Social Medicine
Health For All

Interview with Dr. Asa Cristina Laurell

Secretary of Health of the Legitimate Mexican Government, headed by Andres Manuel Lopez Obrador (AMLO)

Dr. Asa Cristina Laurell is a pioneering thinker in Social Medicine in Mexico and in Latin America. In 1976 she became a full time professor/researcher at the Autonomous Metropolitan University, Xochimilco Unit, in Mexico City, which had just been created. Until the year 2000, from this academic post she shaped and influenced several generations of Latin American and Mexican students, published exhaustively; contributing theoretically and methodologically to the field, as well as generating a wealth of original research and participating in events and conferences throughout Latin America. Simultaneously, but in relation to her academic career, she fought passionately for the Mexican left in diverse contexts: Critical Point, the National Democratic Front, and the Party of Democratic Revolution (PRD).

In 2000 Mexico lived through a historical political crossroads in which Dr. Laurell played a leading role: the Right won the presidency of the Republic, defeating the Revolutionary Institutional Party (PRI) after having been in power for 71 years, while the Left had resulted triumphant for the second time as Governing party of Mexico City. Dr. Laurell was designated Secretary of Health of this government, a post in which she merged her profound academic knowledge of health systems and social security in the world, with her political militancy in the Mexican Left.

Concerning health matters, two distinct health programs were implemented in the country: while the Federal Government put forth targeted programming, Popular Insurance being its primary project, the government of the Federal District, led by Dr. Laurell, promoted the guarantee and the universality of the right to health. Following a social medicine perspective, Dr. Laurell launched and coordinated, only three months after having taken office, a universal old age pension for residents over 70 years of age, with a guarantee of medical services and free medication. This policy, which in fact meant the creation of a new social entitlement, was written into law in 2003 and is one of the pillars of the popularity of AMLO in the entire country.

In an attempt to belittle it, Vicente Fox's Government qualified the measure as populist, but in the electoral context it was adopted as federal policy country wide

by the end of the term. During the government of AMLO these measures were financed by eliminating unnecessary expenditures of public servants (salaries were reduced by 15%) and by addressing the issue of corruption, making tax increments unnecessary.

Dr. Laurell put into effect the Free Medication and Medical Services Program (PSMMG) in order to fulfill the promise of the right to health that the AMLO government had made to the residents of Mexico City. This program was given the status of law in the city as of May of 2006.

This 20th of November of 2006, the Legitimate Government in Mexico (GLM) took office. This political measure was enacted as a strategy to disregard Felipe Calderon Hinojosa as the official president of the Nation after having won the presidency amidst suspicion of electoral fraud and was supported by widespread citizen mobilization pleading for respect for the popular vote. Dr. Laurell was named Secretary of Health of said GLM. (For more information: Newspaper La Jornada, http://www.jornada.unam.mx, 21 of November of 2006, pgs. 3-10).

SM: Dr. Laurell, amongst the 20 proposals of the GLM, read by AMLO on November 20 of 2006 in the central square of Mexico City, number 19 states verbatim: "We will enforce the right to health of all Mexicans. Today, over half the population is not protected by social security. The right to health is not guaranteed, be it because the money to pay for medical attention and medication is not available or because there is an absence of services where people live.

The so called popular insurance is pure demagogy, because it is neither a sure thing nor is it for all the people. In medical clinics there is a lack of medicine, they merely give out prescriptions and charge 6% of the family income for coverage.

The Legitimate Government will fight to guarantee free medicine and medical services to all Mexicans who lack social security. We will push for increases in investment for the construction of hospitals and clinics; for the augmentation of resources destined for medicine and medical supplies, and for hiring the necessary medical professionals to dispense medical services. At the same time, we will seek to secure the resources that the IMSS and the ISSSTE need to revert their deterioration." (*La Jornada*, November 21, 2006, pg. 11)

In the face of the attack on social security that the Federal Government has carried out during the past few decades, as Secretary of Health of the GLM, what will your strategy be in fighting for the enforcement of the right to health in this unprecedented political environment?

CL: We will work on several fronts. The first is to bring our proposals to the legislative power, and through our members of the House, promote the proposals that as a government we were already prepared to carry out. It is a well known fact that the right to health is granted by the 4th article of the Political Constitution of Mexico, but it does not establish an entity that is obligated to provide these services, which translates merely into good intentions, not a guarantee. We already have a proposal to hold the State accountable for providing this right; we will also make changes to the General Health Law.

The second way will be through the federal health budget, what is more, this proposal has already been delivered. In it, we ask not only for an increase in expenditure but we also called for its redistribution. It is true that during the past presidency there was an increase in health expenditure for the non-insured population, which is served by the Secretary of Health, and to a much lesser extent there was an increase in resources assigned to the states, the poorly named Popular Insurance under this category. Without a doubt it was the System of Social Protection in Health which received the most funding, which is not a bad thing, but this occurred at the expense of the IMSS's budget. In other words, there was no real increase in the budget, simply a reallocation of resources.

During this redistribution Julio Frenk won the dispute against the IMSS; which is why public spending on health is 2.5% (of the federal budget), with increases in spending on the uninsured population. This, however, was done at the expense of the strongest institution of social security in the public sector, the IMSS, which is why there was no real progress. These facts are seriously worrisome, as any project aiming to provide services to the entire population should be developed starting with the IMSS as a base. Opting to weaken the most solid institution casts a great shadow of doubt on the possibility of success.

Another subject related to the budget is that for 2007 there are no resources dedicated to investment in infrastructure. The WHO indices have been released and they show that we are fighting for last place in beds per capita with Guatemala and Haiti. We have 1 per 1000, which is very low, and is spite of the fact that these counts are made inadequately because beds in Health Centers are counted, where patients are not really interned. The GLM is proposing investment in infrastructure aiming to guarantee free medical services and medication to the entire population; as well as strengthening the system of acquisition of medication and medical supplies.

In addition, we must define what resources correspond to what; in 2007 there was an increase of 11 billion (pesos) for the Popular Insurance, but what portion corresponded to infrastructure was not defined. The Popular Insurance which has nowhere to provide the services they offer, hires private services with tabulations that are difficult to understand. For example, in Jalisco, they hired private services and we know that it is much more expensive. In this context it becomes rhetoric that the Popular Insurance will strengthen the public system.

The third route we will take is to keep very precise track of how health resources are used. There is reason to believe they are spent very inefficiently. The bureaucratic structure with a great quantity of high level officials and with diverse sinecures is expensive, unnecessary and unacceptable. It is possible to reduce the amount of high level officials to almost half and to reduce their salaries and benefits as a way of saving resources. Efforts are being made so that medications are bought through the pharmaceutical industry directly instead of buying through private pharmacies as is currently the practice.

One example of what must be denounced is the construction of four new hospitals by the federal government in Chiapas (2), Tabasco, (1) and Oaxaca (1). Not because this is negative, but because its impact is severely limited. For example, taking into account the one in Oaxaca, which supposedly has 80 beds, in reality only 32 are available and specialists are only on call for a single shift; all four hospitals together offer a total of only 320 beds. In other words, these types of actions are pure rhetoric.

In addition, there must be a reassessment of the logic of public investment in private hospitals. The purchase of private services for 15 year terms is worrisome, and legally I don't know how it is done, as budgets are revised annually, and without even considering that this strategy has failed in England.

Until now, an audit of the actions of the federal government in matters of health has not been undertaken systematically. There are instances of supervision and some scandals, and we believe that a systematic audit will allow for an opportune intervention and stop a whole series of things, as the ones already stated, when they are in planning stages, not when they are already a done deal.

The fourth area in which we want to work from the Secretary of Health of the GLM has to do with the strategic planning of health services in the country. We plan to begin with a needs assessment with information from the field, because the official data are inconsistent, difficult to interpret or wrong. To obtain this information we want to work with those directly involved, with the universities, service users, health care workers and unions; only in this way will we be able to have a realistic idea of what is going on in the health care system and then build a strategic development plan for the health and social security systems, although we know that the GLM will not have great capacity of action, and even less possibility to enact policy as we do not have the political or economic resources required.

SM: In the United Kingdom there is a political strategy called "shadow government", in which the opposition carefully follows all measures taken by the official government being very critical of them and uses any mistakes to generate counterproposals as an element of a permanent campaign. However, there is also the strategy of not recognizing the official government and fighting to build another alternative. This last option has no electoral perspective, it aims to strengthen social organi-

zations to generate popular power. Which of the two strategies do you consider more in line with the purposes of the GLM in health matters?

CL: We will definitely not be a shadow government, understood as a reaction to official actions of the other government, we want to be much more proactive, to elaborate and discuss original proposals using as a starting point another idea of what our nation is to be.

SM: In Mexico there is much talk of the need to take action in the construction of civil society, making the population conscious of their rights and of the need to fight for them. In this context, what was your experience as Secretary of Health of the Government of the Federal District when new rights were legislated, such as the Universal Citizen's Pension, and the free access to medication and medical services to residents of the Federal District that lack social insurance?

CL: That is a very interesting question. The experience that we had is worth analyzing much more. The truth is that civil society in Mexico is not very developed, and discussions of it have been restricted to its political dimension.

It is complicated. Midway through the term, we took an opinion poll among the stakeholders of our SMMG program; what had the most acceptance as an affirmation is that health is a right and that the government has an obligation enact it (we are talking about 85 to 90% of those polled), we also had a good number of positive responses to the affirmation that the government has an obligation to dedicate fiscal resources to health services. I consider this a reflection of our values, based on social rights. Perhaps because the great gains of the Mexican Revolution were not only individual liberties, but the creation of new social rights; the idea that the State should be responsible for its citizens is a product of this armed movement.

There was also some hesitancy, for example, when we started the universal pension, there was a lot of distrust, but many also questioned why it was being made universal (instead of focusing on the poor), even though a universal right is for everyone, without exception. We managed to sustain a consistent discourse and people changed their ideas of this new right, as well as their discourse. The beneficiaries themselves began to assume that it was their right, including those that had initially thought that it should be given only to the poor. Everyone gradually changed and understood the need to make this new right universal.

The other example is the SMMG, which became law in May of 2006. The poll of 2003 revealed two main actors with regard to these rights: first, health care workers, who at first were against it but in time changed their mind, in the last poll the great majority recognized that it is correct that medical services and medication be given free of charge. The other important actor is the service using community, where the acceptance as well as the demand for this right has been growing.

These are the two sectors that are fundamental for the construction of civil society in this sector, among which we must create a code of ethics, right and responsibilities. This because sometimes we find ourselves in an extreme in which right holders pass from perceiving that we are doing them a great favor, to having a level of demands that is unrealistic. For example, we used to attend like 250 emergencies daily in the hospitals. The patients were classified as a) those requiring immediate attention, b) those of medium risk, and c) those that could go to a clinic. Obviously we would give priority to the first category, but we had complications with this system as we even had some death threats at gunpoint to the personnel, demanding immediate attention. This is why we need a new code to make people understand that the lack of immediate attention is not the same as a complete lack of attention. This leads us to recognize that health care personnel have rights as well, and their lives should not be at risk just because they do their job and prioritize those patients of higher risk.

There is a long way to go to reeducate both service users and health care personnel, the latter many times have attitudes and cultural traits inadequate for providing services, many do not have a culture of service, although we must recognize that many do. Sometimes they work in bad conditions, we try to improve them, conscious that it translates into better services for users as well.

Without a doubt, a learning process for which a lot of information is needed is required. This goes beyond building an organism of tripartite representation (citizens, workers and authorities). In Mexico this type of organism easily strays from its original motives and gets contaminated by corporate interests. To me, one of the great problems with institutions in this country is that there is no conception of the public, understood as the space in which the public interest is carried out, hence, it is easy for the private interests of the members of these groups to be prioritized, which may be legitimate, but which may leave behind the concern for improving the provision of services.

The other area in which we had difficulties was in organizing the population through neighborhood assemblies gathered four times a year. To inform the population of the advances of social programming in the country, commissions on different topics were formed, one of which was health. There were about 800 health commissions; the idea was that with the development of personnel through a strategy of research-action, local health plans would me made. We did not advance easily in spite of being a result of the participant research with the unions, this for various reasons; stability is required in the group as well as their attendance to many work meetings. It is very difficult for this type of commitment to work, not for lack of interest or will, but because people's lives are complicated, and the ones who participated most were women with many other parallel occupations. The result was that through this mechanism we only managed to develop about 200 health plans.

The idea was to turn the Health Committees of the local Health Centers into neighborhood assemblies in order to build from the bottom up, but this project remained a pilot study. This makes us think a lot about how participation is built, perhaps a first step is to institutionalize social control, rather than promote participation in the management of services.

The participative budget, even at its pinnacle was minimal, because another part of it cannot be reallocated according to the decisions that are made within these participative instances. Building participation from the bottom in the service systems presented great difficulties. What was required was an information system that could tell us what was happening in health clinics and in the region, and based on that information proposals could be made; we tried to create this system, but that requires a high level of sophistication, difficult to solve, it needs a specific policy in the medium and long term. It also has its problems, if you ask people, "What do you want?" They will say they want a top level hospital on their block, and this is neither desirable nor sustainable, we have to generate a new health culture, hence, this is necessarily a long term project.

When programs like the one regarding pensions, or the one regarding free medication and services, which did not exist in the city and do not exist anywhere in Mexico were launched, a new social institution was created. The creation of institutions is very important for having an impact on values. That is what makes institutions successful… indestructible. From public policy to political force, they become a social value

and turn into State policy. Institutions created these new values and social citizenship in its original sense. There has been a confusion as to the meaning of social citizenship, which is the right of citizens to certain things, such as freedom of expression; on the other hand civil, political and social citizenship mean that there are rights that can be demanded of the State.

Another related problem is the discourse of empowerment. When ideological projects (in a good sense) that are very diverse, suddenly coincide in the use of terms, in spite of being very different in practice, one has to stop and think, "What are we meaning to say by this?" I think that the discourse of social rights and human rights have overlapped, in human rights, every individual has those rights, and the State has no need to guarantee them, but it is required to do so with social rights.

Social citizenship does require that people know how to demand their rights, but it is not just a problem of empowerment, as neoliberals use it in the sense that if I can choose, that is how I demonstrate my power. The "empowerment" that is behind the freedom of choice is a fallacy because that right to choose is not held and will never be held by everyone in this country, and thus, is not a social right. The Popular Insurance says: we will give the resources to the people so that what decides the provision of services is demand, and we will take away all support from the institutions because it is the best service provider that will attract the most demand. In health there is no such market law of supply and demand, whoever created the most propaganda will have the most demand and not necessarily because they are the best. As I was saying, we should be careful about what terms we use, because it would seem that we are talking about the same thing, but that really is not the case.

We must remember that the great debate is whether to focus or to broaden. In Mexico City we began the pensions with a temporary territorial focus on the poorest populations of the city, but with a clear idea to eventually expand the service to everyone, which in fact happened. This topic involves the issue of social justice; the program was first directed to the poorest, but without excluding anyone. The strongest objection to the universal pension was and is from actuaries that make dishonest calculations to demonstrate that it is not sustainable. The truth is that from the population there has been no resistance because it is a program that benefits everyone and that makes it acceptable, everyone is willing to contribute because in some way they will benefit.

With health services we decided not to focus, but we did not start a grand campaign either, we feared that a surge in the demand for service would cause a crisis that could prove counterproductive. In spite of that, of the population eligible for the program we attracted between 85-90% of the families, and of course the most content with the program have been the poorest families. This is not a great finding either, anyone can use the services as long as they don't have social insurance, but there is a logical system of inclusion and exclusion without the need to enforce requirements or put people through screening mechanisms of questionable efficacy and which are degrading. A universal program will be one that particularly benefits the poor, and as the great majority of the country is poor, it would be absurd to make a "selection", there was no need to start restricting, we built something that we could later expand, we didn't start by restricting.

SM: Diverse news media, including the left, have emphasized that the PRD is facing great internal turmoil that will complicate the fulfillment of the 20 points proposed on the 20th. In this environment, what do you have to say about the fight for the right to health from the view of the GLM?

CL: I think it is necessary to emphasize that if at any time there was a rift it has been since the 2nd of July, and not only within the PRD, but with other parties and also with citizen participation. Also, the media

have a tendency of over-emphasizing differences and conflict instead of unity and agreement.

It has been very clear that Lopez Obrador has not forced anyone, that gives him a great deal of moral authority and political legitimacy, so, I really think that we are starting a revolution of awareness and that is what is most important. From the city Government we showed that things can be done differently, using another vision of what our country will be; this has meant that millions of citizens have become politically active, not by joining political parties, but by understanding that this different vision is viable for the nation. That citizen participation and pressure is what has given strength to our alternative, we have lived through a democratic transition, since 1968 (it is almost 40 years now), now the results of this electoral process have had a different meaning for people than in 1988, then there were also large protests but it was handled differently and there was a component of fear. I would say that 2006 has a different leadership, with an important emphasis on passive Resistance (passive underlined and resistance with a capital R please). People are reacting, that gives cohesion and strength to the GLM, to the National Democratic Convention (CND), the Broad Progressive Front (FAP) (which is in essence an electoral alliance). If we lose that immense support, we will not be able to go on. That is why what we are about to do is very important, a strategy that will take off for real in January, AMLO wants the GLM to be a government of the people, so we will sign letters of commitment with millions of citizens and they will be the representatives of the GLM in order to constitute a government of millions of citizens.

SM: With the appointment of Jose Angel Córdova Villalobos, (the ex coordinator of health of the House of Representatives), as Secretary of Health for the Federal Government, what do you think will be the primary actions taken from that office? Surely the so called Popular Insurance will be a health program that will be continued in the new PAN government. What are your fundamental criticisms of this program? How do you see its future?

CL: First, I would like to make a conceptual criticism; the Popular Insurance, by law, is a restriction on the right to health because it is a right conditioned by payment. For starters, that cannot be a social right because in the moment that there are restrictions, there are exclusions. Conceptually, the Popular Insurance is a restriction on the right to the protection of health in Mexico, in other words, it is a step back.

My second criticism is about its financing, except for the poorest 20%, costs 6% of the family income, a significant quantity for the poor population, also, there is no culture of insurance and since it is voluntary it is already failing and will ultimately fail. It is not the first system of voluntary insurance that has been tried in Mexico and all of them have failed. Another issue is that the Popular Insurance offers a very limited service package. Just by defining a package a decision is made as to what medical actions are included and which are excluded. The continual process of treatment is interrupted, there are holes in it, not treating diabetes until amputation is necessary, attending diabetes, but its prevention is not included. What is a service package? A predefined number of interventions, but all other are left out, this is a commercial insurance system, a market model, a restricted insurance.

Another very strong restriction is its financing scheme. It is expected that each state will contribute for each family insured under the Popular Insurance, there is a fixed rate that the states have to pay for each insured family, which is very unequal, because the percentage of uninsured families varies enormously among states. The poorest states have to pay for more families, for example, 80% of the population in Chiapas is uninsured, while only 30% are uninsured in Nuevo Leon, also, the state budgets are completely different, as with the scarcities in other areas, health re-

sources are lacking. The secretaries of finances of all the states pointed out that for the poor states, the payment for each insured family will be a burden difficult to bear. I don't see how the states will pay for this, they will have to take money from education, infrastructure, or public works, there will be a truly complex conflict of redistribution that sooner or later will cause a crisis. Am I going to take money from drinking water to put it into health?

The other very important restriction is that there is no infrastructure or personnel to provide these services. This leads to an idea that is already being effected: Why not take advantage of the private sector? Strengthening the infrastructure of the public sector using the private sector will present two problems: if infrastructure resources are channeled to the private sector, all capacity for long term planning is lost, services become more expensive, the quality of services is not guaranteed, and that private services are distributed according to the market, so that where private services can lend a hand is precisely where there are already public services. What is the case then? Also, the great majority of private services are precarious little clinics with no quality control. In real terms, this means that the private sector is not in a position to provide the services offered by the Popular Insurance. The truth is that in the first service package of the Popular Insurance they included in one intervention several services, as a grouping of illnesses, but in the second package these were divided into 10 separate interventions, now one intervention is measles, another rubella, etc. They also included in the package many services that no one provides, so selling insurance for them is not viable. This, on a much larger scale, is what is being sold under the category of catastrophic events, an area in which there really is no capacity to provide service, and with difficulty they are trying to build top level infrastructure, when what is lacking are clinics and hospitals.

For example, cervical-uterine cancer is treated as a catastrophic event and it is sinking the National Cancerology Institute. They are now stretched to their limits and with them they do try to barter how much to pay per intervention, something that is not done to private services. This system is doomed to go through a crisis of service provision in the short term; there is no way out and no solution.

SM: Do you think the universality and the guarantee of the right to health is possible country wide? Does the financial capacity to make it happen exist?

CL: Yes, but it will require long term strategic planning, with a view to the future, we have the economic capacity to build the lacking infrastructure, with 7 billion pesos of annual investment in five years the country would be covered by basic specialized hospitals. But they are not doing that, they are obsessed with the idea that demand will determine what services exist, and because that negates all strategic planning, it will never be universalized.

Today we couldn't even say that there is universality in the city. There is free access to the available services, in equal conditions for all. But if we really wanted to reach universalization with full medical coverage, we would have to build, start now to raise the great skeleton of a future system. Today, the strongest part is the IMSS, and if we allow that great institution to collapse, we would retreat many years in our mission to make the universalization of our health system possible.

SM: What do you think of the current worldwide health perspective? What role do movements like the Health Assembly of the People, Health Movement of the People and the Commission on Social Determinants of Health of the WHO, which question the health policies of neo liberal governments, play?

CL: I think that we are in one of those pendular movements in history. I would like to remind everyone that 25 years ago no one questioned the right to health, it wasn't an issue, the issue was how to provide that right to everyone. Our system in Latin

America was always unequal, and that was what was criticized. With the results of the reforms to the health sector all over the world, people are asking, "what is this?" and the issue has become a very important and unstoppable political battle because it involves human values that are by now indestructible: social rights were essential values of modernity, we are now going backward, but those values are not easily destroyed in the collective conscience, this battle will be a success. It is part of a fight against a conception of social organization that is falling apart everywhere, in the economic realm, the social. It questions humanity head on, so let's start thinking what postneoliberalism is going to look like, because this system serves us no more.

I think it is very important that people organize, protest, and resist. Destroying a health institution is relatively simple, rebuilding it, on the other hand, is very difficult. Resistance is very important, but proving that things can be done differently has a fundamental political value for Mexico today. That is exactly what we did in the City, recognizing that we had very good conditions there, it has the best health infrastructure of the whole country, the problems there are not as acute as in other states, the population is much more conscious and we were pushing for an alternative in our nation centered around the wellbeing of people. That is what we started and people perceived it. That is why here AMLO got 58% of the vote, people that lived that project mostly voted for him. We really managed to prove that we acted based on a different conception of the country and of its citizens.

I want people outside of our country to realize that in 2006 what was at play was not just the election of a candidate, the future of the country was a stake. The big deal of electoral fraud is not having been able to impact the change in the direction of the nation, we lost the great opportunity to rebuild our country and to make it less unequal, of building a nation for everyone, in which social rights are guaranteed and built, that is what was lost during this electoral fraud. This is why any claims that we started the GLM on a whim is totally false. What we are trying to do with the Legitimate Government and with the mobilization of citizens is to keep the hope alive. We cannot surrender the country just like that, in indifference. The signs of the path that is being taken and what we are seeing every day are very worrisome and they give us reason to continue our fight.

SM: Thank you very much Dra. Laurell. We will keep our eyes on what is happening in Mexico and the progress of your social and health programs.