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# Suggestions for Providing Services to the Handicapped in Latin America

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**Summary.** - This paper discusses some issues involved in the transfer of models of programmes for the handicapped from the US to Latin America. It argues that different needs require a re-evaluation of criteria of efficiency and the uses of professional help in Latin-American programmes. A variety of studies by international organizations concerned with services for the handicapped (in the context of provision of general health services) as well as this author's experience indicate that such services should be more closely tied to the community, provided in places that do not cost a great deal of money to construct or maintain, and delivered by local people who are involved in the daily lives of the recipients. This paper attempts to answer the question why Latin-American countries, despite such recommendations, continue to base their programmes on inappropriate and highly professionalized models from the US.

## 1. INTRODUCTION

The United States and Europe have long served as role models for programmes for the handicapped in Latin America. These approaches are characteristically staffed by professionals who are certified by the state and who offer their services in physically separate facilities, using materials which need specialized education to implement. It is becoming evident that while these programmes are meeting their objectives, they also create a dependence on professional help and require substantial funding to operate (Illich, 1978). Although one cannot argue with the successes of these programmes or the rights of these countries to fund them, their indiscriminate use in Latin American countries has been criticized by several authors. For example, the World Health Organization (WHO) has demonstrated that in developing countries more than 90% of the population receives practically no mental health services and 'trained mental health professionals are very scarce -often they number less than one per million of the population. Clearly, if basic mental health care is to be brought within reach of the mass of the population, this will have to be done by non-specialized health workers - at all levels, from the primary health worker to the nurse or doctor - working in collaboration with, and supported by, more specialized personnel. This will require changes in the roles and training of both general health workers and mental health professionals' (WHO, 1975, p. 33).

A UNESCO report on Special Education supports similar conclusions saying that not only should the use of professionals be curtailed but the use of separate facilities is both financially and psychologically unsound *(Case Studies in Special Education,* 1974).

Another report on basic health care in developing countries by the International Epidemiological Association (Hetzel, 1978) makes it clear that costs for services escalate as the training of the personnel increases. They recommend that village aids be employed instead of doctors and suggest a programme

centred around services provided by trained personnel who are accepted as members of the local community, but who are not certified by the state as professionals. One of the major axioms developed by this study is that 'there is little relationship between the cost and size of a medical unit and its therapeutic efficiency' (Hetzel, 1978, p. 149).

Djukanovic and Mach (1975) illustrate that the greater the participation of the community in the development of primary health care services, the greater is the motivation to accept and use them. And more importantly, with increased use of such services, there was less need for expensive curative care.

The Pan American Health Organization (1978) has also advised that health programmes should not only utilize community leaders but that services need to be provided in a place that is culturally comfortable to the recipients (WHO, 1978).

These studies suggest that services have to be more closely tied to the community, provided in places that do not cost a great deal of money to construct or maintain, and delivered by local people who are involved in the daily lives of the recipients. Nevertheless most Latin American countries still adopt the US and European models when it comes to starting and implementing programmes for the handicapped. Why is this so? This paper attempts to answer the question.

My experience in evaluating and studying programmes in the US and Latin America has convinced me that, even though professional assistance is required in many areas where solutions can only be reached through advanced scientific knowledge, many problems affecting society on a large scale can be solved, or at least approached, through non-professional help. The treatment of the handicapped, particularly in Latin America, is in the latter category.

The term 'handicapped' as used in this paper denotes the mentally retarded, the sensory handicapped, physically disabled, and also includes emotional handicaps which lead to either anti-social behaviour or to the inability to function in the local society.

It is easy to assume that because the US has been a leader in implementing a wide range of effective social programmes (among them many professional programmes for the handicapped), the application of similar or equal guidelines would produce equally effective results in other countries. Programmes in Latin America which require that the care of the handicapped be provided exclusively by professionals are discovering that there simply are not enough trained workers, that funding restricts the employment of those who are available and furthermore, that those professionals who are hired to run and implement programmes are not supplementing or coordinating their efforts with competent nonprofessionals -in great part because of a conflict in the status between the two classes of individuals.

On the other hand, the nature of the cultures and societies of Latin America make other solutions to the plight of the handicapped possible, solutions which would most likely be rejected in the US. In order to begin to deal successfully with the problem in Latin America, programme planners designing the treatment and care for the handicapped must consider some essential differences between the US and Latin America.

## 2. **DUAL TRACK OF LATIN-AMERICAN SOCIETY'**

Currently there exists a dual track in Latin America for helping the handicapped. The children of the wealthy go to private schools or receive help in Private centres while the children of the poor and working class either go to state Supported facilities when available Or have to do without services. The small but politically powerful wealthy group often looks to North America for advice and readily accepts its approach, much as they accept its culture and fashions. This reflects the nature of the area's income distribution and helps us to understand why the region is adopting many of the approaches used by industrial nations.

The affluent have a good deal of influence on how the money is spent for state services. They control not only the ideas but also how jobs will be distributed (Wiarda and Kline, 1979). Navarro (1974) studied the health care services of South American countries and concluded that the uneven distribution of help is less the result of lack of money than the result of these resources being in the control of specific social and interest groups who use them for their own needs.

A great part of this dual track revolves around the role image of professionals in the culture of these countries. Traditionally the most advantageous way for a young man to enter into the middle class is to receive a state supported job. A great advantage of being employed by the state is the good fortune of becoming a professional - a task which is quite difficult, but extremely important in Latin culture. The traditional demarcation between classes in Latin cultures has centred around the degree to which a person is involved in manual labour - gentlemen do not get their hands dirty. Thus a state job in an office comes with a higher status; a fact in Latin American society that is important beyond economics.

The direction in which the state chooses to use its resources is often dependent on how the people who hold state jobs in the bureaucracy value their professional status. When professionals as state policyrnakers choose which course to follow, they are aware of the interests of their own professional colleagues, including the people who put them in their jobs and on whom they depend for continual support. They are also cognizant of the private entrepreneurs who stand to benefit from contracts in construction, maintenance, etc. This network also supports the dual economic track.

## 3. THE ONTOGENY OF PROFESSIONAL SERVICES

In relationship to mental health services the general population in Latin America are now at a stage similar to that of the US in the early twentieth century. Before that time social problems in the US were dealt with by families and neighbors, who, more often than not, applied common sense to dealing with issues. It was only later, when scientific and technological advances lived up to the expectations of a growing, more affluent society, that mental health became the property of professionals. This change affected attitudes toward mental health services. The word 'amateur', which before the growth of professionals defined someone who was pursuing work due to an interest in the work itself, became a pejorative with the advent of the professional class. Amateur became 'amateurish' and indicated work pursued in a lackadaisical, non-scientific fashion whose results were considered to be of poor quality (Bledstein, 1976). Thus, when the same mental health services were offered by two people, one professional and the other non-professional, from the point of view of society the professional was considered more capable because of his specialized knowledge and scientific training. This attitude has

persisted in spite of the fact that many social problems were and are handled effectively by ordinary persons using common sense.

For example, the treatment of alcohol abuse illustrates the propensity of modern US society to seek scientific help, even when non-professional assistance is at least equally effective. In this respect, it is ironical that in spite of its most scientific, technological methods, Alcoholics Anonymous is as good as any programme for helping alcoholics (Matakas, 1979). Yet people continue to seek more expensive treatment in alcohol treatment centres run by professionals, led by the conviction that professional care is bound to be more effective.

Bledstein (1976) traces the development of professional studies and illustrates the changing perspective of the citizenry toward the role of professional help. As the US became more industrialized the populace began to view professional care as more efficient.

However, in nearly every country, in all of recorded history, man has made and consumed some type of alcohol and in all of these countries, people have found ways to treat abusers through non-professional assistance. The small tribe of Amazonian Indians I visited in Peru had its own solution to detoxicating those who abused the alcohol they produced from a root, and fermented with saliva. 2 My Quechuan interpreter told me that when a man stays drunk, his closest friends take him into the jungle and remain with him until he is detoxicated to the point of being able to return and function again in the community. This approach was effective in terms of the needs and expectations of the tribe.

Nevertheless, the Peruvian government at the time planned to establish a programme for alcohol abuse that utilized professional intervention and seclusion in institutions, a programme modelled on many in the US. Thus, against the advice of the major international organizations mentioned above, the Peruvian government continued to look toward the US approach and seemed to copy it, even if at a lower scale.

Churchill (1976) in his evaluation of the 1972 change in the Peruvian education system helps to explain this paradox. Peru's massive literacy programme utilized community involvement, non-formal education and teaching, and stressed cost-effective measures for implementation so that all segments of society could be served. Yet, when this government fell from power the whole programme was scrapped and the model resembling that used in the US was re-established. What can be concluded from this is that non-professional approaches can be successful but depend on the value put on professionalism *per se* by the policy measures adopted, and on the power segments behind the government, rather than on actual efficiency.

## 4. **WHAT PREPROFESSIONAL SOCIETIES** CAN TEACH US

Visiting a square in a small Amazonian town several years ago, I was drawn to a closely knit crowd whose attention was obviously being held by some attraction within. I made my way into the circle to find a storyteller entertaining his audience with a folk tale. On a long leash he had not a monkey, but a mentally retarded and spastic young man who was deftly gathering money from spectators while playing the role of a simpleton and buffoon.

My North American value system was shocked by the image of this handicapped boy being exploited. The experience forced me to consider a little more deeply the plight of the handicapped people in developing countries and to re-evaluate what is the appropriate care for the disabled there.

Those two entertainers in the park were symbiotically related. The storyteller appeared pleased to have the theatrical help offered by the retarded boy; the boy, in turn, also seemed to be pleased to be gainfully employed, as indeed he was. In the US our feelings about what is morally right would have prevented such a relationship. In our society where professional care represents the 'proper' means of protecting the handicapped from exploitation and exposure to ridicule, both individuals would have been sent to appropriate professionals, In many places in South America however, such alternatives are not widely available. More importantly, however, the Amazonian society was willing to absorb the reality presented in the park scene. There the retarded boy was allowed to make a living rather than be forced by cultural mores to appeal to well meaning professionals in order to enter more 'acceptable' (according to US standards) forms of assistance.

The implication of the argument is not that Latin Americans are devoid of a sense of morality or compassion. By necessity, the people's values and consequent attitudes have allowed for the exposure and involvement of the handicapped person in public life. It is thus possible to implement programmes that help the handicapped person become self-sufficient in ways that would be rejected in the US.

Many places in Latin American countries are quite primitive with regard to the entrenchment of the professional. Larsen (1977) studied the development of professionalism and notes that some important and necessary steps need to occur before a society accepts professional treatment. First, professionalism must make a claim to a body of knowledge that encircles a discrete entity of service-, secondly, professionals standardize their services in order to teach the populace what they can do better than anyone else. To do this they need the state to protect their discrete area of expertise by establishing regulations and enforcing penalties against unlicensed competitors. 'The attitude of the state toward monopolies of competence is thus a crucial variable in the development of the professional project', Larsen (1977, p. 15). At the end of this developmental sequence the knowledge and expertise of the professional establishment is protected by the state and seen as unique.

It is apparent that in remote areas neither the state nor professionals have developed a firm hold and the citizenry is more willing to tolerate and accept non-professional treatment. This can be viewed as a positive sign by North American consultants because we can look more closely at their natural coping mechanisms to see if these can be utilized to develop a systematic approach toward providing culturally appropriate services in Latin America.

The grotesque theatre described above is not the only avenue leading to self-sufficiency without professional care. In Ecuador I noticed several handicapped people who had ingeniously created their own small enterprises which succeeded because of, not in spite of, their handicaps. I watched one paraplegic beggar on a street in Quayaquil earn what he claimed to be a good living. He moved himself along the sidewalks on a hand-propelled bicycle. By moving the pedals up to the place where we normally see the handlebars, and by raising the seat to the eye level with the public he was able to move around more quickly and efficiently than pedestrians. This image earned him the respect of his benefactors and a living as well. I also watched several instances in other Latin American countries of

blind men selling pencils, gadgets and fruit with the assistance of a young boy who more often than not was handicapped himself, but who nevertheless could see. This is a common sort of partnership where there are no professional services (Kirtley, 1975).

Scenes such as those described above are not unusual throughout Latin America where the pedlar-beggar, by creating a positive image, is not rejected by those who support him. In the US, however, the beggar is the personification of a myth that is paramount to the apparent rejection of the Judeo-Christian code of ethics which values earning one's bread by the sweat of one's brow. 'The stock in trade of beggars is the art of getting something for nothing' (Gilmore, 1940, p. 27), This point of view is much less inherent in Latin American societies when the ingenious pedlar-beggar on the bike and other street entrepreneurs cited above can be respected there, even more so because of their handicaps.

The implication of the examples offered is not that disabled people should be trained to beg; rather, my concern is that by accepting the US model for social programmes for the handicapped, Latin Americans will accept misconceptions about self-help that are independent of professionals. There are many ways for the handicapped to earn a living in Latin America which must be considered before professional care monopolizes the possibilities. Some of these may not meet with the North American code of ethics (this was my experience when viewing the storyteller in the Amazon), but may well suit the needs of the handicapped in those cultures.

What I want to suggest is that the disability is what makes the handicapped pedlar particularly acceptable and likely to succeed at peddling. Unfortunately, from the North American professional point of view peddling is viewed as the worst of possibilities for the handicapped person. Thus, the training the handicapped person receives, rather than encouraging him toward entrepreneural independence, leads him toward an assembly-line work that is financed by state price controls, and which is known as the sheltered workshop.

The work that the state prepares the handicapped person for is in exact opposition to the natural advantages that his disability gives him. Thus the current professionally arranged social service system to the handicapped prepares the disabled person to live in spite of his handicap and not because of it.

Many ingenious and self-helping mechanisms used by the handicapped in Latin America are not viewed as self-supportive, but 'are seen as tragic and without dignity by US consultants. Consequently, the programmes exported by the US and adopted by Latin America have failed to use local resources and alternatives to professional treatment. Instead of continuing to invest in training professionals to work with small numbers of people in specially constructed facilities, it would be wiser to train professionals to discover and implement natural support systems. Anthropological studies where researchers temporarily work and live in places where the handicapped do not have large amounts of capital and professional assistance at their disposal would be a good beginning for future research. This approach is in line with what is advocated by many international organizations.

## 5. WHAT YOUNG PROFESSIONAL SOCIETIES CAN TEACH US

The United States spent $247.2 billion in 1980 to finance health services at a cost of $1017 per capita. There were 148,195 patients in residential facilities for the mentally retarded and over 11/2 million people received outpatient psychiatric services. In 1979 the US Department of Commerce estimated an additional 311/2 million people were handicapped which they defined as people with 'chronic economic activity limitations' (US Department of Commerce, 198 1, p. 963).

These and other statistics illustrate that programmes for the disabled are big business in the United States (Bowie, 1980). The handicapped not only receive aid from institutions, but also from federal guidelines which specify that certain businesses and/or organizations must provide special services to the handicapped, such as parking places, ramps, braille signs in elevators, etc. North American universities graduate thousands of students a year in social services, fields where highly educated people compete for jobs previously held by the unschooled. It seems appropriate from the perspective of those who have paid the price for education to be rewarded by professional positions in those areas. In the US the handicapped are a priority and there are many professionals trained to care for them.

The above situation however, is not the case in Latin American countries. Particularly outside major cities, the professional is still uncommon and is elevated above the rest of the population in the minds of his compatriots. The professional degree is not an easily attainable commodity; when the professional is employed, he tends to regard his domain as something to be guarded. Larsen (1977) describes how the professional allows little interference in his work and is not likely to step out of his role to assume tasks that are carried out by professionals in other fields or by nonprofessionals.

My experience visiting a state-supported reform school for one hundred incarcerated adolescents demonstrates the effect of this phenomenon. There I saw a solitary boy sitting on a stump, his hand propping his forehead, his mouth drooling saliva and blood from an epileptic seizure. The boy had been excused from class because his teacher felt he was unable to function. The psychologist he was supposed to see was unavailable. The adults who walked by the child seemed unconcerned. I asked some of them why they did not talk to the boy. They answered that he was not in their workload, implying that someone else has been assigned to that aspect of the programme.

In this programme, all professional employees are educated and certified by the state. Each person is employed under a specific job description which, as it works out, prevents the staff from sharing the workload. When the boys are in school, five teachers are training while the other 15 non-professional employees are off duty. When the boys are in vocational classes, another five professionals work, while the others congregate amongst themselves, not infrequently to talk about their lack of resources or the excessive demands of the job.

As I observed this scene, I could hear Carlos, the janitor, playing a melodious Inca tune on his guitar. He had just finished cleaning the director's office and meeting the requirements of his job description. I asked myself how many talents does he have that are going to waste because he is not trained or licensed to work with these boys?

In this particular institution, one of the greatest concerns expressed by its director and his superiors was the need for increased professional services and capital outlay. This complaint is not unusual in similar programmes I studied. Coombs (1968) discussed in his work on world education how the *perceived* need for further educational personnel and facilities is out of line with the possibilities for

obtaining them. He outlines how the world educational system can never meet these perceived needs without far-reaching changes about who can accomplish their objectives.

In the above example where some professional services were available, the workers did not seem to share jobs and expertise, a practice which if adopted would certainly decrease the demand for greater capital outlay for salaries. Added to this apparent waste of valuable human skills was the rejection by the professional staff of all the skills available from the non-professional workers who, as the illustrations suggests, remained on the periphery, more because of social status than their ability to provide valuable help. Rather than seek more funding in tight economic situations, planners need to assess the use of existing human resources and to employ all their talents regardless of job descriptions.

I also visited a privately endowed orphanage for adolescent boys where I observed how professional training and state certification are often independent of skill and commitment. The director at the orphanage is a certified social worker. The benefactor responsible for funding the programme had enough money to hire this professional and to buy a North American pick-up for her use. The home for the boys is primitive; it has no enclosed windows or running water; a single gas burner serves as a stove for cooking. The director lives in separate quarters but visits the boys daily. She also seems to find interesting people for them to visit. Her personal style and her religious commitment makes subjects that are of importance to adolescent boys taboo. Nevertheless, I think the boys love her for her interest in them, but I believe both parties are aware of the limitations of their relationship.

A young man of about twenty-two, from a lower social class, is the only adult living in the house. Though unschooled, he is very interested in learning about the boys. He had lived with them for five years and they seem to have come to peace with each other under his tutelage. The other adult working with the orphanage is a Belgian doctor who instead of having an office open to the public practices medicine only with the orphans. He spends his free time interacting with them as a loving, spiritual and intellectual leader. When he and one of the boys came to pick me up I overheard a rich, lively discussion about medieval gallantry which contrasted to the poverty of the boy's physical environment.

The effectiveness of many of the relationships I observed in this institutional setting had much more to do with personalities and individual commitment than with the results of professional training. We need to question the assumption that professional course work leading to certification in one of the helping professions is worth the capital investment in Latin American countries. For example, to spend money on academic retraining of the director would be wasteful because her limitations were based on her gender and social class. To spend capital to certify the doctor would be out of line because his commitment and intellect are already sufficient. Finally, to train the young man toward certification would be unnecessary because he already had demonstrated his competence and commitment.

Instances similar to those mentioned strongly indicate that the difficulty in providing human services in that part of the world are less the result of lack of money than they are the inability to make use of existing human resources. Thus, what investment capital there is, is not used widely. The problem lies in the power of professionalism, with its partner in state certification, to monopolize services and prevent the development of a more cost-effective system.

Havelock and Huberman ( 19 7 8) have studied the problems of making educational changes in developing countries. They note that many of the obstacles to reform have less to do with financial

resources than with the 'bureaucratic entanglements, confusions and lack of political support' (p. 24), which result from innovations not taking into account the entrenched positions of the professional establishment and the social segments which support it.

## 6. WHAT PROFESSIONAL SOCIETIES CAN TEACH US

Programmes for the handicapped which require that their treatment be offered exclusively by professionals often assume and transmit the assumption that the handicapped person is unable to function independently. Scott ( 1969) in his study of blindness illustrates how in the US professional workers for the blind can do more harm than good, creating dependence on their services where independence is possible.

These data indicate in a very striking way how alternative approaches to rehabilitation can produce radically different socialization outcomes among blind people. Organizational systems that are constructed so as to discourage dependence in fact produce independent blind people; systems that foster dependency by creating accommodated environments produce blind people who cannot function outside of them. This demonstrates just how important a factor in the making of blind men are the organized efforts of blindness workers and blindness agencies' (p. 116).

Though independence may be difficult with people who are very severely handicapped, many dependent individuals could be functioning well on their own under different circumstances. I have already mentioned some of the ingenious ways in which some handicapped people manage to make a living in Peru and Ecuador. It is important to note also that both Northern and Southern Hemispheres abound with examples of handicapped people who succeed in their careers in spite of their handicaps (Roth, 198 1). In the US more and more cases are being publicized which reaffirm the ability of the handicapped to participate in activities previously reserved for the more able-bodied. In 1982, 1 had the opportunity to introduce two such cases to students in one of my university classes. These two young men, who were confined to wheelchairs, had just completed a highly publicized hike to the top of Guadalupe Peak, the highest mountain in Texas, a feat which many more able-bodied persons would hesitate to undertake. The dialogue between students and visitors carefully avoided any painful, yet nevertheless, real problems. The handicapped men were treated only as heroes. As useful as this session proved to be in my US classroom, such an exercise would probably prove meaningless in the areas of Latin America where professionalism is just beginning and where the able-bodied relate with the handicapped on a daily basis. In other words, Latin Americans who live in areas without professional help are probably aware of the abilities of handicapped people to function on their own. It is important that programmes designed to assist the handicapped capitalize on the familiarity which stems from preprofessional integration.

Often without self-conscious deliberation, the professional class tends to inflate ordinary events and make common occurrences seem like complex phenomena (Bledstein, 1976). The result is that the differences that supposedly characterize the handicapped are heightened by applying professional terminology to behaviour which is rather ordinary.

In Quito, Ecuador I consulted with a special education school for the learning disabled and mildly mentally retarded which was modelled according to US guidelines. Teachers there referred to writing

mistakes by students as ,omissions and reversals', which they claimed were indicative of 'perceptual deficiencies'. Simple reading problems became 'neurological delays'; a series of empty pedagogical exercises, such as colouring between the lines, tracing letters, and redundantly practising fine motor tasks, were being substituted for more common and arduous reading skills. In mathematics, children spent more time learning the names of the ones, tens, and hundred columns than they did in adding numbers; they spent more effort at sorting sets of objects into equal piles than learning to count change. One boy who was unable to pass the pedagogical drills, but who nevertheless was getting correct answers, received endless perceptual exercises, all leading to unnecessary failures. He came to me with a paper that he had folded into a box containing metal filings he had salvaged from the floor of the shop. He proudly showed me how he could manipulate designs by running a magnet under the paper box. Why was it, I asked myself, that his teacher emphasized the area of his disability rather than emphasizing how capable he really was in other areas?

Part of the training of professionals is designed around discovering weaknesses which become signs that indicate a deeper level of malfunctions. By pointing to and even describing a potential disaster, the professional often reduced the client to a state of desperation in which the victim would pay generously, cooperate fully and express undying loyalty to the knowledgeable patron who might save him from a threatening universe. The culture of professionalism tended to cultivate an atmosphere of constant crisis - emergency - in which practitioners both created work for them _ selves and reinforced their authority by intimidating clients' (Bledstein, 1976, p. 100).

Even without ulterior motives, but based solely on their own sense of efficacy, professionals create a greater need for their services than would exist in a preprofessional societyThis also mystifies the citizen who begins to believe that he is indeed in need of and dependent on professional help (Illich, 1978).

In a country like Ecuador which has a 50% drop-out rate in public education by the fifth grade, and where the majority of the population is illiterate (Beck, 1970), the fact that schools for the marginally retarded and learning disabled exist is indicative of a growing professional lobby and a weakening citizenry. The family, the neighbourhood and the community are losing the ability to help each other while the expert takes up the slack.

While professional help can be effective it tends to create a dependency in its clients and to weaken the natural alliances in the community. This in turn increases the need for professional services, creating the illusion of progress, but decreasing the ability of society to know and therefore integrate its handicapped.

## 7. ESTABLISHING AN ALTERNATIVE

It is important to make the distinction between a true alternative and a mere change. A change provides for the same kind of services but makes getting them easier. Thus, the disabled are provided with more and easier access to professional help. An alternative redefines the notion of services, challenges the accepted ideas of which things are helpful, and changes the feelings of the populace toward what a handicap is.

So strong is the power of the professional class to shape ideas determining what is important for the handicapped that policy-makers are unable to think of better services without thinking in terms that are

identical to the existing system. The example from the director of the school for delinquents is an example of how professionals do not imagine a more t efficient system without thinking of additional capital outlay and more professionals, with even more training. The example of Alcoholics Anonymous is so striking because its efficiency is ignored.

The trouble with relying on professionals is that this reliance is a two-bladed knife without a handle. The more you try to grab hold of it the more deeply it cuts into one's own sense of being able to cut through the problem to help. The acceptance of the expert leads to developing a myth about their services in the eyes of the public. In the case of services to the handicapped, this has meant that the neighbourhood and the family, the two strongest places of support for the needy, lose their efficacy in the eyes of the general population. Without support from these sections there will never be enough money to compensate for their loss by investing in professionals (Roemer, 1976). To the extent that the expert and the bureaucratic system that employs him control the lives of the handicapped, the citizen, who once was able to accommodate the diversity in the local community, begins to lose his own sense of acceptance toward the handicapped. Thus, the professional class not only reduces the opportunity of its clients, but also diminishes the contributions of the populace.

When providing services to the handicapped in Latin America where services are limited, we are dealing with making tragic choices - a topic which is well studied by Calabresi and Bobbitt (1978). For example, how does a society make allocations for artificial kidneys knowing that given limited resources the chosen people will live while the others will die? Societies differ in what they see as tragic and in how they help the afflicted people.

One who sets out to fashion public policy to minimize tragedy must realize that his own value system has little to do with which choices and outcomes are tragic to the society and which are not. Instead, the values accepted by society define the constraints within which the policy-maker operates. We should distinguish sharply the position of the critic of social values, who objects bitterly to an allocation which his society finds quite acceptable. The task of the critic is to persuade the other members of his society to conform their values to his own, all the time remembering that until they do so, the choice which he finds so objectionable will not pose a tragic dilemma which requires his society to abandon any fundamental values (p. 22). It is not the aim of this paper to say that professional services are not helpful, even better than help from the citizen or the trained )araprofessional. But I have shown that relying )n professional services tends to reduce the efficiency of the populace, and adds to the division of the social classes. Professional help is also too expensive given the financial resources of most Latin American countries. It will only be when these societies actually realize the significance of their own unequal distribution of resources for those tragic problems that a change can take place.

At that point I would propose an alternative system which has four characteristics. Firstly, instead of proposing an increase in the number of professionals and the amount of professional training, which is a form of a capital-intensive system, I am looking to strengthen essential alliances through direct aid to naturally evolving informal relationships. Secondly, rather than using what money there is to hire workers who derive their total wages from their employment, I am proposing part-time piecemeal jobs, eliminating salaried workers as much as possible. Thirdly, I want to advance a system where hiring and promotion are not related to state certification and professional credentials, but are more related to specific tasks that the person is employed to do.

These characteristics are necessary for an alternative, but the fourth essential ingredient is to educate the citizenry. As it now stands, opportunities for the handicapped to receive government assistance outside of the bureaucratic establishments are minimal. And the handicapped person as citizen and as client is becoming impotent to help himself. The involved citizen as possible helper, a helper who is not professionally trained or licensed is also losing in his own mind not only the desire but the ability to offer assistance.

I suggest that the major obstacle to implementing this plan, a plan which is quite similar to the ones proposed by international organizations, is the professional class itself. Pertinent to this is a point brought up by Furter (1977) in his examination of planning for lifelong education in developing countries. 'Any reform must be accompanied by a certain degree of demon op olization of education' (p. 43). It is not without reason that the monopoly will fight to sustain itself. The professional point of view will be used to reinforce the positions of the professionals who implement that point of view. The very people that might be able to lead the way in democratizing services to the handicapped might very well be the strongest opponents of a true alternative, one based not on more professional but on non-professional, citizen intervention.

## 8. CONCLUSION

I have demonstrated that professionalism in the area of providing services to the handicapped tends to be ineffective: first, as it overlooks the ability of handicapped people to find their own benefactors, such as the retarded boy acting as an aide to the story teller; second, as it rejects many self-helping mechanisms, as in the cases both of the ingenious bicycle of the paraplegic and the blind pedlar-beggar; and, third, as it refuses to see how helpful the handicapped are in giving services to each other, as demonstrated by the primitive Amazonian tribe and its similarity to Alcoholics Anonymous. Finally, there is a tendency for professionals to protect their own point of view which in turn makes the non-trained person feel incapable of helping others, as was seen in the treatment of the epileptic child in the institution.

By looking historically at the development of the professional class and by comparing subsocieties that offer established professional care with those without or with emerging professional services, we were able to see that the growth of professionalism often goes hand in hand with the weakening of the citizenry. By producing a domain in which the professional is the expert, the ability of the populace to integrate its own handicapped and to provide social support for them is reduced.

While the wealthy segments of the dual economic track aspired to help their own handicapped they unwittingly adopted the US model which was within their tradition of looking to the US for current fashions. The institutions which grew up around providing services to the handicapped came under the control of the state, through the influence of the well-to-do class and their ideas of US professional treatment. Finally, the state's employees also adopted the professional ethos and began monopolizing services by establishing certification standards for personnel and building codes for facilities which in turn helped them protect their own status as professionals. Thus, the expensive professional mode of treatment grew and the inexpensive, community-based nonprofessional support system lost its efficacy.

Solutions to the social problems of a society are best discovered within the framework of that same society. It is misleading to assume that because the US has successfully implemented measures to assist

a large number of handicapped individuals, that those same measures will succeed wherever such programmes are initiated.

Guidelines for assisting the handicapped in Latin America should not only consider the economic realities but also the values and attitudes of the populace, and the natural skills of the handicapped. Newly formed programme guidelines assume that without professional help, the handicapped cannot receive

adequate assistance. In fact, the opposite is true. It is possible that, given the social realities of Latin America, the handicapped can function effectively through a number of ingenious enterprises already used by many individuals in those societies.

NOTE

1. It is extremely difficult to clump together all Latin American countries. They have different cultures, including different languages, and their economic levels are such that not all countries are considered to be Third World. Nevertheless, each country does have a large poor population. The dual economic track where many people are very poor, and a few people are very rich is characteristic of almost all of the Latin countries. In this article, the author refers to much information obtained through his experience as a UN representative to South America for the International ear of the Disabled. In that capacity he viewed many programs for the handicapped in several Latin countries.

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