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BETTER HEALTH IN THE BAHAMAS ^{}**
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I hope that my voice and mien make it clear that I am pleased to be here and I must thank the medical alumni of the University of the West Indies for the opportunity to be here and for the warm reception. I am pleased that my visit could be the occasion to focus some attention on our University and more specifically our medical school. It says a lot for the values or worth of our institution when its products not only remember it, but feel that they owe it something, and in different ways try not just to put back a little, but to contribute with the spirit that those who come after may have as good or an even better experience.

I am always glad to be in the Bahamas and when I reflect on feeling good about coming here, I conclude that it is because of the good images I have of the place, and let me confess at once that my experience has hitherto been limited to New Providence and I am pleased that tomorrow I will have the opportunity to visit Abaco. One has composite images of places just as one has images of people. The main reason for the pleasing image of the Bahamas is because of the good friends I have here — like my classmate, Dr. Bethel, who entered the University with me in 1951.

The physical environment also contributes to that good image and although I know very well indeed of the environmental problems — the difficulties with solid and other waste disposal, the threat of various kinds of environmental contamination or deterioration, there is still a positive feeling about the physical environment. But another powerful ingredient of that image is the perception that the Bahamas is a place of healthy people. There are clearly many persons who share my view of the Bahamas, and that is why your economy can continue to be based on tourism and continue to prosper. But when one tries to dissect the image further, one asks the question whether health is indeed good in the Bahamas, and if there are persons who are interested and involved in making it better. Is health, or rather can health be one of the things that are better in the Bahamas? It depends on whom you ask and the perception of the state of health, of the determinants of that health and the possible contributions to it, vary enormously in any society and any country and the Bahamas is not different.

Health professionals by definition have an abiding interest in the answer — that is why they chose one or other branch of the profession. Physicians who care for individual patients will of course be concerned that there are adequate facilities for the care of their patients, and I use the possessive deliberately. It is common practice, and it makes for good stories to portray doctors in

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general as being interested primarily in maximizing the returns on their time and knowledge. This is particularly unfortunate when physicians in this sense are no different from any of other group of persons that seeks rewards from a society.

There is no doubt that physicians also have tremendous influence in ensuring that the public clamours for even better facilities and access to technology, with the perception that these will enhance its health status.

It may surprise you to hear me in my present position say that I applaud the attitude of personal care physicians who seek, by all means, to secure the best in terms of facilities and resources in order that those persons who come to them for help are given what they consider optimal attention. I wish always to see the health profession deeply involved and dedicated to seeing that we are healthy at birth, that we live well and die well.

The value of the personal care physician to the overall status of health is often underestimated. It is underestimated partly because it is difficult to measure the output of care services. The value to human well-being and to society as a whole, of cure or rehabilitation, is not usually measured; it is trite but true to say that you heal alone as well as you die alone and therefore it is difficult, if not impossible, to sum the positive effects of individual care and relate that sum to one or other societal goal.

But inasmuch as I wish to see physicians focussing on what they were trained to do, I cannot isolate them from the rest of society, and I have said repeatedly that it is a societal responsibility to put in place the mechanisms to ensure that the physician's wish to see the best for the individual, does not produce unsupportable distortions in the allocation of public resources. It cannot be left only to physicians to determine what level and sophistication of technology should be paid for from the public purse. Society has determined that traffic is orderly if we obey the traffic signs and everyone accepts this discipline. In an analogous way, society must find a way to direct the orderly allocation of health resources that benefit individuals primarily.

I would put it to you that the personal care physician in the exercise of his or her profession is not in a good position to give a sound opinion or to influence the answer to the question as to whether health is or can be better here. But not all health professionals are engaged directly in personal care. There are those whose primary interest is in the health of populations. They have statistical measures for estimating the state of health, and they will tell you that the standard indicators of health have improved here in the Bahamas. Infant mortality rate has declined steadily to a figure of 19 per 1000 live births — life expectancy at birth is about 73 years and is increasing steadily. They will also point out the statistics to show that as a population you should be concerned about certain states and trends — excessive smoking — alcohol consumption is among the highest in this part of the world and brings in its wake the problems that you know very well. They will point to the excessive obesity and also warn us that we should be concerned with the high prevalence rates of AIDS in the community. The low infant mortality rate, they say, is not a cause for complacency as countries in the Caribbean that are economically less endowed have shown that it is possible to do better.

Unfortunately, this population based medicine is never as popular and society never rewards its skills in the same manner as it does those of the personal care physician. The reason for this is usually because one never bids or pays for these skills in the market place. These professionals are

also unfortunately labelled as Cassandra — telling people what not to do — what pleasures must be avoided and trying to promote interventions that are often painful or at least uncomfortable.

Our politicians represent another group of persons that are or should be deeply interested in health and often try to answer the question. Every Minister of Finance in this hemisphere bemoans the cost of the health services and looks for ways to reduce it without losing political capital. We estimated that in 1995 the Bahamas spent about 4% of its GDP for health. There is no absolute answer as to whether this is too much or too little, but what is certain is that no country can afford to sustain an ever-increasing cost of health services, and much of the effort for reform is focussed on ways of shifting some of the costs of services to the private for profit sector. I am sure that your Minister of Finance has frequent discussions with your Minister of Health about cost recovery in the public system and as to what is the minimum set of services for which the State should pay. I am sure that the Minister of Health can define those services very clearly, but the responsible answers of ministers often become clouded by the political imperatives around health. Health is and will always be a political issue. In the same way that you heal alone, you vote alone, and the political attraction of health often turns around the demonstration of what is done for the individual. Thus, politicians point with pride to hospitals and clinics and surgical suites and make sure that there are few complaints about lack of medicines or long wait lines in clinics or unavailability of an ambulance to take a vocal constituent to the hospital. So, while on the one hand there may be good sound reasoning for one kind of approach, political considerations are often a major determinant of the distribution of health resources from the public purse.

The task of the Minister of Health would be easier if there were another approach to political sensitization on health. In most governments health is looked upon as a purely narrow sectoral issue and in terms of benefits. High levels of government do not address the population aspects of health very often or with enough verve. I would wonder how many politicians, in addressing their constituents, invite them to reflect on what it means that there is no fear of a Bahamian child getting poliomyelitis. Few would know that it was a Bahamian Minister of Health who proposed that the Caribbean should make a concerted effort to eliminate measles. Perhaps even fewer would know of the success of this effort and how it has spread to the rest of the Americas, such that in this whole hemisphere in 1995 there were only 6,125 cases of measles. I wonder whether in party meetings anyone suggests that a part of the political platform should relate to promoting non-smoking and educating people on the dangers of smoking. I would guess that in discussions on political organization, little thinking is given to the possible power of health and concern for health issues, as motivating forces or as topics to stimulate collective thinking and practice.

But I must not give the impression that I blame politicians. Political representatives in our system of government are quite properly reflectors of popular thinking and perception. There is a well-documented political theory of public choice which shows that politicians everywhere are acutely attuned to the famous maxim of Sam Rayburn — the first duty of a politician is to be elected — the second duty is to be reelected. The issue of how one transmits a different perception of what is important for health to be truly better, involves a change in the public discussion and debate about health. Perhaps only when this takes place will politicians in general see health in a different light. But having said this, I must say that I was comforted by my visit with you Prime Minister this morning who has absolutely no doubt about the political importance and relevance of health matters.

This brings me to that group or sector that has a major responsibility for the public and therefore the political perception of health. I refer to the press or rather the media. There is an interminable debate as to whether the duty of the press is really to inform in a socially responsible manner, or is it a business that like any other in a market oriented society has to make a profit. There is a strong interest in the spectacular in health — the media gatekeepers have a keen sense of what is news and their portrayal of the news goes a long way towards establishing the current reality. It is sometimes confusing to us to appreciate that there is no absoluteness to reality or indeed any single reality. Reality is created for us out of images that can be distorted one way or another. The whole attractiveness of one or other travel destination is carefully constructed by portraying a desired reality. The media are important not only in molding the local opinion that is reflected in political action, but are important in portraying an image of the locale or the society as a whole. Any major news network could destroy overnight the perception of the health of our countries and the manipulation of even a minor health incident can ruin what it takes months and years to construct.

I wish to turn to another sector of the society that has a vested interest in health in the Bahamas, and I refer to the private or business sector. It is not often realized that health is a major industry, and there are data to show that health and all the peripheral interests may account for a major share of employment in a country.

The business interests, of course, have concern for the health of workers, not only for altruistic reasons, but simply because of productivity. There are numerous studies on the effects of ill health on work capacity. But here in the Bahamas, the main interest of the private sector would relate to the effect that health or the perception of health has on tourism. I have spoken of this here before and therefore will not go into detail. The relationship between health and tourism has three main dimensions. There is the effect of the health of the host people and country on the visitors, and vice versa, the effect of the visitors' health on the health conditions of the host people. It is both the reality and the perception of health risk that can affect the attractiveness of a tourist destination. The outbreak of cholera in Peru, a few years ago, virtually wiped out that country's tourist industry for some time, although the fact is that the risk to tourists was quite small. A major dengue epidemic and deaths from dengue hemorrhagic fever, if sufficiently publicized, will be enough to virtually ruin the tourist industry of a small Caribbean island. In countries that are developing eco-tourism with a focus on forest travel, the threat of malaria can be disastrous.

Most emphasis is placed on the environmental health aspect of tourism and the Bahamas is no exception to those island states that strain to preserve the environment as the major attraction for visitors. It is not only the physical environment that impacts on the visitors' health, but the social milieu is conducive to the leisure behavior that facilitates excessive use of alcohol, unsafe driving and casual sex with its various consequences.

We often forget that the visitors may bring health problems, and in this age of rapid travel visitors may introduce communicable diseases among which I include the ones that are sexually transmitted. In this area, both the visitor and the visited are at risk, and if I may parody Shakespeare, these diseases bless him who gives as well as him who receives. There is also evidence that the ambience created by tourism leads to behavior that is health damaging to the host population as well.

The third dimension relates to the importance of health tourism as a business. The prospect of health tourism is an attractive one and when we look around we see some countries like Cuba, and some cities like Houston, aggressively promoting health care as a business and attracting visitors specifically on the basis of what the health care system has to offer. This has been examined in some detail in the Caribbean under the general rubric of sale of health services and various studies have examined the potential in this Region.

The most serious challenges to developing health tourism relate to the problems of insurance, as medical care in the most probable markets is covered by insurance that will not reimburse for health care abroad. There is also the issue of price, as there are now many developing countries that can offer quality services at prices that would be very competitive to the costs of services in the Caribbean. I would imagine that the wage structure in the Bahamas would make for a rather high priced product.

But on the other hand, there are opportunities. The most obvious are the proximity to the large potential markets in the United States of America and Canada and the advantages of language. The physical attraction of the region is an added advantage in that health care could be combined with genuine holiday. Even if conventional care services may be uncompetitive, there are other health or health related services that might be considered, such as cosmetic surgery, addiction treatment, spas, and retirement communities. I have been struck by the statistic that 2000 people in the United States of America turn 65 every day. By the year 2000 there will be almost 60 million Americans in the age group 65 and over, many of whom will be able to opt for what they consider to be ideal climates. One of the foremost considerations in their choice of this ideal location is access to good health care.

The Caribbean and in this case, the Bahamas, would have to establish quite clearly a niche in which it would have an advantage over competitor countries. Niche marketing is standard for conventional tourism and there is no reason why it should not inform health tourism as well. Another strength or attraction is the quality of the health professionals, as traditionally, the level of training of our professionals has been regarded as high throughout the world and certainly in the major markets. You will allow me to say here that this has been in large measure due to the UWI alumni, the reputation they have earned, and the image they have projected.

As with any area such as this, the major impetus will have to come from the private sector, as it would not sit well to convey the impression that public services that are always thought to be in short supply were being diverted to visitors. But there is a role for governments in this. There will have to be clear regulations and licensing procedures to protect the good name of the country as visitors and potential consumers will quite rightly demand that institutions operate under certain standards. In a recent study, it was shown that clinics in Colombia have adopted policies and procedures that are the same as those that exist and are enforced in the United States of America. Governments will also need to have policies on such things as taxes and work permits if foreign investors are to be attracted.

I do not wish to give the impression that health tourism is a gold mine just waiting to be tapped. A great deal of preparatory work has to be done. But when I read that tourism accounts for over 50% of your GDP and note the sensitivity of your economy to this business, as shown, for example, by the influence of hotel accommodation on the slowing of the momentum of your economic recovery that began in the early 1990's, I believe that this work should be done. In all the countries

that depend heavily on tourism, it is becoming clearer that not only must the marketing strategy be revisited, but that there is need to diversify the product. The health dimension is one aspect of that diversification that merits serious consideration.

How does this affect you as a group or individually? Let me address you now not as health professionals but as a group of concerned citizens who are well-educated, knowledgeable and influential in this society. For you, I would frame a slightly different statement and say that Health had better be better in the Bahamas if the country is to prosper, and I will adduce some arguments that are not traditionally medical. I assure you, however, they will be not difficult to follow for anyone who has had to learn embryology or anatomy. Even my surgical colleagues will follow!

Every national wishes his or her country to prosper and let us for the moment accept that this prosperity is measured in terms of economic growth. There is no doubt about the need for economic growth and all Bahamians are only too sensitive to the deceleration of your economic growth in the 80's, to such an extent that it was negative in the early part of the 90's. All of you are aware of the macroeconomic disequilibrium of the early 90's that has been corrected by some fairly tight policies which have apparently worked, as now you are starting to grow again. There is general agreement that you have to regain and maintain your competitiveness in a world that is big and very cold. Let us, for the moment, leave aside the distributive aspect of growth. There has been a lot of interest recently in the factors that make a country competitive and enable it to grow economically. There used to be a great deal of fear on the part of the industrialized economies, that growth in poor nations somehow would damage the economies of the rich ones. The fear about competitiveness is less now, as we believe that whereas inter-individual or inter-enterprise competitiveness is a zero sum game, national competitiveness is not necessarily so. In other words, if one business is more competitive than another, one gains while the other loses. Nations or countries participate in a positive sum exercise in the sense that two can grow without one affecting the other negatively. The features that are important for competitiveness and growth, I believe, are the openness of the economy, efficient government, a good infrastructure, labour markets, the nature of the major State institutions and the availability of capital. It is this last factor that I wish to address. More detailed studies on the nature of capital show that if one divides this resource into three categories — physical, natural, and human/social — the last is by far the most important determinant of a country's growth.

If you look further at this human and social capital, you find that the major ingredients of the human capital are health and education. These are the inputs into humans that give us the knowledge, skills and physical and mental capacity to be optimally productive. This should not be a surprise to you as I am sure that many of you have heard or read of the store that the rapidly growing countries of the East put on the development of this human capital. Health and education complement one another and when I say health, I refer to the mental as well as the physical health. So, I wish you to understand and say that health has to be good if the Bahamas is going to be maximally competitive. You will have to accept that attention to health, as an ingredient of human capital, will not necessarily involve more expenditure on personal care. It will have to involve strict attention to ensuring excellent prenatal care, healthy infants, stimulation at the appropriate stages of child development, healthy school and work environments, and above all, rigorous promotion of the importance and value of health, not so much as a state of grace, but as a state of well-being that is important for your own and your country's growth.

Finally, let me touch briefly on what the Pan American Health Organization (PAHO) does to promote this way of thinking. PAHO's forte is its contact and cooperation with governments, and it has been traditional to look to PAHO purely for technical guidance. I think we give this well and can point to cooperation with governments in the area of prevention and control of communicable and noncommunicable diseases. We assist governments in the design of the health care services and their programs in environmental health. The latter is a major part of our cooperation with the Bahamas. We advocate vigorously the application of the essential principles and practices of health promotion. But of equal importance is our effort to inject, at the various levels of governments and in institutions, the ideas of a wider approach to health, seeking to demonstrate that the health of a population is a matter of national interest and a national resource. We have not succeeded everywhere, but where we do, I believe that we are helping in a substantial way to ensure that health will indeed be better there.

Many of you will say that I did not learn or teach this at the University of the West Indies. That is true, but it is also true that I can understand and articulate these issues because of what and how I learned at the University. That is one reason why I am always glad and proud to do anything to support it.