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Researching-Acting-Reflecting On Public Health Services in Venezuela.
II. Community Action and Critique

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This paper, the second in a duology reporting on an action research project about public health services in Venezuela, presents a narrative of an intervention process launched on the basis of the conceptual framework presented in the first paper of the duology. Thereafter a deeper reflection on such process, its meaning and its historical possibilities is presented. In this way a cycle of research-action-research is completed.

KEY WORDS: interpretive systemology; critical systems thinking; action research; health systems.

1. INTRODUCTION

The conceptual framework summarized in the first article of this duology was developed by a team of researchers of the Department of Interpretive Systemology of the University of Los Andes led by one of the authors of this article, Ramsés Fuenmayor. The ideas of such framework, which were presented under different discourses and styles to different publics, contributed to motivate various intervening social actions concerning public health institutions. Of those, we would like to comment the two courses of social action to which the authors were more related. The first, which will only be summarize here into a paragraph, was reported in a M.Sc. thesis carried out by Lena Sanchez (1994), under the supervision of Ramsés Fuenmayor. The second course of action, which in a way is a consequence of the failure of the first, will be presented in greater detail in the following pages.

2. TWO COURSES OF SOCIAL ACTION

2.1 First Course of Social Action.

Based on the previous conceptual framework, a M.Sc. thesis was devoted to designing and implementing an organization to receive the claims of those who, having the legal right to receive free health service in the main public hospital, Los Andes University Hospital ("Hospital Universitario de Los Andes" —HULA), of Mérida (a city of 200,000 inhabitants in the Venezuelan Andes), were charged for them. The idea was to sue the government for violation of constitutional rights in

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each of the cases, and a legal office was set up for this purpose. However, it faced a serious problem from the start: the period, which would elapse between the time of the claim and the outcome of the procedure, was so long that the decision turned out to be of no use. Also, under Venezuelan law, each case had to be tried on its own. The obvious result was that people simply did not present claims to our office.

2.2 Second Course of Social Action

Besides the reasons already given that explain the failure of the first stage of the intervention process we are describing, we should mention the great skepticism that exists in Venezuela regarding the way the judicial system works. Most citizens consider that claiming their rights through legal procedures is useless because the legal system does not protect common citizens. Furthermore, many users of public health services fear that by taking legal action (as contemplated in the first stage), they would risk the mere *hope* of receiving medical attention, even though it might be inadequate and discriminatory. Thereby, these users contribute toward perpetuating the violation of rights, which they are the victims of.

After the failure of the organization created to handle lawsuits related to the violation of constitutional rights by health services, one of the authors of this article, Akbar Fuenmayor, who works as a medical doctor at the Los Andes University Hospital (HULA), initiated a new process of intervention. He was aware of the conceptual framework summarized in the first section of this paper and thought that the second historical context presented therein was the *best account*[3] he could think of concerning the historical situation in Venezuela. On a more particular level, the following points were what prompted the intervention process in which he became involved:

1) A large proportion of the population (80%) lacks the economic resources needed to pay for treatment of the illnesses they suffer.

2) These poor people have very limited access to health services. However, many of them have accepted that their contributions, made at a sacrifice through direct payments at the public hospitals, are essential to keep the system running. Therefore, they have contributed to perpetuating a situation that denies them their right to receive medical attention even if they do not have the money to pay for it.

3) The Venezuelan public health system is a product of a complex historical process that determines the characteristics of all the public institutions in the country, Consequently, it is very difficult to achieve *significant* changes in one particular institution (the health care sector, in this case) apart from the rest of the social complex. The only way this can be achieved is by modifying the economic and political structure, which can be done only through a social revolution. In turn, a social revolution requires the constitution of social groups committed to certain

[3] We mean by "best account" that discourse (in this case, a narrative) which provides a more comprehensive explanation of what is happening. For an interesting discussion of the "best account principle" in social science, see Taylor (1989, pp. 58-69)

ways of thinking and acting, which are alien, to a certain extent, to the dominant culture.

4) One of the best ways to develop a critical attitude among the people of the lower socioeconomic levels against the *status quo* is to involve them in social action related to claiming their constitutional rights.[4]

Below, Akbar Fuenmayor will briefly narrate the intervention process in which he has been an active participant. It will take the form of a first person narrative and will appear in *italics*. Our commentaries and reflections will be scattered throughout the narrative and will appear in standard font.

2.2.1 Narrative about the formation of the Health Defense Committee (HDC) in Mérida

Almost every day, in the 16 years I have been working at the Los Andes University Hospital (HULA), I have seen that many poor people do not receive the required medical attention, because they do not have the money to buy the supplies that such attention requires. On several occasions, I have expressed my discontent regarding this matter to the proper authorities (very few of my colleagues do so). However, I had never decided to undertake a process of organized protest until "the straw broke the camel's back".

In April 1997, I learned that the Mérida State government and the armed forces were going to sign an agreement to destine an area of the HULA to the medical attention of the military personnel serving in the region. Los Andes University Hospital (HULA) is public medical teaching facility designed to provide highly specialized medical services to all the inhabitants of the Andean region of Venezuela.

I met with some of the other members of the medical and paramedical staff to indicate to them my discontent with this matter. They agreed with me that the signing of the agreement would be a discriminatory action in terms of medical attention, since it would privilege a specific sector of society, thus sacrificing health care facilities that were intended for public use.

It should be noted that this action on the part of the armed forces is another example of how different social groups try to solve their health problems independently, because they assume that the public health system is inefficient and illegitimate. Therefore, the armed forces opted to "ask for" an area in the hospital to manage it themselves. They achieved this because of the power they wield. It is

[4] These four points represent certain practical principles (derived from the conceptual framework presented in part I) that impelled the process of intervention that I am about to narrate. In other words, I extracted some elements from the conceptual framework that serve as orientating principles in the decision to involve myself in a certain intervention process. It is possible that following this same conceptual framework I could have chosen other starting points for a different course of social action. For example, I could have inferred from the conceptual framework that the State would never again fulfill its constitutional obligations, and that the poor classes have no other alternative but to find private solutions to their health problems (e.g.: financing health care costs by setting up cooperatives.) In this case, the course of social action I would have taken would have been very different from the one I actually took.

worthwhile imagining what would happen to public hospitals if each powerful sector of society demanded hospital areas to manage them independently …

In view of the imminent signing of this agreement, we called a meeting, which some medical doctors and employees of HULA, as well as some representatives of community organizations in the city, attended. At the meeting, besides the signing of the agreement with the armed forces, the injustices being created by the fund-raising were brought up. These systems had established rates that users had to pay, regardless of their socioeconomic status, in order to receive medical services. It was agreed to form a Health Defense Committee to tackle both problems.

As a first measure, the committee organized a popular demonstration and gave the state government authorities (the governor and the Legislative Assembly) a document containing the following recommendations for improving health services in Mérida State:

1) Develop a State Health Plan, in which the neighborhood coordinating committees of the municipalities, the health sector professional associations and the University of the Andes, as well as the official organizations in the health sector, would participate. The purpose of this proposal was to give communities a greater role in health sector planning in order to eliminate injustices in the access to health services and rank health expenditures on the basis of community priorities.

2) Increase the regional budget for the health care sector from the current 7.5% of the Mérida state budget to 12%, in order to invest in preventive programs and the purchase of basic supplies and equipment for the hospital network. This increase would provide enough funds for assuring free medical attention and carrying out programs to prevent the most common illnesses in the population, thus reducing expenses in the curative sector of the health system.

3) The immediate return to the "Corporación de Salud" (official body responsible for public health services in the state) of all the medical attention facilities given to the Catholic Church and the armed forces. These include an important outpatient center (formerly known as "Sanatorio Venezuela")[5] and a wing of the HULA.

4) Give the neighborhood coordinating committees the authority to name representatives to the boards of health service centers, in order to look into their everyday activities.

[5] In Venezuela, the Catholic Church is not officially (or legally) required to provide free health care services. Therefore, it can charge users for such services. In fact, it charges less for services than the other private hospitals, but there are many people who cannot pay this amount. Here is where the following problem arises: The building used by the Church (Sanatorio Venezuela) belongs to the Venezuelan State and was originally intended as a health care facility for all citizens, regardless of their socioeconomic status. This means that a public space constitutionally obligated to provide free health care for people who could not pay for it was transferred to a non-governmental organization for the restricted use of that sector of the population who could pay (cheaply, in this case) for the services provided.

5) Prohibit charging for medical services provided to low-income users.

This document was given to the governor and read before the Legislative Assembly of Mérida State. It received a very warm welcome and a lengthy applause from the members of the Assembly. However, one week later the agreement with the armed forces was signed! A year has gone by since this document was delivered and no official response has yet been received.

In June 1997, the Health Defense Committee decided to take a survey in order to determine public opinion regarding payment of services in public hospitals. Out of 5,856 people surveyed at 14 different points in two cities (Mérida and Ejido) of Mérida State, 98.2% supported a health plan that guarantee free medical attention to people with low incomes.

Starting in July of that year, the committee began visiting different communities in the city of Mérida in order to analyze the health care situation and study possible actions aimed at eliminating payment in public hospitals. At the meetings of the committee, we agreed to seek the help of the transportation unions, and they subsequently joined our protest by stopping public transportation for six hours on a workday. We also established a relationship with municipal neighborhood coordinating committees, which became a part of our committee[6]. We sought help from the Federation of University Centers[7], from the Regional Ombudsman's Office[8], from the Worker's Union of Mérida State[9], and from a political group called "Coordinadora Popular." This latter group is in charge of coordinating the activities of the different community organizations. These organizations provided logistic support for the following activities to disseminate the committee's propositions:

1) Programs on all the radio stations in the city of Mérida. Most radio stations in the city broadcast public service programs on community problems with interviews and denouncing irregularities. Generally, these programs allow listeners to express their opinions or ask questions by telephone. The committee chose several of its members (one of whom was one of the authors of this article) to promote their ideas through the media. This activity has been carried out without interruption up until now, but we still do not have a steady program on a local radio station.

2) Publication of articles in the local newspapers regarding the public activities of

[6] Venezuela is divided geopolitically into federal states, and these are subdivided into municipalities, which are divided into parishes. In each parish, there are one or more neighborhood associations. All the associations in a municipality make up a neighborhood coordinating committee. All the committees in a state form a neighborhood federation, but such federations do not yet exist in Venezuela.

[7] An umbrella group of all the different student groups in all the different colleges at the University of the Andes.

[8] In Venezuela, Defensoría del Pueblo is in charge of upholding the human rights of all citizens. It is under the authority of the national congress and has a branch office in each state.

[9] Union that groups most of the public sector workers in the state.

the committee. Although we have tried to publish opinion articles, the local press has not showed great interest in them.

3) A civic strike in the town of Tovar, near the city of Mérida, which has a small hospital and several outpatient facilities. Some health workers in Tovar heard about the committee's propositions and decided to organize a support movement. They organized a civic strike, interrupting all economic activity in the community for 12 hours. This action was carried out, but did not have any effect insofar as obtaining equipment and supplies for the health centers was concerned.

4) A "honk-your-horn" day, during which drivers honked their car horns in protest for the poor having to pay at public hospitals. The committee invited citizens (over the radio and by leaflets and press releases) to honk their car horns at noon on a specific day, so that those in government could "hear the people's outcry for better health services." This activity was not very successful, since few drivers participated.

Eight months after the committee commenced activities, no change had been seen in the behavior of public health organizations in relation to the matter being protested. Several committee members began to withdrew because of the limited success achieved during that time. In fact, most of the activities requiring the mass participation of the community were a failure because of lack of public support. However, we believe that the actions taken by the committee contributed to reviving the discussion of health problems in Mérida State. This discussion seemed to have been suppressed by the radical-liberal discourse, which had convinced everyone of the inevitable need to charge for public health services. Of course, we must consider the possibility that the latter comment is merely an excuse not to recognize the complete failure of our intervening activities. Further on in this paper, we will touch on this subject again.

In order to gain greater community participation, we decided to change our strategy, and center the action on the HULA, assuming that the achievements at this important medical center would spread to other health institutions in the region.

The committee then proposed reactivating the hospital social council at the HULA. According to a government decree there must be such a council at all public hospitals. It should be composed of the hospital board, members of the medical and paramedical staff, and representatives of the neighborhood associations. This council has authority to intervene in hospital planning and to supervise its management.

In January 1998, the committee was able to get the neighborhood and medical representatives named to the hospital social council. (This involved reactivating the hospital's medical society, which had been inactive for 11 years.) Thereafter, discussions began with the hospital's board for the purpose of instituting rules concerning charges to the patients who use the medical center —in such a way

as to respect the constitutional right to free medical services for people who do not have the money to pay for them.

The following should now be pointed out: the Los Andes University Hospital (HULA) has four regular sources of income to cover expenses, such as salaries, wages, materials, and supplies. These four sources are: 1) the Health and Social Welfare Ministry, 2) the Mérida State government, 3) the central fund-raising system, and 4) several foundations that charge for health services in different parts of the hospital. The official appropriation coming from the Health Ministry and the state government has been progressively reduced, to the point that at present it amounts to 2,200 bolívares (equivalent to $4.25 at June 1998 exchange rate) per bed/day/patient. By any standard, this amount is insufficient for a university medical specialties hospital. For example, in the United States, the average cost per bed/day/patient in public hospitals was $895 in 1994 (Woolhandler, 1997). An attempt to solve the problem of inadequate official budget appropriations is carried out in two ways: 1) Services are not charged, but users must buy (outside the hospital) the supplies required for treatment. 2) Patients are charged for services and supplies through fund-raising mechanisms and foundations. The amount spent by patients using the first mechanism is unknown, but we do know that income from the second is double that of the official allocation (HULA, 1996)

Continuing our narrative, after numerous workshops and meetings, the hospital board approved some regulations for a central fund-raising system at the HULA, under which low-income users would be exonerated from paying for medical services and supplies. Furthermore, a six-month period was established for all the hospital foundations to unite under one fund-raising system, which would abide by these regulations.

In January 1998, the hospital's board sent the regulations to higher levels of government, so that all the other medical centers in the state could be guided by them. There has still been no official response to the matter.

The regulations have not even been put into effect at the HULA itself. Apparently, this is due to the fact that there is insufficient social service personnel to determine each user's socioeconomic level. However, we found that this was not really the main problem. The point was that the hospital's board did not have any real power on the 17 existing foundations. They just would not abide by the regulations approved for the centralized fund-raising system. Their power was based on the simple fact that they generate the greater part of the funds with which the hospital is running. In this way, they have achieved almost total administrative autonomy and independence from the authority of the hospital administrators. But, how is the hospital running?

The point is that those very few users who, due to their precarious social condition, are exonerated from paying at the hospital have to buy outside the hospital most of the supplies needed for their treatment. And most of them do not have the money for such purchase. What was then the purpose of the whole fund recovery system if its would-be purpose was to preserve the constitutional right to

free medical care?

Several socioeconomic studies of the population using the HULA indicate that 80% of the users are on or below the poverty level. This figure is very similar to that shown by social studies of the Venezuelan population (España, 1997) Therefore, the following question must be asked: If 80% of the users are poor, and consequently must be exonerated from paying, can the hospital cover its huge budget deficit by charging only the 20% of the users who are able to pay? In order to do this, the hospital's rates would have to be higher than those of the private hospitals, which offer patients greater comfort and more dedication on the part of personnel than the public institutions. Who would prefer long waits and the lack of privacy in a public hospital if they have to pay the same as they would at a private institution that offers greater comfort and faster service? This means that even with the good intention of charging only those users who can pay, in order to exonerate poor users (as was initially intended when the foundations and fund-raising systems were created and as we intended with the new regulations), there would not be enough money to provide free medical attention to the majority of poor patients who go to the hospital, because the official budget is definitely inadequate.

In view of these considerations, the Health Defense Committee decided to direct its efforts toward obtaining greater official financing for the entire health system in Mérida State, including the HULA. The budget needed for this hospital in 1998 is $7.5 million, and the official allocation was $1.3 million.

Now, obtaining greater official financing would require a consensus difficult to attain, since the majority of the public and most of the medical doctors at the hospital seem to agree on three ideas that block the way to a united front to demand a larger health budget from the official sector. They believe that:

1) The State does not have the money to satisfy the population's demands for health services.
2) The money assigned to the health sector is adequate for providing good medical attention, but it is not managed properly.

3) There is an excess of personnel. Many doctors, employees, and workers never go to work, yet they receive their salaries and wages, which could be used to buy equipment and supplies.

The committee members refute each of these arguments as follows:

1) As far as the first argument is concerned, before the actual drop in oil prices, Venezuela's national budget for 1998 was approximately 10 billion dollars. Upon looking at the distribution of the budget, it can be seen that $699.6 million is destined to health services and $4.229 million to pay foreign debt (García, 1997). According to the Health Minister, this year there will be a budget deficit of $1.273 million (Rodríguez, 1998) Are we paying a foreign debt at the expense of our citizens' health?

On the other hand, the Ministry of Defense gets $185 million more than the health sector, in spite of the fact that Venezuela is not threatened by an armed conflict, except for a few small and sporadic attacks by the Colombian guerrillas.

Besides this peculiar distribution, we must add that the government allows unconscionable acquisition of wealth by a few Venezuelans, to the detriment of the country, by giving out "soft" loans, condoning debts, and many other mechanisms of unequal distribution of wealth. As we have already stated, this has allowed a few families to have foreign bank accounts, the total of which far surpasses the entire foreign debt of Venezuela.

On the regional level, the characteristics of the budget distribution are similar. Furthermore, the use of resources destined to the health sector is not indicative of a policy focused on the primary prevention of illnesses or on solving primary public health problems. For example, an investment of $3.4 million was recently made to purchase two state-of-the-art machines for diagnostic "imaging" studies (magnetic resonance and tomography), which are used to determine the location of certain diseases. The cost/benefit relationship of this purchase, seen from the social context of a country with a high rate of poverty, is very unfavorable. In fact, this investment, which brought on new debts, is triple the total annual budget for the purchase of medicines and supplies at the HULA. This enormous expense cannot be justified when compared to the almost absolute and permanent lack of supplies necessary for solving the community's most basic problems. Moreover, the costly maintenance of these machines resulted in the creation of a new foundation that charges for their use. It is estimated that each study will cost 1.5 times the minimum urban salary. Due to the elevated cost of maintaining this equipment and if it is to remain in service, payment cannot be exonerated.

We could continue giving innumerable examples that cast doubt on the categorical judgment that the Venezuelan State does not have the funds to meet its constitutional responsibility concerning health care. However, we will end our list with one last example of a recent event: The Venezuelan congress has just decided to separate the elections for president, congressmen, governors, and mayors into three different elections (to be held in different months), instead of one as originally planned. This decision was taken because, for electoral purposes, it is more convenient to the three principal political parties in congress. The three separate electoral processes will cost $750 million more than a single one. This means that the predominant parties in Venezuela, that are equally and directly responsible for the prevalent state of injustice (with respect to the rights set forth in the Venezuela Constitution), have now decided to squander an amount 100 times greater than the budget needed to keep HULA running properly. They do this to be able to maintain their clientelist system and their conspiracy with large businesses, which is detrimental to the 80% of the Venezuelan population whose incomes do not even provide a proper diet.

2) Insofar as the second argument is concerned (the funds allocated are adequate, but are mismanaged), it is evident that $1.40 per day/patient is not sufficient to assure minimum quality medical assistance for poor users. Let us use as an example a common and easy-to-treat case such as patients with a lung infection

(pneumonia.) The least these patients need is penicillin for a few days, three bottles of saline solution, and a chest X-ray. These supplies, at present market prices, cost $17 a day, or 10 times the amount the government allots per patient/day. A normal childbirth and a Caesarian section cost $48 and $192, respectively. More severe illnesses require complicated surgical procedures that cost more than $1,000 a day per patient. It is then evident that medical attention costs and budget allotments are greatly disproportionate at a hospital that was designed to provide the highest level of specialized medical attention. What type of management is needed to close this huge gap between high medical costs and the scarcity of funds, especially at a hospital where the users are predominantly poor?

3) According to the third argument, there is an excess of personnel that unjustifiably absorbs the scarce funds available. We believe that it is true that there are some members of the HULA staff who work fewer hours than stipulated in their contracts. And it is undeniable that if only those hours worked were paid, there would be more money for the running of the medical center. However, the following should be considered:

An analysis of the hospital budget shows that 80% of it is used to pay personnel. It seems reasonable to think that this expense needs to be reduced in order to buy medicines and supplies for health care. However, a glance at the evolution of the budget shows that the payroll has not changed much in the last five years, but that the amount for medicines and supplies was cut drastically. Therefore, even though the total amount of the payroll may have decreased, its ***percentage*** *of the budget has increased as a consequence of the reduction in the percentage of the budget destined to the purchase of medicines and supplies. Also, the lack of plans and programs to define the goals of the institution impedes having objective criteria for determining "unneeded" personnel. It should be noted that none of the salaries at the hospital, not even those of the members of the board, reaches $1,000 per month. In fact, most workers and employees make a meager $1.60 per hour.*

For all the reasons given above, the committee considered that, even with the support of the heads of the Mérida State health system, it was impossible to guarantee free medical attention to the poor patients who use our hospitals. A budget appropriation was necessary to make this objective possible. Therefore, during first five months of 1998, a front was created, composed of regional government officials (the governor and members of the Legislative), professional associations, unions, neighborhood coordinating committees, and the Health Defense Committee. The purpose of this front was to request a substantial increase in the budget assigned to Mérida State by the national government, which this year amounts to 9 billion bolívares (approximately 17 million dollars.) Mérida State health authorities have indicated that they need an additional 20 billion bolívares (about 38 million dollars) to assure free medical attention for poor users of the health care system in the state, carry out the present health care programs, and pay debts from previous years. On the date this article was finished, we still had not

received an official response to this petition from the national government.

3. DISCUSSION

The foregoing narrative, related to the experience of the Health Defense Committee, allows some reflections to be made concerning the discussion put forward at the end of the theoretical framework presented in the first article of this duology. We refer to the discussion concerning the possible courses of action that could arise from the acceptance of the second historical context about the conditions of the country as the best interpretation (i.e., the best account) of this situation.

3.1 Immediate Reflection

We believe that the so-called "crisis" in the health sector is actually another by-product of an economic and political structure, which is illegitimate with respect to the fundamental principles of the Venezuelan Constitution. If this is the case, it is illusory to pretend to carry out substantial changes in a particular sector of that structure without having effected comprehensive changes in the entire structure. Hence, it is to be expected that the activities of the Health Defense Committee (calling for fulfillment of the constitutional right to health care) will not accomplish their fundamental objective in the short term. However, we believe (or, perhaps, would like to believe) that such activities have aroused, although maybe only to a small extent, the discussion about the problems affecting the health sector in Mérida State. That discussion has placed the legitimacy of the foundations and of the fund-raising systems in the public eye. Also, it has become evident that the progressive reduction of the Venezuelan government's spending on health is leading to the collapse of the entire health system, which will greatly harm large sectors of the population. Expressed in a colloquial manner, it could be said that the Health Defense Committee is hopeful that its actions have contributed to re-lighting the "fire", which had gone out, under the "pot" of the health problem in Mérida State.

The immediate reflection on this intervention process reaches this point. We say "immediate" because it is a reflection that arises from an attempt to look back on the path being walked while continuing to advance. In other words, it is a reflection that, having been made hastily is suspect of being too engaged to that path. Engaged...but is there a problem with being engaged? In the final days of the 20th century, are we going to continue assuming that we are disengaged (subjects) from the cultural reality we belong to? Can we perhaps continue entertaining the illusion woven by the radical Enlightenment[10] that we are only an instrumental rational being at the service of our natural (biological) impulse to seek happiness? No, we can no longer continue believing the story about the disengaged Lockean subject. Today, we know —and, to a certain extent, we are our knowledge— that our nature

[10] Woven by thinkers, such as Bentham, Holbach, Helvetius with thread furnished to them by Locke and with wool given to them by Descartes. Concerning the matter of the disengaged subject, it is worthwhile reading "The Sources of the Self" by Taylor (1989) and "After Virtue" by MacIntyre (1985).

is that of engagement to a culture, that we were engaged before we were born and will be engaged throughout all our lives (although in a somewhat changing manner along the life path) to a history, to a culture, in continuous, but slow transformation. We know that we cannot disengage ourselves radically; that we can change only slightly the most superficial layer of our ties at birth, to the extent that we can comprehend that which we are engaged to. And it is here, we believe, that a possible reflection can arise that goes a little beyond the immediate reflection, which perhaps could be called a *mediate reflection*. As we have said, it is not a question of a disengaged reflection, nor a question of a reflection that arises from a point completely off the path being walked.[11] It is, instead, a matter of distancing oneself slightly from a specific course —in this case, the one related to the Health Defense Committee— but not from all the paths our historical land offers us.

We shall attempt, then, to glimpse at the threshold of what could be a mediate reflection course (unfortunately, we do not have sufficient space in this article for more than a glimpse). Above —when in the middle of the journey we looked back to see the path traveled— we wrote: "the Health Defense Committee is hopeful that its actions have contributed to re-lighting the 'fire', which had gone out under the 'pot' of the health problem in Mérida State." What did we mean by this metaphoric statement? Perhaps this question is a first step towards a mediate reflection. By this, we mean that we have the hope that those activities have contributed towards enriching the "political conscience" of the people so as to open the possibility of an institutional change which could mean an improvement of health services to the population that cannot pay for them. "Enriching political conscience" means: opening other interpretive possibilities, different from those of the dominant discourse, concerning the matter of public health services, and afford other ways for an articulation that legitimates those critical possibilities, all with the hope of attaining a better quality of justice.

3.2. Mediate Reflection

But, has that hope any possibility of realization? Or, is it merely a subject of conversation? Isn't it rather that those actions serve to add more salt to those eternal complaints against the government, complaints which are the seasoning of Venezuelan's conversations at social gatherings (especially if another of the seasonings is a little rum)? We should explain, even if only briefly, this last pessimistic shadow we have cast on our work.

As far as we can see, at least since the beginning of the "democratic" era in Venezuela (1936), complaining about the performance of the government in power

[11] Culture, epoch, history, language (different names given to a manyfold sameness) give us a series of paths by which we have to journey. At the most, we can stop traveling on one path and start on another. Perhaps the creative geniuses (*logothetes*) very seldom may succeed in taking one step off the road and the next on it again. Perhaps one can even walk a while in the open field and make new paths; but no one advances against the epochal land.

has become a favorite topic of everyday conversation. In some way, this complaining makes evident a certain discontent with the tortuous modernizing movement in our society. In that everyday conversation, the government in power is the scapegoat of all social problems. However, when one looks more carefully at those conversations in terms of the everyday actions of the people and the very few political decisions (voting) of those who are complaining, one can observe that those actions and decisions contradict the content of the complaints to a high degree. In other words, our (Venezuelan's)[12] complaints against the government in power would seem to pivot on its inability to lead our society towards European modernity. That is, the complaints seem to reveal our desire to become a modern society. However, our everyday actions are continuously anti-modern and, when we have had the opportunity to elect our governments, we have voted (in the last 40 years) for the political parties that represent the "clientelist" systems described in the historical models appearing in the conceptual framework of the first article in this duology. This dismal suspicion is even more apparent when we note that there is actually very little comprehension of the meaning of modern democratic institutions. Thus, the suspicion begins to arise that the complaints heard in everyday conversation and in the mass media have become a kind of stereotypical social expression, a commonplace topic, something trivial to talk about for a while. This is similar to the topic of the weather in the conversations of the British. The more we complain, the more we talk about the failure of the government, these complaints seem to be more lacking in political-practical content.

Along this line of thought, we (the authors) are faced with the following doubt: Isn't it likely that the only thing we accomplish, both with public criticism and with the type of community intervention described before, is to feed that rambling everyday conversation, with little effect on the political behavior of the chatties?

It is obvious that only time could answer this question. Of course, posing the question to the forthcoming means waiting, waiting patiently. In the meantime, some of us would think that we should continue with our criticism and intervention. We can do nothing else at present. But, isn't this deceitful?

We (the authors) believe that, even accepting the relevance of that intervening criticism, there is another great task ahead. This task commences with the possibility of a slightly better comprehension of the context of meaning where the previous discourse finds its place. It is a task, which, first, also implies posing the question to time, but not simply to the future (and wait patiently, then, for an answer). We could also toss the question to the process whereby things have come to be, to the *becoming*. The reader will likely think that tossing the question to the becoming, means tossing the question to history. In a certain way, this is true, but

[12] Note that from now on, the fist person plural will not necessarily be restricted to the authors of this paper, but will most frequently refer to Venezuelan people. When we deem important to make clear that it refers only to the authors, we will indicate it in parenthesis.

what we have in mind is not "history" in the traditional *historiographic* sense.

Historiography is the narration of a series of socially significant events —significant according to certain more or less hidden criteria— among which a pseudo-causal thread is strung (the thread corresponds to the criteria which makes the events significant). Historiography assumes that the sequence of events occurs on a culturally fixed stage. Thereby, historiography disregards that the events are what they are in terms of the cultural context that gives them meaning. It disregards that, throughout history, at least the "history" we have in mind upon writing these lines, what changes beyond the "events" are those cultural contexts —the stages— that allow the events to have meaning. The historical question is not then simply: "Which events have led us to the present?", but "What has been the series of cultural contexts (which have made what has happened significant) that have led us to experience reality (including history) in the way we do at present?" Our history —ours, as a particular society— is not simply the history of the events in which our forefathers participated, but the history of how we came to appreciate reality and transform it (and both —appreciation and transformation— are inseparable) in the manner in which we do today. It is the history of how we arrived at that cultural context that we now wish to impose on past events in order to see them historiographically.[13]

Tossing our doubt to the becoming, in this non-historiographic sense which we will call "historical-ontological"[14], is, then, tossing it to the history of those contexts of meaning that have led us to desire —at least in our complaining conversation against the government in power— the goods of modernity and, in a very few cases, modernity itself as a good in itself. One possible way of posing our (the authors') query under this historical-ontological line of questioning would be the following: What do we mean by *modernity* as a cultural form? How did it become such and how does our Venezuelan cultural form is linked with that of modernity? We (the authors) would like to emphasize that we are *not* asking only about the events that led to this state of affairs we call modernity (industrialization, rational democratic society, etc.) under a modern view of those events. Rather, we are attempting to ask *how that modern view came about*. Trying to answer this question has led us, on the one hand, to reassert the historical particularity (the non-universal) of the modern view, and, on the other hand, to discover that the epoch we are calling modernity has reached a crisis in the modern countries (Fuenmayor, 1994 and 1997). This discovery, in turn, brings up another more specific question in relation to the subject of this article: If it is true that we are only adding spice to a conversational game without political repercussions, is it merely a local phenomenon, characteristic of the Venezuelan idiosyncrasy, or is it also related to a

[13] For example, the so called "historical" models presented in the first article of this duology are rather *historiographic* models.

[14] For which we are indebted to thinkers such as Martin Heidegger, Michel Foucault, Alaisdair MacIntyre, Charles Taylor, Jean-Francois Lyotard, and some others.

historical phenomenon of "apolitization" (of post-modernization?), which, in different ways, is pervading the western cultures? Allow us to explain, although very briefly, what we are asking.

Not only the complaints against the government, but also almost all the political discourses[15] in Latin America, show a clear desire for modernization. "Modernization", for us, "developing" societies, means to become like the societies of the developed nations. This has been equivalent, in the majority of those discourses, to copying the economic and socio-political organizational forms of the developed countries. However, in those countries the emergence of those forms took place within a cultural self-generating process totally different from, oppose to, that of copying —which, in the case of developing societies, is also called "modernization." We mistakenly thought that we were following the same historical process of progress (modernization) that the developed countries had followed, but at a little later date. This was a great mistake. Our "modernizing" project has been radically different from the political project for the modernization of the now "developed countries" —we (the authors) shall hereinafter call this latter project the "project of Enlightenment". And it has been different not simply because the historiographic conditions have been different —for example, those now developed countries once counted on colonies or disguised colonies that they could exploit. It is different for a more profound reason, something essential to the social modernizing project upon which the European societies embarked at the end of the 18th century: The ideal pursued by the project of Enlightenment was, in its most original form, the *invention* of a social way of being. It was an attempt, above all, to take away from tradition and religion their role as perpetuators and gentle transformers of the social order. It was intended that the Europeans, through the free exercise of reason, invent a new social order. However, the specific form of that new social order was not the fundamental objective; it was rather a consequence. As we have propounded in other articles (1994), that particular social form arose as a consequence of a will for liberation from tradition in order to embark upon that creative act. That is, the shape of the modern social order was not the north that led the liberation process. On the contrary, it arose from the will to liberation from any heteronomic way of being.

If what we are saying is true, the essence of that historical phenomenon we call modernization did not consist in attaining a transformation of a social order, but in inventing a social order —it does not much matter which, to begin with— under an impulse for liberation from that which defined and perpetuated that order. This means that if such a thing as the modernization of another society, with a history different from that of the societies that originally embarked upon such process, were possible (which is quite doubtful due to the particularity of historical phenomena), this would not be the transformation of this society in accordance with a blueprint

[15] Discourses regarding what is good for society.

for a social order which someone (in this case, the European societies) had offered to it. On the contrary, it would be the invention of a social order arising from a certain desire for liberation —whichever might suit the conditions of that particular historical process of liberation. In other words, the modernization of a non-European society[16] would imply an act of rebellion against that which pretends to define the social order. Within this act of rebellion, the free exercise of our practical reason would design a social order whose form would be a consequence of that particular process of liberation. In other words, *to modernize ourselves, in the strict sense of the word, would mean, first, to free ourselves from the desire to modernize ourselves, in the twisted sense of the word* —that is, in the sense of copying the form of the social order that arose from European modernization— and, second, to allow that particular historical process of liberation to give rise to a particular form of social order of its own. In this manner, the new order would be quite different from the social order known as modern.

We wish to emphasize that all the above leads us to the paradoxical idea that to modernize ourselves, in the strict sense, is to free ourselves from the process of and the desire for modernization, in the sense of copying a certain social order attained by other countries.[17]

Having reached this point, an attentive reader would ask us, and quite correctly: but is Venezuelan culture too different from that cultural phenomenon so diverse, dynamic and vast that we call "European culture"?[18] Certainly, that "modernizing ourselves" or "freeing ourselves" in the previous lines would seem to hide that romantic, or rather folkloric, notion by which we tend to link "ourselves" with the original inhabitants of America. Actually, little, very little, remains, at least in Venezuela, of those original inhabitants. *We*, the Spanish conquerors and colonizers and the following generations of *mestizos*, abused and annihilated *us*, those other original Americans, which, in spite of all this, perhaps left their mark on *us*. But even in this last case, *we* are far from belonging to the cultures of the original South-Americans. Does this mean that we are European like the present-day Europeans? There would appear to be a timid negative reply in what has already been said: the majority of our societies arose from the violence of the members of a pre-modern culture (remember that the conquerors were, largely, adventurers and criminals who came from Spain in the 15th and 16th centuries) and their *mestizo* descendants against the original American societies. Nevertheless, it is true that we have had thinkers and —in an ever more distant past— politicians, who appeared to be clear exponents of the Enlightenment project. Personalities, such as Simón

[16] "A non-European society" is a society that has not become modern in the manner and under the historical circumstances the Europeans did.

[17] Another way of expressing this is the following: The modernizing process is, in essence, an autopoietic process. What is caled modernization in the not-yet-modern societies is an essentially halopoietic process.

[18] If we are part of that same European cultural phenomenon, the notions of "autopoietic" and "halopoietic" transformation are no longer useful to our case, since upon being part of the same cultural phenomenon, an auto-poietic transformation is involved.

Bolivar, Simón Rodríguez and Andres Bello, to mention a few of the most renowned, should not be forgotten. But what effect have had these truly Enlightened figures on the course of our history? We believe that very little when compared to their original aspirations.

"Our" great cultural diversity keeps us from talking about a cultural "we." The positive assertion "we are X" is always subject to great contradictions. However, although not entirely free from contradictions, we can more properly assert the negatively proposition: "we are **not** X." More specifically, we can say, without exaggerating too much, "we are the ones who have not attained 'modernization' as have those countries we wish to imitate". That is, if what we are saying is true, our social character is a great cultural dispersion united basically by being a *lack*..., a *lack* of modernity. But, as we have already said, that *lack*, more than an absence, is a great paradox: wanting to be 'modern' —in the sense that we want to be modern— is contrary to becoming modern —in the sense that the developed countries became modern. The paradox is great and irremediable because, according to this, *what we are* is nothing more than that *lack*, which, the more we try to become 'modern,' becomes greater.

Could not this paradox be at the root of the fact that while our public discourse shows us continuously wanting to be modern, our acts sabotage such discourse? Or is this fact, rather, a certain duplicity, a simple social hypocrisy? But does it make sense to attribute this individual characteristic of hypocrisy to a society? We do not know for certain, but below we will assume the first possibility; namely, that of the paradox.

In the light of the previous panorama, we return to our question: what can we do? But now, the question itself is full of doubts and suspicions: What can we do? —What for? Who asks the question and with what degree of authenticity is it asked? Let us reconsider the line of thought we have followed:

The initial question in this reflection was: "what can we do so that the constitutional precept of the right to free medical services (for those who do not have sufficient resources to pay for them) be fulfilled?" We undertook a possible course of action, but we did not immediately accomplish much. We began to suspect that any kind of critical participation was fruitless, or worse yet, an accomplice of the state of affairs that we wished to change. This suspicion led us to the idea that the strict sense of modernization can be none other than freeing ourselves from the desire for 'modernization' (in the halo-poietic sense) and allowing a new social order to rise from an authentic desire for liberation (autopoietically).

Here, two new questions arise: 1) What does this new idea of liberation tell us in relation to our initial concern about the right to free public health services? 2) How can we free ourselves from the desire for modernization in the halopoietic sense? With respect to the first question, the immediate reply which occurs to us is that this new idea of liberation does not tell us much. Why? Perhaps, because the very attempt to establish an authentic democracy, an "empire of the law", is part of

the ‘modernizing’ attempt in the halopoietic sense. It would appear that our original question concerning public health services becomes meaningless when transplanted from its original plane —that of halopoietic modernization— to the new one we are reaching with this *mediate reflection*. But, does this perhaps mean that we should forget about the right to health services; that we should forget about the case of the child at the beginning of this article? —No!.... But then, how are both planes related? Let us leave this question open for now and go on to the second question, which somehow now mingles with the first; namely: How can *we* free ourselves from the desire for modernization in the halopoietic sense? If *our* cultural *we* is defined by a lack of ‘modernity’, how can this *we* abandon itself for the sake of a new *we* which opposes the first? Is there some way in which that destiny, that kind of irremediable spell, can be broken? Let us think.

The spell consists in the fact that the more we want to be like the modern societies, the less we are modern. Our very want to be modern lies in the essence of not-being-modern. Would not the spell be broken if the modern countries no longer wanted to be modern, if modernity were fading away from European lands? Although we cannot discuss this point here, there are clear indications that make us believe that this is happening in the developed countries.

While our (apparently) political discourse has been pursuing ‘modernization’, the modernization process in the developed countries seems to have consummated itself (or is in the process of being consummated). But not because the project became a permanent reality, but because in completing itself it has become exhausted (or is becoming exhausted). Although we do not have sufficient space here to argue this point[19], we believe that, in the face of the imminent end of modernity in the developed countries (those we wish to imitate), the entire matter of our desire for modernization has to be re-thought (because it is already being re-desired). But re-thought by whom? By a few intellectuals, just as our Enlightened Venezuelan forefathers have already done? Obviously, there will always be those who have greater possibilities of thinking more deeply about the matter. But we (the authors) believe that if the basic plane of this sort of thinking does not form part of the cultural heritage of all our society, we will not accomplish much. When we say the “basic plane of this sort of thinking”, we have in mind something similar to what happened with the idea of *progress*. The latter, in its simplest form, became a part of the European cultural heritage in the 19th century and the first half of the 20th century. Of course, in our case, it would be an idea almost contrary to that of *progress* —perhaps *regress?*. Let us see:

The idea of progress, invented at the end of the 18th century, provided Europe with a narrative that bestow a new meaning both to the being of its institutions and to the life of each one of its inhabitants. It was a narrative that took many forms, from the simplest: “before we were primitive and now we are

[19] We have done so in, for example, Fuenmayor, 1994. Our argument in turn has been fed by the work of philosophers like Heidegger, Lyotard, MacIntyre, Foucault, etc.

advanced", to the most complex, such as Hegel's "Phenomenology of Spirit". That narrative, much more so than deep philosophical works or than planning and projectist efforts, was the cultural base for the Enlightenment project. But that narrative has been losing strength in the second half of the 20th century. Little by little, and for the time being among philosophers and the intellectual elite, a new narrative is being generated, which shows that progress, far from being an irreversible and universal process, was the specific invention —and for a short period— of an ethnocentric epoch. It was an invention in which, paradoxically, in spite of all the ideas about liberty, equality and fraternity for all humanity, humanity was torn apart by the separation of the "advanced" peoples and the "primitive" peoples. In this way, the narrative of progress was the basis on which the Europeans became the mature guardians of the world, and the rest of us became the ones in need of guidance, the immature and incapable of building our own future.

This story that we are telling, and which today is seen by European philosophers and thinkers as closer to the truth, is, we believe, the narrative that if told throughout the world, could break the spell, the paradox of the modernization of the non-modern countries. Of course, not only the breaking of the spell, but also new ideals, new goods to live for are necessary. Again, we believe that a new history of the Western World and of the cultures destroyed by the West would give all of us new clues to search for those new goods.[20]

All this leads us to think of a new educational project which could re-constitute our lives in terms of that new history, of that "regressive history". That regressive history will give us a basis for thinking about and acting on our immediate problems, for example, health.

In the meantime, what can we do concerning the injustice in health care? Perhaps not much in terms of immediate results, but we can start to structure the discourse on the health problem, not in terms of a 'modernization' project, but in terms of that *regressive* history.

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[20] In this sense, we believe that the work of Heidegger after his "turn" and of other philosophers, such as Alasdair MacIntyre and Charles Taylor, are of special importance.

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