

PUBLIC HEALTH IN COSTA RICA

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Costa Rica has some 656,129 white inhabitants, and only 5,000 Indians, a condition which has been very favorable to her organization, cultural development, and public health progress.

Public health work began in 1914, with the creation of the School Health Department. In 1916 the first Hookworm Control Department was established, the forerunner of the present organization. In 1921, the Undersecretariat of Health came into being, followed by the promulgation in 1923 of the Public Health Law, which is still in force. In 1928 the Secretariat of Public Health and Social Welfare was created, and the most important technical divisions were developed. The Secretariat now operates through coordinated and centralized services of: Epidemiology, Sanitary Engineering, Rural Hygiene (health units), School Health, Child and Maternal Welfare, Institute of Hygiene, Tuberculosis control, Venereal Disease control, Malaria campaign, Health Education, Vital Statistics and, finally, the supervisory social assistance service, under the Department of Social Assistance and Protection. To carry public health to all parts of the country, there are 23 health units, three traveling clinics, three rural assistance centers, eight rural maternity hospitals, and 17 official treatment centers.

Funds.—Public health budgets have reached encouraging figures: 1928, 1,407,932.09 *colones* (4% of the national budget); 1930, 1,162,523.58 (3.2%); 1935, 1,802,922.97 (4.8%); 1939, 2,336,114.79 (5.5%), and 1940, 2,445,320.94 (5.4%). Furthermore, the welfare services have a present budget of 12,450,000 *colones*, the administration of which has been in the hands of the Secretariat of Health since 1940, when the Law of Social Assistance and Protection was promulgated. Supervisory work was begun by the National Health Council, now no longer in existence (1936-1940).

The health units, which are the pivot of the organization, and the Sanitary Engineering and Epidemiology Services, have carried out health programs in nearly all the country. Around 24,575 sanitary latrines have been built, and many drainage and other malaria control projects have been completed in the lowlands. *Malaria* is not a primary public health problem. During recent years the preventive aspect of public health has been stressed, and from 1937 to 1941 the Epidemiology Service vaccinated 7,205 children against *diphtheria*, and 12,363 against *typhoid*. Each health unit has a vaccination program, oriented through the Vital Statistics reports, and also maintains a public hygiene campaign, through the medium of cantonal health inspectors.

Tuberculosis.—Tuberculosis control work, which is under a central authority, is carried on through preventive services, dispensaries, a preventorium, traveling clinic for the finding of incipient cases, sanatorium for adults and children, social workers, and so on. At the present time, (January 1941), 72,795 persons have been examined.

Venereal disease.—For venereal disease control there are dispensaries functioning as annexes to the first-class health units. This problem is a very serious one, and much remains to be done.

Nursing.—Costa Rica has at present 140 nurses, working in three sections: obstetrics, social workers, and school nurses. It is hoped to create a group of all-round public health nurses, and the first step has been taken with the establishment of the Department of Visiting Nurses and Social Service.

Child and maternal welfare and school hygiene.—Child and maternal and school hygiene has been developed on the public health and social welfare plane through: prenatal clinics (36), rural maternity hospitals, rural midwife service, nutrition centers, *gotas de leche* (milk stations), infant clinics, school physicians, and school clinics.

Vital statistics.—The Vital Statistics Department, recently reorganized, maintains up-to-date information on the fundamental health problems: general mortality, child and maternal mortality; control of communicable disease; medical attention, and so on. Morbidity services are now being extended so as to furnish additional data as a guide for public health campaigns. Costa Rican public health authorities wish to base their activities upon accurate information so as not to waste their efforts. *General death rate:* 1901–1905, 26; 1906–1910, 27; 1911–1915, 25; 1916–1920, 29; 1921–1925, 24; 1926–1930, 23; 1931–1935, 21; 1936–1940, 18. *Infant death rate:* 1916–1920, 203; 1921–1925, 232; 1926–1930, 178; 1931–1935, 159; 1936–1940, 137. *Principal causes of death:* malaria: 1901–1905, 33; 1906–1910, 56; 1911–1915, 53; 1916–1920, 100; 1921–1925, 96; 1926–1930, 198; 1931–1935, 202; 1936–1940, 115; tuberculosis: 1901–1905, 77; 1906–1910, 87; 1911–1915, 81; 1916–1920, 92; 1921–1925, 84; 1926–1930, 92; 1931–1935, 87; 1936–1940, 81; typhoid: 1906–1910, 24; 1911–1915, 20; 1916–1920, 12; 1921–1925, 18; 1926–1930, 18; 1931–1935, 13; 1936–1940, 10.

Improvements.—Infant mortality has dropped from 258.4 in 1925 to 132.4 in 1940. Costa Rica's birth rate, which has shown little variation in the last 25 years, is now one of the highest in the world. Increase: 1920, 11; 1940, 25.6.

Construction.—A Department of Public Health Architecture has been created, to bring greater harmony into building construction.

Other services.—Among the auxiliary services may be mentioned the Narcotics Control, Pharmacy, Maritime Sanitation, Aerial Sanitation, and Juridical sections, and the School of Hygiene for public health personnel.

Problems to be solved.—The problems still awaiting solution are those common to other Caribbean countries: (1) soil sanitation, involving sewers, latrines, waste disposal; (2) nutrition, for which a Council has been created; and (3), the most important, drinking water supplies.

Water.—With the cooperation of the Pan American Sanitary Bureau, the Secretariat has secured the promulgation of a Law on Drinking Water Supplies, which represents an important forward step, since the control of water supplies should be in the hands of the national department of health.

Program.—Costa Rica's public health program contemplates, therefore, the fulfillment by health units of their three chief functions: Hygiene, Prevention, Assistance; the transformation of present aqueducts into safe water supply systems; the development and extension of the tuberculosis control campaign in all social groups; the energetic continuance of the soil sanitation program; and, finally, a favorable solution of the venereal disease problem, for the sake of Costa Rica's people.

Social security.—Another far-reaching action was the promulgation, along with the Drinking Water Supplies Law, of the Social Security Law. It is hoped that Social Security may be brought into operation without affecting vital public health services, and it is believed that this can be done, since the Costa Rican health organization already has the scientific, preventive medical, and public health equipment which will enable it to develop without duplication of services.

The Costa Rican government proposes to raise the national standard of health through positive public health and social action, and to this end it has the public health organization already here described, and the prospective influence of social security.