" in Caracas. This specific center is described as an integral health project and has been prospering for more than 15 years thanks to the charity of Father Miquel, the barrio's priest. The seedlings of the idea for this Community Center began in 1989 with the Caracaso, as Calderon describes, "the moment when the people of Venezuela woke up" and decided to put an end to the cycle of "the rich getting richer and the poor getting poorer." The community met and diagnosed the two biggest problems facing their neighborhoods: the number of children enrolled in school was extremely low and the elders of the town were feeling alone and abandoned. Therefore, they collectively developed two programs to combat these issues and now have an incredibly successful school and program that enables elders to have a meal and a place to congregate.

Once this project was successfully completed the community moved on to tackle bigger things, such as a health center. The creation of this center was the epitome of community involvement. It was envisioned by the community, developed by the community, and built one-hundred percent by the community. In fact, in the official documents regarding the health center, it specifically stated that the work was to be done solely by members of the community and that all workers had to attend workshops with their families to discuss work, the community, etc. Besides obviously providing psychological health care services, the creation of this center did wonders to the mental health of the community. By being involved in a joint project and striving to achieve a goal that was larger than them, the members of the community felt empowered and accomplished. As Calderon stated, "the project was an incredible strengthening for the community." The Center is now able to provide dental, pharmaceutical, prenatal, emergency, and primary care to any one in need.

The creation of this center – and inauguration in 1997 – was even more of an accomplishment because before becoming inaugurated Nuevo Horizonte received zero funding from the Chavez government (recently they were able to receive some money from the government thanks to two loyal officials.) Instead, they were lucky enough to receive outside support from religious organizations that sponsored doctors on international missions. Nuevo Horizonte's case presents two key points that are important to note. The first is that it demonstrates the frustrating fact that although the Barrio Adentro program does reach a vast majority of the country, it does not reach everyone. In addition, there is still much corruption in the government and due to sabotage from certain officials this community was unable to get necessary funds from their own country, thus having to turn to other countries for support.

The other important lesson to remember from Nuevo Horizonte's situation is that not all the free health care providers in the country were created by Chavez's Barrio Adentro. Many of them were community initiatives that were coming into place long before Chavez was even elected. This raises a point which is often overlooked by outsiders: the desire for a social revolution independent of Chavez. Chavez's programs have helped immensely, but the initiative existed long before he came to power and the expectation is that it will remain long after he is out of power. As one Chavez supporter captured it, "Chavez isn't irreplaceable. With or without him we're talking about...the

peoples' desire to get out of the misery." The "peoples' desire" truly is seen over and over again, and for those who worry about the possibility of Chavez becoming a lifelong dictator it should be comforting to know that the majority of his followers still separate him as an individual from the revolution as a continuing process. They know that support for change will be grass roots, will come from the people, and that although Chavez is the best leader they have ever had at fulfilling their desires, he is not *the* revolution. "We think a lot of things will change but it will have to come from the people. We believe in the battle of ideas" explained the Chavez supporter.

The Nuevo Horizonte case also helps demonstrate an important aspect of the relationship between the Cuban doctors who are part of the Barrio Adentro program and Venezuelan citizens. Evidently, the doctors working at the Nuevo Horizonte center approached the Cuban doctors at the nearest Barrio Adentro with the desire to share information yet were rejected and told no collaboration was wanted on the part of the Cuban doctors. Still, however, the Nuevo Horizonte doctors reiterated that they supported the Barrio Adentro program regardless and had no hostile feelings because they "know that the [Barrio Adentro] program is helping people in the community." The sense of supporting whatever is beneficial for the people, regardless of past hostilities, can be felt emanating from nearly everyone in the country. Though the Chavez government did not come to their aid when the Nuevo Horizonte Center needed them, and the Cuban doctors refused to collaborate with them, the Nuevo Horizonte workers still voted for Chavez and still supported the Cuban doctors' work because they felt it was helping their country men, their "brothers and sisters," as Calderon explained.

In contrast to those who received zero help from the Chavez government or the Barrio Adentro program, are the people whose lives have been impacted in miraculous ways from the Cuban-Venezuela exchange. One extremely amiable Cuban doctor working for the Diagnostic Center in Sanare, Lara, shared his first-hand knowledge of how the program was operating. The center in Sanare is a Barrio Adentro 2; as previously described this indicates that the center provides emergency and operative care. It is one of two such hospitals in the municipal. What is interesting to note is that he explained how many towns near by had their own Barrio Adentro 1 program. The Barrio Adentro 1s are run out of small buildings and have a doctor whom actually makes rounds in the community, seeking out people who are unaware that they need medical attention. For roughly 40,000 people in the area, there are 17 Barrio Adentro 1 doctors. The ultimate hope is that by increasing the number of people these doctors service, they can reduce the number of people needing to visit the Barrio Adentro 2 hospitals. There is also a Barrio Adentro 3 program which supports existing programs with funds and renovations. Contrary to previously discussed, the Barrio Adentro 2 program was evidently intended to diagnose patients and send them to Cuba for surgery (as is still done with advanced eye surgeries), however they realized it made much more logistical sense to bring the Cuban doctors to Venezuela.

The hospital in Sanare (Barrio Adentro 2) was several stories, extremely clean, and contained a waiting area that was virtually packed w/ people waiting patiently to see a doctor (the majority of which were woman and children). The hospital contained individual, neatly labeled rooms for endoscopy, optometry, dentistry, observation, and EKGs. Each observation room contained 1-2 hospital beds, a table and desk, machines for blood tests, ultrasounds, and other high tech equipment. Except for the posters in

Spanish lining the walls, it would have been impossible to tell that the room was not part of a recently built hospital in the US or Europe.

Originally, 17 Cuban doctors were assigned to this Barrio Adentro 2 hospital, however, only 6 of the 17 were present because the idea is to allow them to continue their specialized training in Cuba. There are also 43 Venezuelans training at the hospital. Three days a week they attend classes in which they watch a video lecture from the most highly trained specialists in Cuba and are able then able to ask the Cuban doctor facilitator any questions they may have. They also engage in on the job training in the hospital or in the community 2 days a week. According to the Cuban doctors whose first years of training were simply all classroom theory, this method of study improves retention rates by leaps and bounds. As previously discusses, the hope is it to eventually replace all the Cuban doctors with Venezuelan doctors but according to the Cuban doctor he was unaware of any time frame in which that was to occur. Thankfully for the program, the sentiment among the Cuban doctors is that they “will stay for as long as the revolution needs [them].” This statement summed up perfectly the amazing humanitarian strain that runs in these Cuban doctors. One of the most striking things is not the impressive statistics these Cuban doctors have accumulated but the passion with which they work and the true desire they have to help people: regardless of their ethnicity, beliefs, religion, etc. When asked to describe where this charitable mindset comes from he replied “because [Cubans] are shaped to be people with international vision to help.” He believes that some are born and some educated for it but in general he feels that Cubans possess the fundamental characteristic of wanting to help. They are “not a people who share what they have excess of, [they] are a people who share what [they] have,” and what they have is amazing health professionals.

If numbers are any indication of these health professionals success then take a moment to process the following data: after only 8 weeks of existence, the Sanare Barrio Adentro two hospital had taken care of over 9,000 people (roughly 21% of the municipal), in local areas with out a Barrio Adentro program the infant mortality rate was 24/1000 yet in the same time period the infant mortality in the area with the Barrio Adentro program was 0.

As previously discussed, the Venezuelan doctors truly work on a completely volunteer basis and simply given a place to live with their families and a small stipend to cover food and other expenses. The Sanare doctor said they are unattached from politics but are allowed to vote in *local* elections if they choose. In regard to the other social programs he stated that as long as they are helping the people he is in support of them. Originally, he said the Cuban doctors received a bit of hostility from the locals, and especially the local doctors when they first arrived. However, as soon as people realized that the Cubans always kept the Venezuelan’s best intentions in mind, were respectful, and expertly trained, the reception turned to an incredibly warm one.

In addition, the Venezuelans came to truly appreciate the stark contrast between the services of the Cuban doctors to *anyone* in need, regardless of their financial situation, and the private practicing Venezuelan doctors who commonly charge 1,000-2,000 dollars just for a consultation. It is important to note that among the world of Venezuelan doctors there has recently been a significant shift toward embracing the Cuban doctors and their work.

Most importantly, the Cuban doctors have instilled in the poorest classes of Venezuela, a sense that they matter, that their health is important and worth someone's time. Until this program, many of them were not receiving even the most basic medical attention let alone advanced services such as eye care ("I couldn't read anymore but now they gave me glasses" said one old Monte Carmello woman proudly.) Through discussing this program with "ordinary" people, it was possible to gain a sense that this was how the majority felt about many of the programs initiated by Chavez. Until the implementation of Mission Robinson, Ribas, Sucre, etc. huge numbers of Venezuelans were unable to finish even elementary school let alone high school and college. Having access to education and a way to make a living for themselves has given an incredible sense of empowerment and pride to a vast majority of the population that was previously deprived of such enabling factors.

As only one person's interpretation of an influx of information, sights, sounds, and experiences, the final portions of this paper maybe need to be taken with a grain of salt. Simply because 95% of the people I met on my travels benefited in some way from the Barrio Adentro program or other social programs, does not mean by any stretch of the imagination that 100% of the entire country has. Nor is it a reference to any political moves Chavez should do or not do. It is, however, a first hand account of the fact that at least some people are benefiting from the incredible humanitarianism of Cuban doctors offering free medical services to every Venezuelan in need, an option that was not available before the implementation of the Barrio Adentro program. Regardless of the political implications these programs have, everyone can take a page from what seems like the Sanare doctor's personal code of life: "life is not worth anything if you live it in an empty way."

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