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Mr. Chairman, let me begin by saying how pleased I am to have been invited to participate in this Public Forum on Health. Last year I addressed some of you on the occasion of the PAHO Media Awards Ceremony and described some of the images of health portrayed by the media. Next week I will be speaking at the Gleaner Awards Banquet and dealing also with some responsibilities of the media. Perhaps, in the words of Bob Marley, "there's a natural mystic flowing through the air".

I take your interest as something not directed to me ad personam, but as an indication of the growing relationship between PAHO and the media and a heightened consciousness in the media about health matters. I will begin the forum by giving my perceptions of some of the major currents in health in the hemisphere and then address some local issues. I will not deal with some of the more recent and perhaps contentious local problems. That would be improper, and in any case I may not be sufficiently informed of the situation to make sensible comment. Obviously, the areas that I will touch upon have some relevance to the Pan American Health Organization as well.

I will deal with issues of some importance for all of us and I hope the tenor of the discussion that follows will reflect your understanding of these issues. I am setting myself an examination, as it were, and at the end of the evening I will grade myself according to how well I have communicated to you my ideas of the kinds of concerns that are important not only for Barbados, but also for the other countries of the hemisphere.

Ever since the foundation of PAHO we have been reporting on the health situation of the Americas and by all accounts there has been a steady improvement. Life expectancy in the Region as a whole has been rising steadily and infant mortality rates have been falling in almost every country.

These broad generalizations often hide the differences that exist among the countries. Let me give you one example. Forty years ago the life expectancy at birth in Venezuela was just over 55 years and in Costa Rica just over 57 years. The difference has now widened to six years, with life

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** **Address given by Sir George Alleyne to the Barbados Association of Journalists.**

expectancies of 70.3 and 76.3 years respectively. These differences both between and within countries are a reflection of the extent to which there has been adequate social management and how different models of societal organization have impacted on health.

There are several factors that have influenced and will continue to influence the health and living conditions in the Americas. These include the social inequities and inequalities; shifts in the age structure of the population; rapid urbanization; changes in the organization of the public services and the role of the government in providing them.

The social inequalities that exist in the Americas are among the most striking in the world. It is calculated that the income of the richest 20% of the population is twenty times higher than that of the poorest 20%. This inequality may be even more marked within some countries, especially those with large numbers of indigenous people whose economic and social condition is more often than not well below that of the rest of the population. We appreciate that absolute wealth is indeed an important determinant of health status in a country, but perhaps the distribution of income is of equal significance. It is remarkable that countries like those of South East Asia that are praised for their economic growth are not always recognized as having managed to distribute more equitably the fruits of that growth and this is reflected in good levels of health. Barbados is another example of a country with more equitable income distribution than many other countries of the Americas and perhaps, not coincidentally, with good health status indicators.

As a general rule, as we have proposed in one of our official publications, in countries with similar levels of adjusted per capita GNP, the reduction in the risk of death has been much greater where economic policies placed more emphasis on redistribution, and where long term effective social policies have contributed significantly to the improvement of living conditions for the majority of the population by reducing social inequities.

We can say that the general health status of Latin America and the Caribbean is improving, but there is obviously much more to be done, and the rapidity of improvement may be hindered, inter alia, by the inequality of income distribution. The infant mortality rates for Latin America for the period 1990 - 1995, at 47/1000 live births are lower than in Asia and Africa, but much higher than in North America, which is currently 8/1000 live births. If current trends continue, our estimates are that infant mortality rates in this geographical area in the year 2020 will be similar to what it was in North America in the 1950's - a lag of some 70 years!

Let us narrow our focus to the Caribbean countries which have been justly proud of their achievements in health. It is sometimes said that the four C's have led the way in health improvement in the Americas - Cuba, Costa Rica, Chile and the Caribbean. In general, the health status of the Caribbean falls between that of Latin America and that of North America.

But even within the Caribbean there have been variations. If one uses the decline in infant mortality rates as an indicator, one can see the significant change beginning in the more developed larger countries in the decade of the 40's and accelerating in the 50's. In the countries of the Eastern Caribbean, perhaps because of their slower economic takeoff, the decline began really in the 50's and accelerated more rapidly in the 60's and 70's.

Economic performance is important and has come under scrutiny in relation to health outcomes partly because of the economic crisis of the 1980's. While some countries showed marked reduction in public spending on health, the improvement in health indicators continues. In the case of Trinidad and Tobago for example, average annual public expenditure per capita on health declined from around \$TT 525 in the period 1981-86 to around \$280 in 1987-1992, (in constant 1985 dollars), even though the percentage of government expenditure on health increased slightly during this period. In spite of this decline, there was no noticeable deterioration in health status of the population as measured by standard indicators.

This may be interpreted in several ways. First, the standard indicators of health status may be too insensitive, or have too much inertia to reflect change. Another explanation may be that the accumulated good practices of the past were such as to prevent any change in status. And yet a third explanation is that the reduction in absolute expenditure hid a shift in that expenditure such that those activities that preserved and promoted health had higher priority. A fourth explanation is that the deterioration in the health care facilities that followed a reduction in government spending did not affect health status of the population as a whole. I will return to this thesis later - that the general health of the people bears only a slight relationship to the expenditure for the provision of health care services.

The data we have for Barbados show that the chronic diseases are the major causes of death for all ages. This is no secret to you. As your population ages it is affected more with cancer, diabetes and cardiovascular disease and there is a normal and healthy concern about the services that will be needed to care for patients who suffer from these problems and their complications. What is not often appreciated is that around 1990 the main causes of death in the age group 15-44 years were homicide, traffic accidents, drowning and suicide - these four accounted for 60% of all deaths in this age group. In this same age group, 61.5% of all hospitalizations was for victims of accidents and violence. The implications of this are enormous.

We know that the determinants of health status are the ecology - both social and physical, human behaviour, health care services and the genetic make-up of individuals. In spite of the acceptance of these determinants of health almost universally, in Barbados as in almost every part of the world, there is an absolute fixation on health care services as being the most important factor in the health of the public generally. What are the consequences of this thinking? Why is this so, and is it healthy?

One of the consequences of this thinking is reflected in the debate that goes on here and in every democratic society. On one side is the very powerful group of health care providers. And by this I do not mean only physicians. I include all those who are involved in one or other aspect of health care, such as the producers of pharmaceuticals, the manufacturers of medical technologies and devices, even the graphic artists who help with the advertisements. This group advocates for the ever increasing scope of health care practice and cite enormous advantages to be derived if only individuals came into the health care system to be cured, cared for or rehabilitated. It is in part because of the pressure of this group that health care costs are escalating in all parts of the world.

On the other side of the debate is the group that is concerned about the approach to care because it perceives that no country can continue to invest ever increasing amounts of national

wealth in health care. There is the legitimate concern that the ever escalating costs of the health care industry could bankrupt even the richest country. This group therefore looks to curb costs. It fixes on limits to practice, increasing efficiency in the system, alternative forms of care and it pays obeisance to prevention, not so much because of an effect on improving health, but because it could possibly reduce costs in the medium and long term.

Much of this dialogue smacks of a debate between the deaf and there are elements of truth on both sides. There is no doubt that advances in care and the judicious application of health technologies have made a difference, and there is much less sympathy now for the extreme positions of persons like Ivan Illich who would lay the responsibility for almost all the health problems at the feet of physicians. Similarly, there can be no quarrel with the need to enhance the efficiency of any enterprise. We must note here that the move towards alternative and traditional forms of care usually serves nothing more than to widen the medicalization net.

The reasons for the focus on the health care system are also many. The first is that it is normal and natural for man to be concerned with illness and the fact that early in our beginnings illness was so clearly allied with the final event - death - gave it prominence in our thinking. Healers and medicine men have always occupied special positions and wielded enormous influence in all cultures. Our religious liturgies implore supreme beings to keep individuals healthy! As I have said elsewhere "The compassion for our fellowman, partly because of our personal knowledge and experience, enables us to don the pajamas of our brothers' illness with ease and find quickly points of empathy".

Public opinion is also shaped by the influence of health care providers who are almost always among the most powerful in any society. This group, for a variety of reasons, focuses on health care and persuades as many persons as possible to enter the system and use the services.

But perhaps the most important reason of all is rooted in the images that are carried to the public by you the media. I take the view that in democratic societies like ours, the media bear a huge responsibility for shaping public opinion and I am impatient with the idea that you simply reflect that opinion. You report on and discuss illness and those things that affect the individual condition. You are happy to report uncritically on the advances in modern technology, often offering false hope to many. You often pillory the unfortunates who in good faith attempt to heal and as is human, make errors. There is often simplistic blaming of public authorities for perceived deficiencies in the care system, many times creating panic and fear where none should exist.

I read Barbadian newspapers not infrequently, and watch the local news when I am here, and you are really no different from your counterparts in other places. You serve to reinforce the current paradigm that would fix on illness and the way to treat it, particularly at the individual level, nodding the head occasionally to prevention and even less often to promotion. And when you do look to prevention it is usually in the context of what the public care system can and should be doing.

Why is this so? Was it always so? It would be interesting to review the media - especially the print media - coverage of health over the last 50 years to determine what if any trends have occurred. It is possible that the messages were different when there was less fascination with medical technology, when the therapeutic armamentarium was limited and there was more focus on

the individual. There might well have been more emphasis on what individuals should do to avoid illness and stay healthy.

I can still recall that part of the Book of Common Prayers on which I was brought up that says:-

We have sinned against thy holy laws, We have left undone the things we ought to have done; and we have done the things we ought not to have done: and there is no health in us.

What are some of these things you the media ought to do if there is to be health in us? I assume that your presence here is a reflection of a genuine interest in the health of the Barbadian people. You are interested in the public's health.

First, you need to give some serious thought as to why the collective health of Barbadians is important. Health in Barbados is important for many reasons. There is the basic economic reason that a healthy population is more productive. The healthy populace that is well educated provides the human capital that will be able to incorporate the new information technologies that will drive the type of productivity that the next century will demand. There is very good empirical evidence that investing in health and nutrition increases a country's economic growth potential, and this may be separated from the collateral effect of investing in education.

The health of Barbadians is part of the attractiveness of the country, and I need not convince you that this is important to the Barbadian economy. I mentioned earlier that inequality in income distribution was reflected in poor levels of health in a society. It is also true that investing in health and nutrition can serve to reduce inequalities in income distribution.

I urge you to give serious study to those factors that impinge on health. I would not be so broad as to say that all good policy is healthy, but you must be alive to those things that can be promoted to produce positive health results. I like to refer to a quotation from the book by Evans, Barer and Marmor that discusses why some people are healthy and others not:

One of the most successful health policies in the post-war era in the United States was in fact an energy policy. The sharp reduction in speed limits on interstate highways following the oil crisis of the early 1970's led to a marked reduction in deaths from traffic accidents. The American people, however, continue to believe that emergency room physicians are more effective than the US Energy Department in dealing with motor vehicle trauma.

I urge you to dedicate much more serious attention to the concepts and practices of health promotion. Some of you participated in the Caribbean Conference on Health Promotion held in Port-of-Spain in 1993. Since then a Caribbean Charter on Health Promotion has been launched. In all honesty I cannot say that the Caribbean media have been aggressive standard bearers for the cause. Should I listen to the skeptic in me saying that you regarded this as just another news event? I hope not. I pointed out that the major killers of adults in Barbados were violence of one sort or another. Are you going to be satisfied with reporting that violence with all the gory details, or are you going to try to get behind it and play your part with the rest of civil society in trying to address the problem preventively?

The Pan American Health Organization (PAHO), as its name signifies, is concerned with health in all its dimensions and a cardinal facet of our technical cooperation with our member countries is to mobilize all possible resources in favour of health. I have stated on several occasions that one of the key issues for PAHO in my administration will be the use of information which I regard as the most powerful instrument for change that exists in modern society. It is for these very good reasons that we seek to relate seriously to the media. There is no resource more potent in our society for transmitting information to those who make decisions and those who must so express themselves that decision makers are alive to what are the real concerns of their constituents.

Mr. Chairman, there are many aspects of health that I have not discussed. I have not discussed the important role of women in relation to health and development. I have not addressed the issue of social gradients and health outcomes - an approach that puts poverty reduction as a means of enhancing health in a different perspective. I have not dealt with specific diseases like AIDS that are uppermost in the minds of many people. Time did not permit treatment of these and other important issues.

But my approach was deliberate in that it had one prime purpose. It was to stimulate or irritate you who are leaders in the media to help to put health on a different plane in the public agenda. I wish to challenge you to separate the health of Barbados and its people from the health care services offered to Barbadians. I wish you to acquire the knowledge and skills to make the distinction for the benefit of Barbados as a whole.

It is not only Barbados that can benefit. You have heard and even applauded the efforts of the Caribbean Ministers of Health to cooperate among themselves. They have established as a framework the Caribbean Cooperation in Health Initiative (CCH) whose objectives you know. Addressing these areas I have touched upon will undoubtedly enhance the possibility of the CCH being the real force that it should be.

My challenge to you implies a major undertaking, and like marriage it is not to be entered into lightly, wantonly or ill advisedly, but like that institution it can produce rewards and satisfaction that are incalculable.

I feel some personal urgency in trying to have you, the media, understand and articulate some of the positions I have set out tonight. In the words of a poem written by my sister Cynthia Wilson:

Before the light
goes out
before the curtain
falls
for the last time
before
the last goodbye
is said
before the hurry

to forget
begins
let me not linger
in the byways
of uncertainty
let me not
fail
to do what my heart
knows it must
let me not
pass
my brother by
nor deny succour
to my sister
now
before I pass
from all that went
before

I thank you.