PROFILE OF A VICE-MINISTER: LEADING UNDER CONSTRAINTS

Santander is a compact city of some three hundred and fifty thousand inhabitants nestled in the mountains of a Central American republic that I shall call Portobello. In the western end of the city, past the small shops and night spots that line Tercera Avenida, stands a five-story severe concrete structure which houses the Ministry of Health. An inscription on the cornerstone indicates that it was built in 1938 under Presidency of the Castillo Diaz.

November 1997

The taxi came to a stop at the main entrance of the Ministry building, guarded on either side by imposing wings that jutted toward the street. Once inside, a receptionist behind an information window directed me toward a semi-circular staircase and indicated that the Vice-Minister's office was on the third floor. A secretary showed me through a waiting room into a spacious office with a heavy wooden desk at the far end and some upholstered furniture arranged about a small blond table in the center. On top of the table, a stuffed alligator appeared to be guarding the stacks of reports that surrounded it. As I entered the room, the Vice-Minister Jose Manuel Quesada swiveled and sprang from his leather chair, circled the desk, and in a few strides was grasping my hand and motioning for me to take a place around the alligator table. He was much younger than I expected, with sharp features set off by tinted wire-rimmed glasses, a well-trimmed moustache, impeccable hair, and a printed shirt of the latest fashion. He lit a briar pipe, leaned back and promised me the alligator would not bite.

"I understand you are doing a study of the health sector here," he began, driving directly to the point. "This management institute you represent," he continued glancing at my card, "...may be able to help us with our administrative reform. You see the health sector is going through quite a transition right now. Last year a law was passed requiring the transfer of all hospitals from the Health Ministry to the National Social Security System, more generally known as the IPSS. This will allow us to concentrate our efforts on the new rural health program and on preventative health measures as environmental sanitation, vaccination campaigns, and maternal-child care. It was not an easy decision and some members of the Chamber of Deputies still resist the change. We also hope it will help offset the costs of liberalization in the economy."

"How are the hospital employees reacting to this change?" I inquired.
Profile of a Vice-Minister: Leading Under Constraints

He smiled but not with his eyes. "It has only been done in a couple of outlying hospitals so it is too early to tell yet," he said. "But the situation is really quite complex. You see, although the hospitals are within the jurisdiction of the Ministry, they are really run by local welfare juntas whose members are influential people in the community and, in some cases, are doctors themselves. The hospital personnel negotiate the conditions of their employment with this local junta, and in some cases they have been granted extensive privileges to keep them in the urban areas and not migrate abroad." He paused to relight his pipe, and as he did so, a sharp buzzing from behind his desk interrupted us.

Three phones on a small wooden table lay within easy reach of his leather chair. He selected the white one and raised the receiver to his ear (the red one, I later learned, was a direct line to the Minister).

"Look, use the rural health vehicle and charge the petrol to that program," he snapped. "We can straighten out accounts later. The important thing is to make that delivery." He cradled the receiver and returned to his chair. "The salary levels of the IPSS are comparable to those of the Ministry and its fringe benefits are generally more extensive," he continued as though there had been no interruption. "Some of the employees in the urban hospitals, especially in the capital and its suburbs, have won special concessions from the juntas. They consider themselves better off than the IPSS employees and in some ways superior given their medical training."

"How will you deal with the resistance to the change?" I asked.

"My approach has been to begin our efforts in the provincial towns where the hospital worker clearly sees the change as beneficial. Once the hospital system is working successfully under IPSS in all the provinces, it will be harder for the hospital workers here in Santander to oppose the transfer because they will see that it is inevitable. Incidentally, don't publish any of this in your study, it's too controversial right now."

March, 1998

I saw the Vice-Minister for the second time nearly five months later, on a trip that required gathering information on Portobello's new nutrition program.

"Jose Manuel has some people with him right now," said Julia, his secretary. She spoke rapidly, and I could not tell if she had prefaced his name with the traditional "Don". An air of easy informality permeated the Vice-Minister's office so it would not have surprised me if she had. The waiting room was perhaps a third the size of the office itself and the windows behind Julia's desk gave it a bright and cheerful appearance, in sharp contrast to the dark corridors outside. Well-tended plants covered the tops of the filing cabinets that lined one wall. In one corner a small sofa and chair surrounded a coffee table, upon which the four local morning papers had been neatly placed so that all headlines could be read at a glance.
An article in the first paper I picked up caught my attention immediately. In the nearby city of San Marcos, hospital workers were threatening to strike over the refusal of the IPSS to grant certain benefits and privileges that had been extended to them by the local junta prior to the transfer of the hospital from the Ministry of Health to the Social Security system. Among these informal benefits was the right to arrive at work five minutes late and take extended coffee breaks. IPSS spokesmen contended that this was not a clause in a labor contract but rather a "paternalistic concession" arrived at informally that was by no means binding upon the employers. The situation appeared to have reached an impasse.

The door to the Vice-Minister's office suddenly opened and three middle-aged men in business suits emerged. Immediately behind them was Jose Manuel Quesada, towering over them in stature, accompanying them to the outer door.

"Sorry to keep you waiting, John," he said as we entered his office. He walked over to a row of pipes on a rack on the bookshelf beside his desk, selected a curved one, and returned to the alligator table. "Those men are representatives in the Chamber of Deputies," he explained, sensing my curiosity. "They want the Ministry to make some improvements in the health centers in their districts."

"Are you going to do it?" I asked.

"Of course," he paused, letting me speculate. "The Chamber of Deputies controls a discretionary fund which can be used as its members decide. They are going to vote a portion of this fund for the construction of new rural health posts, and persuade their fellow deputies to do the same."

"Incidentally," I ventured after an appropriate pause, "I see in the morning papers where there have been some problems with the hospital workers."

"Ay! Those hospital unions are going to drive me crazy!" he responded, with a sweep of his arm. "Things have gotten out of hand. Look, I'm not opposed to unionism. Through the 1940s, workers in this country had no protection and a philosophy of mercantilism prevailed. Everything was for the benefit of business. In 1950, a revolution strengthened unions in the private sector and led to the creation of a civil service in the public sector. All this was done to provide equity, but now, now, unionism has grown too strong, especially in the public sector. It is now they who are the mercantilists and protect their privileges! It makes reform very difficult."

Problems with union leaders were now occupying about a quarter of Jose Manuel's time. Meanwhile, the Minister was meeting with the General Director of the IPSS several times a week to hammer out unified positions on the major issues. In the absence of the Minister, however, Jose Manuel, more often than not, was empowered to substitute for him and to act as representative for the health sector.
"This vice-ministry is not exactly typical of what you find in Central America," he told me. Indeed the position was recently created. Until 1995, the Vice Ministry was occupied by the Director General of Health, who was responsible for staffing, supervising and allocating resources among the more than 40 hospitals, 80 health centers and 180 rural health posts located throughout the country (see Exhibit 1).

In that year a new Administration was voted into office promoting a social development platform that emphasized integrated health and nutrition. Far-reaching legislation was passed to expand and modernize the health sector. In addition to the hospital transfer law, a social development law was passed that gave the Ministry of Health responsibility for implementing massive nutrition and rural health programs, the cost of which would be met by new payroll and sales taxes.

The new legislation was accompanied by sweeping organizational changes within the Ministry. The general directorate that had theoretically been in charge of the hospitals was eliminated. The responsibilities of the current Technical Vice-Minister, Isabel Echeverria, a veteran administrator with more than 10 years as General Director of Health, were limited to the operation of out-patient clinics. Although not covered by civil service she retained the position of General Director of Health and became, in addition, the Technical Vice-Minister. She felt considerable grievances over the change of responsibility and also had deep questions about transforming the rural clinic programs. Responsibility for the new implementation of the new legislation was consolidated under a new Administrative Vice-Ministry and in late 1993, Jose Manuel Quesada was called upon by the Ministry to fill the position.

A few years earlier, Jose Manuel had managed a chemical plant for a multinational corporation in one of Portobello's Atlantic provinces, and he sometimes compared the two experiences.

"If someone in that plant didn't produce, he was out. But things are different in the public sector. Last year, I fired five people here for incompetence, but they appealed and finally obtained a ruling in their favor. So what kind of message do the other employees get?"

As administrative Vice-Minister, Jose Manuel Quesada spent over half his time on matters related to the social development law and its high priority nutrition component. To implement this ambitious program, he had to see that the Ministry of Agriculture (MAG) and the National Production Council (CNP) provided sufficient supplies of basic grains in government silos, to meet the requirements of the school lunch program managed by the Ministry of Education (ME), in accordance with the diets recommended by the Ministry of Health's (MOH) own nutrition department. These rations would be supplemented by vegetables from community gardens, grown by citizens' groups organized by a national community development agency, with technical assistance from the MAG. At the same time changing and expanding rural clinics proceeded in fits and starts given the concerns of the General Director of Health.
A high level commission on social development was established to coordinate the social development mission. The commission included the first vice-president of the Republic, the Cabinet Ministers and general managers of autonomous agencies. Jose Manuel always attended these meetings and usually stood in for the Minister of Health. He also met each week with the Department Heads within the Ministry charged with carrying out the various programs established under the law. The General Coordinator of the Social Development law, working from a small office in the Ministry of Planning, commented that "...it is easy to work with the Ministry of Health because the person responsible at the operating level, Jose Manuel, also has the power of decision." Only issues of a general policy nature, such as the contracting of loans or technical assistance agreements, were left to the Minister.

**July, 1999**

The possibility of collaboration on a research project with the Ministry appeared strong in mid-1998, and I was in frequent communication with a very busy Manuel Quesada over a long period of attempted implementation. During one phone conversation in late July, he asked me to come over to his office to talk about supervision of the newly opened rural health areas, now one of his major concerns. Upon entering the waiting room I noticed that the sofa and chair were missing.

"There was an emergency last-minute meeting called and Jose Manuel has a lot of people in his office," Julia explained. "But it should be over quickly. He's expecting you."

With nowhere to sit, I found myself wandering over to the filing cabinets.

"That one is called cafecillo," Julia offered. "A friend brought it from Panama."

Actually, I had not been inspecting the plant but the map of Portobello behind it. Most of the population of 4.7 million was concentrated in the central Pacific region of the country where the capital, Santander, is located. Not surprisingly, most infrastructures and the vast majority of the public services were also concentrated here. The current Administration had pledged to provide food rations for children and dependable health care in even the most remote parts of the country. This was quite a challenge, for although Portobello was not a large country; it contained many inaccessible areas in its Northern, Southern and Atlantic Regions where preventable diseases and higher child mortality rates were entrenched.

The door to the Vice-Minister's office suddenly opened and people filed through the waiting room in groups of two or three, still deep in discussion. I recognized some from the Ministry of Health and later learned that the unfamiliar faces were from other Government agencies. Several of them carried out the sofa and chair, and replaced them in the waiting room. Jose Manuel Quesada was the last to appear. He ran his hand through his slightly disheveled hair and tried to straighten his tie while glancing at his watch. He turned to me and said,
"OK, John, let's go." As I entered the office, I saw Dr. Carlos Moran, Head of the Planning Unit, seated in a chair near the Vice-Minister's desk. "Carlos and I still have to clear something up. It'll just take a minute." He sat down at his desk and picked up the red telephone. It was the first time that I had seen him use it, despite his close relationship with the Minister. The conversation was brief and clipped. It involved the negotiation of a major nutrition loan from an international agency and what position the Ministry would take on certain "conditions precedent" to loan disbursement being required by the agency. The deadline for meeting these conditions was less than three weeks away. There was a pause as Jose Manuel took in the Minister's question. "Well, there's the question of the information system they want us to set up," he said, tensing slightly. "I have already lost my patience with them on that and I've told them as much. Carlos and I have to meet with them again tomorrow." He paused, listening to the voice on the other end of the receiver and murmuring his assent. He cradled the receiver, turned to Dr. Moran, and said, "See you here tomorrow at eight, Carlos. Bring your projections with you. The Minister wants to see us before we go over there." When Dr. Moran had left, Jose Manuel turned to me and said,

"On the weekends, I visit health posts in different parts of the country. I have found that although the problems differ from one area to another, one problem persists and that is lack of coordination among the various health programs at the field level. This has slowed down creating a common approach. Independent programs have a certain advantage because one can take advantage of specialized expertise and respond to local needs, but it creates confusion in the field when you have a lot of technical supervisors making visits. Yet the Technical Vice Minister prefers it that way. She believes it permits local initiative but it also protects all her appointees and satisfied local juntas. So I decided that it was necessary to take this vertical supervisory structure and 'horizontalize' it."

He paused and motioned for me to follow him to a white board on the wall opposite his desk upon which some organization charts had been drawn in blue marker. He continued,

"We have just created a Chief of Field Operations on the national level, opposite the Director General of Health. He has a staff of seven specialists, one in each of the major programs such as tuberculosis, malaria, STDs. Down here on the regional level, directly below the Chief of Field Operations, are the Zone Chiefs. There is one in each of the five health regions. These Zone Chiefs report to the existing Regional Directors who are based in health centers and are directly responsible for the supervision of the surrounding rural health posts. These Regional Directors are responsible to the Director General of Health."

He paused again, checked his watch, and asked for my reaction.

"You already have a director in each of the regions," I said. "I'm not sure I understand the relationship between the Regional Directors and these new Zone Chiefs."
"The Zone Chief will be a non-professional, concerned solely with field operations. He or she will report on implementation progress and anomalies to the Regional Directors, who will be responsible for seeing that they are corrected." Jose Manuel responded.

"And if they are not?" I said.

"A copy of the Zone Chief’s report goes to the Chief of Field Operations here in Santander, and if nothing is done he will bring it to the attention of the Director General of Health and the Vice Minister who can demand compliance," the Vice Minster stated.

"But to whom are the Zone Chiefs responsible?" I persisted.

"To the Regional Directors. But they have another reporting channel so the Regional Directors must take them seriously. Look," he said, his voice becoming emphatic, "it may not be according to the principles of administration. But if we place the Zone Chiefs directly below the Regional Directors, then they may be used as drivers or messengers by the present structure, which is supported by the General Director for Health. And that's what we want to avoid. They have to get out in the field and we have to get the right information. I need to know what is going on and why things are going so slowly. I need some leverage in the field."

He stopped suddenly and glanced at his watch again.

"I've got to get going," he said, "let me drop you downtown." He grabbed another pipe from the rack beside his desk and we were soon hurrying down the stairs to the main entrance where a Land Rover was waiting. "You're welcome to come to this press conference," he said as he eased the vehicle onto Santander's busy streets, "you may find it interesting."

It was now evening and the purple mountains in the distance blended into the darkening sky. In sharp contrast, several windows were illuminated on the upper floors of Santander's downtown office buildings.

“Just look at that,” said Jose Manuel, pointing to a modern structure. The glass and steel elevations jutted above the surrounding buildings. "The Social Security headquarters! What a contrast to that old place that we are stuck in."

We took an elevator to the top floor of an elegant downtown hotel, where several video cameras were trained at a speakers' table in the center of a large conference room.

"We must be early," he said, looking around at the vacant chairs. We sat down in two of the three chairs arranged behind the speakers' table and continued to discuss the new supervisory structure that he had proposed. A Chief of Field Operations had already been named, he said, and soon the Zone Chiefs would be selected. He was making sure they were people who were trustworthy professionals. At that moment a short, balding man with a scholarly appearance and an easy air of confidence approached us.
"John, have you met the Minister?" Jose Manuel inquired.

Actually, I hadn't, but I immediately recognized him from pictures that I had seen. He was of European extraction, son of an immigrant who established a trading post in the jungles of the Atlantic lowlands more than half a century earlier. Gradually, the business prospered as banana plantings were expanded, bringing economic life into the region. The Minister's father had little formal education, but saw to it that his son went to Harvard Medical School to return after an internship in the United States as one of Portobello's foremost surgeons. In addition to a thriving medical practice in Santander, he had assumed increasing responsibility for the family business, which, since the late 1980s, included a cattle ranch. He persuaded the manager of a local chemical plant, Jose Manuel Quesada, to manage the ranch for him. Since his appointment as Minister in 1993, he had developed a reputation for success in wresting a larger share of the national budget for health programs. Despite his non-political background, he was generally considered to be among the most powerful men in the Cabinet and relied heavily upon Jose Manuel to implement his vision of making public health a higher priority in areas such as rural health clinics and nutrition enhancement.

Suddenly, TV lights illuminated the room and the cameras begin to whir. The Minister of Health cleared his throat and began to speak about an international nutrition conference to be sponsored by the Ministry two weeks later:

“The topics to be covered in the Conference are concerned with the problem of protein-calorie malnutrition, with special emphasis on the current problem of food production and processing; and finally, with current nutrition policies in the developing countries or rather, with the absence of these policies.”

The Minister went on to outline the specific themes of the conference and to describe the backgrounds of the experts that were being invited to attend. He concluded by saying that:

“The Conference will highlight the necessity for developing countries to create integrated nutrition policies to eradicate or control malnutrition in conjunction with public health initiatives. Doing so will stimulate the governments of Latin America, especially Central America, not only to put into practice in as much as possible those measures recommended in the Conference, but also the coordination that is required among all out countries which will constitute the absolute guarantee that all will lead to the success that we all hope for.”

Upon conclusion of the Minister's presentation, the floor was opened to questions. Although Jose Manuel sat next to the minister throughout the new conference, now questions were directed toward him.

"How does the nutritional status of Portobello compare with that of other Central American countries?" one reporter asked. The Minister smiled.
"Why not ask the delegates of the other Central American countries when they arrive next week?" he countered. Amid general laughter, the press conference was concluded.

August 1999

I had been unable to return to Portobello in time for the initiation of the International Nutrition Conference, and I arrived at the hotel from the airport as the morning session on the second day was being called to a close. Over lunch, I learned that considerable debate had already been generated by those who insisted that national policies be oriented toward increasing the supply of foods highest in protein and those who argued that priority should be given to raising consumption of calories among low-income families. The British authority on nutrition, who sat across the table from me, explained:

“Yesterday the analogy was drawn between economists' ideas about the process of development and nutritionists' approaches to the problem of malnutrition. Economists in the past have tended to say that the way to deal with poverty and social deprivation was to increase total national product, that the thing to do was to grow fast; that the more money and resources we generate the sooner everyone will get rich maybe some of us are rich now and some of us are poor now; but tomorrow we'll all be rich and can afford food. Of course tomorrow never comes.”

The parallel, he maintained, was with those nutritionists who believed that by closing the protein gap at the national level, the problem of malnutrition would somehow disappear. “Of course, they won't admit to anything so simplistic," he said, "but that is basically what they are saying."

The final day of the Conference was devoted to a discussion of nutrition policies and began with a presentation by the Minister of Health. In a power point presentation he explained the strategy of the health sector in Portobello: to transfer hospital services to the social security system and to broaden Ministry coverage to the most remote sectors of the country, with emphasis on preventative medical programs and a renewed emphasis upon nutrition. It was left for Jose Manuel Quesada to describe the implementation process. He reviewed the multi-institutional structure that had been set up to implement the social development law and to summarize the accomplishments to date. He concluded by saying:

“How can the point be made that the social development program is not simply a nutrition, health or education scheme, but rather an integral development program for the improvement of marginal groups who need to be incorporated into national development? The integral social development program defines sub-areas which indicate a series of specific policies like expansion of service coverage, improved availability of food oriented to better distribution, utilization and productivity of land and to increase production, provide better transport, storage and availability of food; a policy oriented to more rapid industrialization with food storage to
establish stable prices and avoid fluctuations due to changes in supply; and finally a policy which has to incorporate the community actively and make them more aware of the development process. In what has been said it is assumed that this social development program should be converted into a social development instrument in which the goal is humanity: our dignity, our rights and our liberty.”

After the applause had subsided, the floor was opened to general discussion. For the next two hours, participants talked of the relative advantages of different approaches or programs such as feeding, sanitation, and fortification. Some emphasized the need for community participation, while others spoke of the importance of determining those diets that would lead to the most efficient conversion of protein. The role of the national and multinational food industries became a topic of debate, as some saw them in a negative light, promoting milk substitutes and to products of questionable nutritional value. Several of the comments were directly related to the Portobello programs that had been described earlier in the day.

I had been watching Jose Manuel grow increasingly restless. Late in the day he rose and grabbed the microphone at the speakers’ table. He seemed like a coiled spring, the energy of which could no longer be contained.

“We have departed from the theme of the conference," he said, controlling his anger. "I would like to remind those present that we are not here to evaluate the Portobello nutrition program but rather to arrive at some concrete recommendations for raising calorie and protein consumption in Latin America. That is why we have invited experts from around the world to be here with us today. We need concrete recommendations in order to solve the nutrition problem! With what percent of calories or proteins should we supplement diets? Is there a calorie gap or a protein gap? These questions are not being answered!”

He was practically shouting, and for a moment I thought he would involuntarily wrench the cord from the microphone. The Minister was expressionless, but I was certain that he had welcomed Jose Manuel's strong remarks.

The deadening silence in the room was finally broken by someone who suggested that it was now an appropriate time to review the conclusions that had been reached thus far, to see whether the might suggest specific recommendations. The British nutritionist whom I had met the day before noted that there had been general agreement among those present that there was no deficit in protein at the national level, but that there was no agreement on the ideal amount of protein to be considered adequate at the individual level. Thus, malnutrition could only be dealt with selectively, with interventions designed to help certain people or regions and a focus on better distribution. It was increasingly evident that the issue may be as much one of distribution as total production. Certainly, the evidence presented from different countries showed that the total consumption of food was low and therefore an improvement could be brought about through supplementary feeding programs. However, there was also some evidence that these programs in themselves tended to be expensive and ineffective unless they were
accompanied by programs of rural health and environmental sanitation to reduce the incidence of intestinal diseases. Finally, referring to Jose Manuel's remarks, he said:

“Mr. Vice-Minister, I understand your impatience in feeling that we have perhaps broadened this discussion beyond the terms of reference which the title of the conference suggested. However, I think that in many ways this was inevitable. Speaking for myself, one of the reasons that I think it was inevitable—and perhaps my colleagues will forgive me if I include them in this—is that I feel that perhaps the extent of knowledge and certainty of scientists in this field has been overemphasized. Really, we know surprisingly little why you ask us these direct questions. And we are perhaps embarrassed by this. But I think it is also inevitable when you ask a number of nutritionists to discuss these problems that the subject does become broadened because it is an area of research which is multidisciplinary, which does include practically all aspects of human welfare and behavior.”

When I caught up with Jose Manuel Quesada after the conference. Running his hands through his hair and pulling on his jacket, he had cooled considerably and though still disappointed in the outcome, he thought that the three days had been well spent.

"It is the first time to my knowledge that program managers and academicians have gotten together in an international forum to discuss these issues," he observed.

I stayed in Portobello for another two days but was unable to see the Vice-Minister again during that period except for a brief encounter in his waiting room. He explained that the deadline for meeting the 'conditions precedent' to disbursement of a nutrition loan was practically on top of them. Workers in the last of the Ministry hospitals were staging new protests over the transfer to IPSS. Quotes in the newspapers from the Technical Vice Ministers suggested that the slowness of the rural clinic program lay in the new administrative structure. And finally, the Ministry had just been alerted to the possibility that a massive seismic wave would strike Portobello's east coast within twenty-four hours. Jose Manuel managed a smile.

"This is a difficult week, " he said, and left for an urgent meeting in the Minister's office.

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TOTAL 4.5 Million (100%) 42 92 180

Figures are presented for teaching purposes only.

In general all hospitals provide basic medical services (medicine, surgery, pediatrics and obstetrical care) on an inpatient and outpatient basis. Hospitals are staffed by physicians, nurses and paramedical personnel.

Health Centers provide multifaceted outpatient services only, such as maternal childcare, nutrition, communicable disease, HIV, family planning, as well as, diagnosis and treatment of adult and pediatric illnesses. Health Centers are staffed by nurses, paramedical personnel and physicians.

Health posts provide a limited range of outpatient services; primarily diagnosis and treatment of a few common illnesses, immunizations and detection of malnutrition. Health Posts attempt to channel patients with more serious problems to health centers and hospitals. They are staffed at times by nurses and paramedical personnel and sometimes by paramedical personnel only.