

PUBLIC HEALTH IN BOLIVIA*

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In November, 1940, the Department of Hygiene and Public Health was consolidated with the Department of Labor and Public Welfare. The problem of public health in Bolivia is aggravated by such factors as the heterogeneity of the people, with a corresponding diversity of languages and customs, lack of education, inadequate means of communication, great distances separating a large part of the population from urban areas, low standards of living accompanied by poor housing and nutrition deficiencies, venereal diseases, alcoholism, and the immoderate use of coca.

The present plan provides for both preventive and therapeutic measures, and is to be extended to all sections of the country. The following services and institutions are to be established: traveling clinics, to supplement the present inadequate system of health stations located in certain municipalities; increased hospital facilities, including the construction of a new hospital in La Paz (1,000 beds), and another in Oruro (300 beds), tuberculosis sanitoriums in La Paz and Cochabamba, seven hospitals in other communities, three frontier hospitals, a sanitarium at Buenaventura, a national leprosarium on San Silvestre Island in the Mamora River, and three temporary leprosaria, one national insane asylum in Sucre, maternity hospitals in Cochabamba and Puerto Suárez, and a hospital for malaria cases in Mizque. (At present Bolivia has 37 hospitals with a total of 3,363 beds.)

Since almost all of the public health personnel has had no special training, there is urgent need for the creation of a public health institute together with a medical school for the preparation of hygienists, sanitary engineers, laboratory technicians, radiologists, and similar specialists. An appropriation for this program is included in the 1942 budget.

Malaria, perhaps the greatest cause of sickness and death in Bolivia is prevalent in 80% of her territory. The Government has appropriated the following amounts for control work: 500,000 bolivianos for Tarija, Sucre and the Yungas of La Paz; 1,000,000 for Cochabamba and vicinity; 300,000 for Mizque,¹ in addition to the profits of the National Quinine Factory. The latter now furnishes quinine to the most severely stricken areas, and its production is to be increased from the present average of 100 kg. to 1,000 kg. per month.

One of the consequences of the Chaco War was the migration to the urban areas of rural people who had little immunity to certain diseases. Tuberculosis spread very rapidly among them. In 1935 two small hospitals, several tuberculosis dispensaries, and a preventorium for children born in tubercular homes, were established. Lack of funds has prevented the construction of additional facilities. The migration also resulted in an increased spread of venereal disease, for which treatment in the contagious period is now compulsory. Pre-marital examinations are made free of charge, upon request.

There are sporadic outbreaks of yellow fever and plague in the forest regions, but they do not reach the stage of major epidemics. The Government supports an anti-plague service, and contributes to the yellow fever control service maintained in collaboration with the Rockefeller Foundation.

* Taken from the Report of the Minister from August 1940 to date, presented to the National Congress.

¹ The rate of exchange of the boliviano on Dec. 6, 1941, was 43 to one dollar.

To combat goiter, which is now common in a large area of the country, the Government plans to establish a salt monopoly to insure the necessary iodine content in all table salt.

From 98% to 100% of the Bolivian population, including children, suffer from intestinal parasites—hookworm being the most common. Joint commissions of doctors and constructors are being planned, to supervise the provision of latrines for all houses in the affected regions.

A large scale vaccination program is being tried in an effort to conquer typhus, which causes thousands of deaths every year. The establishment of compulsory vaccination against typhoid fever has resulted in a marked decrease in this disease. Smallpox has disappeared almost entirely from urban communities.

It is estimated that 90% of the people suffer from malnutrition. The nucleus of a National Institute of Nutrition has been created, and plans are being made to establish facilities for feeding expectant mothers and children, and also a system of popular restaurants.

A four year public health plan has been formulated calling for the allocation of 12% of the national budget to health purposes. The proportion is to be increased to 20% by the fourth year. A national orphanage-school with a capacity for 700 to 800 children, including war orphans, was opened in May, 1941. In Sucre, 150 abandoned children and war orphans are being cared for; in Oruro, 250, in Cochabamba, 400; and there are National Child Welfare units in Potosi, Santa Cruz, Tarija, Trinidad, Tupiza, Uyuni, Vallegrande, Camargo and Roboré.

To relieve the acute housing crisis, the Department of Public Welfare will soon begin the construction of 150 houses in La Paz, and 50 in Oruro. These projects are only the beginning of a national housing program.

PUBLIC HEALTH PROGRESS IN COLOMBIA

Official Report from the Ministry of Labor, Health and Social Welfare

Colombia has not lagged behind in the steady march of public health progress. The different administrative systems which she has adopted, each seeking to outdo the other, have placed her on an equal position with the rest of the American republics, particularly since the beginning of the Pan American Sanitary Conferences.

At first (some 50 years ago), there existed a central office called the Superior Board of Health, which limited its activities to the distribution of smallpox vaccine and consideration of the public health problems of the Capital. These problems were solved in an empirical or romantic fashion, in spite of the scientific reputation of the members of the Board. This board was followed by a Central Board of Hygiene, and then by the present National Department of Health, which gained in prestige through its increased range of action although as a dependency of various ministries.

After having been a part of the Ministries of Government and Education and Public Health, it became autonomous in 1932 as the National Department of Health. There then began an era of health commissions and units which have brought the benefits of public health to all parts of the country. It is only just to recall, however, that already when the National Public Health Department was a part of the Ministry of Agriculture and Commerce, the Minister at that time, Señor Dn. Jesús del Corral, a man of energy and understanding, had secured the cooperation of the Rockefeller Foundation for a campaign against hook-worm.