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Ismael Mena

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# CHRISTIAN DEMOCRACY:

## The Right Solution To Underdevelopment?

ISMAEL MENA, M.D.

Physicians in the United States and other countries of the world have been witnesses to the accelerated growth of technology. To medicine, this has meant, among other things, the building of new and better hospitals with developments that were undreamed of fifty years ago. Research laboratories are now supplied with new and more complex and efficient electronic equipment, computers, and so forth. Furthermore, in developed countries, technology has also made its contribution to progress in various aspects of economic life that have a bearing on individual health: basic sanitary conditions, housing, food, education. Furthermore, this positive prospect of medicine in the developed countries is completed by an increasing progress in surgery and therapeutics, brought about by the appearance of large numbers of new and powerful drugs from modern chemistry and pharmacology. For these reasons, the practice of medicine in those countries is concerned with the care of individuals who have a longer life expectancy and better possibilities for the enjoyment of the advantage of modern life. For scientists, these features are an incentive to concentrate there and contribute to the accelerated growth of technology and the production of new material wealth.

This dynamic image of the United States, Europe and other developed countries must be contrasted with that

of underdevelopment in other areas of the world, Latin America among them. We shall give specific information concerning medical life in our country, Chile, for it is the one we know best and therefore are in a position to give information that is recent and, what is perhaps more important, information that is lived. Chile is a Latin American country with a population of 8 million and covering an area of 289,500 square miles. The picture of development we have made above can also be found in our country, but it is limited to a few privileged medical centers that work to maintain the rate of progress achieved in more developed centers. However, the greater part of this land lags far behind on the road to progress and the rate at which technological progress is incorporated is too slow, as will be clearly shown by the figures for rates of general development that will be discussed later. This is aggravated by the fact that Chile is a country where the rate for demographic explosion is among the highest in the world—2.8% per year—giving a figure of 33.8 live births for every 1,000 inhabitants. This meant, in 1961, 163,981 newlyborns. Lack of hospitals and medical care was unmistakably evidenced by the fact that 30% of these children, 80,065, did not receive medical care at time of birth.<sup>1</sup>

These people, handicapped at birth by the lack of medical care, live in

very poor sanitary conditions. They live in towns of which only 33% have a good water supply and only 51.6% have adequate sewage systems. Yet, the picture of sanitary conditions in rural areas is much worse. Among inhabitants of this sector, only 5% have the benefit of appropriate sewage systems and 60% of them lack these services completely.<sup>2</sup>

For these, as well as other reasons, the trend in the Chilean rural population, as in other Latin American countries, is to migrate towards the cities and industrial centers. These cities do not have the proper housing to offer to this new labor force, a condition which forces them to settle in slum areas that surround all the major Latin American cities, and where sanitary conditions are even more deplorable than in the rural areas.

Housing is another factor connected with the health of the Chilean population. In the year 1960, a shortage of 375,000 houses handicapped a total of 2,300,000 persons. Our Ten Year Development Plan sets a goal of 560,000 houses for the 1960-1970 decade. This implies a heavy strain on our economy, and does not solve the problem in its entire scope. What is more, the sanitary conditions of many of our present houses are not adequate, and this puts the burden of patient care on hospitals, to an extent that is beyond their possibilities. Due to this, many of the patients who could easily be cared for in their own homes must be sent to hospitals if they are to receive proper assistance.

The picture of the conditions in which the Chilean population lives can be completed with the mention of other aspects, among which the problem of food and nutrition is important. In this country, farm production is in acute shortage. Food production increases at a rate of 1.9% per year, not enough to cover the needs of a

population growing at a rate of 2.8% per year.<sup>3</sup> We must add to these basic factors the ignorance of our people in matters concerning the distribution and conservation of foodstuffs. Both are deficient, and we must consider also that the purchasing power of the people in the lower income brackets is below a level that can be considered adequate. All these factors can be held accountable for the inadequacy of the food consumed by Chileans. One parameter that shows this very clearly is the weight and height of children of school age. There is a marked difference between children attending public schools and children in private schools.<sup>4</sup>

The educational problem that directly relates to some of the aspects of proper nutrition is worsened by the high incidence of illiteracy. In a population of 6,030,000 people over 6 years of age, 1,173,000, or 19.5%, are illiterate, and furthermore, a similar amount does not have a working literacy. We can bring to a close this description of the facts that have a direct influence on the health of our population with a figure concerning the organization of the Chilean family. A high percentage of families are not properly constituted, and this means that 17% of all children are born out of wedlock.<sup>5</sup>

These social, economic and sanitary conditions of our country better explain the health indicators for our population that we shall now discuss. These indicators are a gauge for the magnitude of the problems that must be tackled by the medical profession. The general death rate in Chile is high, 11.7% for the year 1961. Of this figure, approximately one third died without medical care of any kind. Child mortality is also very high, 120 children in every 1,000 births die before reaching their first year of age.<sup>6</sup> This last figure represents approxi-

mately one third of the total death rate for the country. The importance of medical care in the control of child mortality is highlighted by the fact that this rate, for low income groups deprived of medical care, is 157. In the same group, medical care reduces this figure to 102, and in high income groups of our population the rate is only 57.<sup>7</sup> Child mortality rates mean, among other things, that the life expectancy of a Chilean born at this time is only 55 years, almost 20 years below the life expectancy in developed countries. Thus, the majority of the population that we must care for is young, 37% of individuals below 15 years of age, as against 4% of individuals above 65 years. This runs counter to any possibility to increase general production in our country, for a high percentage of the Chilean population is a consumer of goods and cannot be taken into account for the production of wealth.

Another factor bearing on the high child mortality rate in Chile, in addition to the socio-economic problems that have been described, is enteric diseases, accountable for one third of this rate. Typhoid fever, gastro-enteritis and intestinal parasitosis are all prevalent in this land. Among adults, we can give respiratory problems and tuberculosis as the most frequent ailments. Other diseases also frequent are those connected with mental health. As a consequence of poverty, in every 1,000 persons alcoholism produces mental problems in 50, neurosis in 100 and psychosis in 10. These figures, added to those for epilepsy and other minor neurotic problems give a total of 300 sick persons per 1,000 inhabitants.<sup>8</sup> Also, 90% of our people have severe dental problems.

One factor that directly affects the health of our population of productive age is the high rate of work accidents, which every year subtracts ap-

proximately 25,000 workers per year from the labor force.

To solve the serious sanitary problem, Chile has 4,700 physicians, which gives a ratio of 6 physicians for each 10,000 inhabitants; however, the distribution is uneven throughout the country. Santiago, the capital city, has 12 physicians per 10,000 people, whereas in some southernmost provinces the ratio drops below 2 physicians for every 10,000 inhabitants. Dentists in Chile are scarce, only 2,500 in all. A more serious problem appears in the availability of technicians; there is only one for every 3,700 inhabitants. The number of hospitals and hospital beds is also insufficient; 3.8 beds per 1,000 inhabitants which compares unfavorably with the figure of 10 beds for every thousand found in the more developed countries.

These different aspects of our socio-economic situation can be easily understood by a physician, and they go to explain the magnitude of the problems that have to be faced by our government and our Chilean colleagues.

Chile recently lived an important step in its development. Chilean voters were given to choose, in the presidential election held in early September of this year, between a democratic form of government and a Marxist solution to its problem. The importance of this choice was not only domestic in its projections. It could point to a way for many other Latin American countries.

The anxiety caused by the progressive regression of our situation convinced 38% of our population that Marxism was the only means by which our society could be restructured. However, 55% of the voters decided to support the Christian Democratic candidate, Eduardo Frei, and his proposals for a revolution in freedom as the means to restructure the administration and achieve maximum efficiency in the production and distribution of

wealth. It is a Christian solution to our problems, and it entails a guarantee of human rights. It will work for justice in the distribution of wealth, incorporating all our citizens to work activities, to produce and enjoy the technological progress of our era.

Thus, democracy is faced with a great challenge. Our people were offered two solutions to overcome underdevelopment. Christian Democracy and Marxism were put before them as the only two possible paths towards progress. The voters, with great civic maturity, decided to try Christian Democracy. For the next six years our country and perhaps many others in Latin America will watch anxiously for the results. If progress is not substantially speeded, Marxism will, unchallenged, rise to power in 1970. During the six years that lie ahead of us, we shall have to overcome the difficulties that will naturally result from the handicaps that have been described above and from the systematic opposition of the Marxist groups, for they have already announced what their position will be on all the steps that our new government will take. Democracy was at stake on September 4 in this remote corner of the world, but the scale was tipped in its favour and it won its battle. However, what is really won was merely the right to continue fighting during the next six years and prove to the world that there is indeed a possibility for progress and Christian redistribution of wealth, all within the framework of freedom and respect for human rights.

In spite of the country's readiness to create the organization needed for a better solution of the problems of underdevelopment, the magnitude of these problems is such that it alone conspires against finding the proper solution. Proceedings of the recent Development and World Trade Conference in Geneva made quite evident

that, whilst the rates for technological progress and production of new wealth are increasingly high in the developed countries, the opposite is true in the underdeveloped ones. For the latter, rates for production of new wealth and the incorporation of new capital are insufficient to offset the demographic explosion.<sup>9</sup> The result of this situation is that underdeveloped countries are getting poorer and poorer while developed countries are becoming wealthier. The gap created between both groups widens and brings with it anxiety and concern in many areas of the world. These problems of uneven distribution of wealth have been solved at the domestic level in most of the nations of the world, but little is being done to find a solution at the international level. In domestic matters, governments have a position of leadership that gives them power to level the income of rich and poor alike, through taxation and other instruments provided by the economy. They can plan in the general interest, leaving to private enterprise initiative solely in the production of goods, and share and redistribute in the whole country the product of this activity. No such mechanisms exist at the international level. Governments have not planned to satisfy the interests of mankind or integrate them on a world-wide scale. Some groups of countries are organized, but this is true mainly of the developed countries, and they have done so for their own protection. In this aspect, we find at the international level the problems that existed 50 years ago at the domestic level. History shows us that at that time, in many countries in the world, redistribution of wealth through charity, philanthropic organizations, scientific foundations and other devices were envisioned and put in practice by some private individuals. As an illustration, let us mention, in our

country, the Beneficencia Pública (Public Charities), entrusted with the health problems of our population through the coordination of individual efforts in charity hospitals. These very admirable activities were subsequently absorbed by the Government, who understood that it was its duty to care for the health of its citizens. For this reason, health today is the responsibility of the Government. Whatever the limitations we have described, it is nevertheless a right that each citizen can demand and expect to get.

At the international level, the evolution of these ideas on redistribution shows that private initiative is already on the move. There are many international organizations, founded by individuals who understand the need for redistribution of technological know-how and culture in the world. Governments have participated at the international level with undertakings such as the Marshall Plan and the Alliance for Progress as a means to cooperate in the improvement of development rate. But we can readily see that it is not enough. The urgency of the situation calls for a world wide awakening of its consciousness. We Christians must work in Christian charity and justice to seek a rapid incorporation of technological progress for the entire world. We must fight to give the world the right to enjoy health and economic well-being. We must take stock of the fact that underdeveloped countries are not abstractions, but large masses of people where disease, hunger and lack of culture are the rule, people who are denied every chance in life. We must keep in mind

that these underdeveloped countries are not a simple collection of appalling statistics, but rather, millions of ill-fed children, haggard faces, begging hands. As physicians and Christians, we can easily visualize the emotional elements in these descriptions and we should start work among our fellow citizens to impress upon them the ideas on international redistribution, so that we may urge our governments to take speedy action and find the proper solutions to the problems of underdevelopment. During the Geneva conference, the underdeveloped nations formed a block to obtain better prices for our primary products. The dialogue has begun. There is awareness of the existence of the problem and the need for its solution. Governments must move in search of the first steps that can bring new horizons to our present day world.

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