



Servicio Contributions to Hospital Development

As seen by the evaluators, Servicio programs have contributed much to the improvement of hospital service in Latin America. Accomplishments, as well as deficiencies, of the programs in the development of physical facilities, planning, administration and operation, education, laboratory service, and patient care are reviewed.

THE BILATERAL health programs of the Institute of Inter-American Affairs and the governments of Latin America have brought modern hospital services of a fairly high quality to many sections of the Latin American countries which did not previously have them. The programs have shown that it is possible to provide modern hospital services to such areas as the Amazon Valley of Brazil, the Loreto Province of Peru, and many isolated sections in Ecuador and other countries. In Brazil, Ecuador, El Salvador, and Paraguay, the programs have demonstrated that it is possible in Latin America for hospital, health center, and general sanitation services to function effectively and efficiently together.

Wartime Influences

The fact that the health and sanitation programs were initiated during the period of

This is the thirteenth in a series of excerpts from the report of the Public Health Service's evaluation of a decade of operation of the bilateral health programs undertaken by the Institute of Inter-American Affairs in cooperation with the governments of the Latin American Republics. For additional information, see p. 92.

World War II had much to do with the approach used in meeting the problems of hospital care. The existence of an emergency situation may account for negotiations with regard to hospital projects being made primarily at the national level without taking advantage of community leadership, participation, and support. It may account for the emphasis on the development of hospital services in such areas as the Amazon Valley in Brazil, the Loreto Province in Peru, and many sections of Ecuador—the locations of important war materials projects.

The emergency situation may also account for a seeming imbalance between countries and for the emphasis on hospital services in relation to other public health and sanitation projects. Finally, it may account in large measure for the great proportion of effort during the early days toward the construction of hospital facilities and the lack of nationwide appraisal of the long-range benefits to be derived from various projects.

Many of the early projects developed under titles other than hospital construction or operation have had outstandingly beneficial effects upon hospital services—the development of nursing schools and other training programs, for example. In addition, sanitation and special disease control projects have greatly reduced the need for hospital care, and public

health education programs have led to better utilization and appreciation of modern hospital services.

Program Emphasis

Hospital projects are included in the general category, medical and research facilities, which includes also dispensaries, health posts, traveling clinics, health centers, institutes, and laboratories. The percentage of total funds expended or allocated for projects in this category through June 30, 1951, was 36.9, ranging from 78.8 in Guatemala to 0 in Panama and Venezuela. Of the funds for projects in this category, 47.0 percent was for hospitals and sanatoriums; 43.4 percent, for health centers; and 2.4 percent, for institutes and laboratories. Guatemala, Honduras, and Ecuador placed major emphasis upon construction and operation of hospitals and sanatoriums, whereas Uruguay assigned no funds for such projects.

Of all the funds for hospitals and sanatoriums, 86.3 percent was for construction, equipment, and supplies, and only 13.7 percent was for maintenance and operation. In Chile, Colombia, Costa Rica, Ecuador, El Salvador, Guatemala, Haiti, Mexico, Nicaragua, and Peru, more than 90 percent of the funds for hospitals and sanatoriums was assigned to construction, equipment, and supplies. Brazil and Honduras, however, spent about one-half of their funds for maintenance and operation, and Paraguay, about one-third.

Types of Projects

Hospital and sanatorium projects were, in general, of two types: (a) projects to demonstrate modern hospital construction, equipment, and service; (b) projects to fill as completely as possible the gaps in service in a particular country.

The first is exemplified by such projects as the tuberculosis hospitals at Santiago, Chile, and Asuncion, Paraguay, and the maternity hospitals at Quito and Guayaquil, Ecuador. The hospitals developed and operated by the *Servicio* in the Loreto Province of Peru, the extensive system of hospitals in Ecuador, and the extensive program of hospital construction,

operation, and maintenance in rural Brazil are examples of the service approach.

Physical Facilities

Although major contributions have been made toward the development of hospital plants in many of the large cities, the primary emphasis of the *Servicio* programs has been on the provision of modern hospital plant facilities in rural and small urban areas. In many communities, new plants have replaced antiquated, obsolete structures; in others, the construction has inaugurated hospital service for the area.

Construction has generally been adequate, but deficiencies of design and structure were observed in a number of hospitals. For example, the flooring at the general hospital in Iquitos, Peru, in a hot moist climate, was constructed of wood. This flooring was disintegrating rapidly and was being replaced. At a number of locations, equipment was supplied which was apparently beyond the capacity of the local people to utilize and maintain adequately. At several of the hospitals in one country, expensive refrigerators were being used for the storage of a small quantity of vegetables while the meat was hanging outside. Elsewhere, refrigerators were lying idle for want of maintenance service. In one hospital, expensive X-ray equipment had been duplicated and was lying idle. In contrast, however, there were many laboratories at hospitals built by the *Servicio* which were being utilized effectively and were providing diagnostic services which were not before available.

The large deficit in hospital facilities and the tremendous need for replacement of obsolete hospital plants, together with the apparent need for technical assistance in all of the countries visited, indicates a need for competent consultation services in the field of hospital design, construction, and equipment.

Planning

Servicio-sponsored projects for new hospital construction were undertaken in many areas without prior survey as to the actual needs of the hospital service area or to the existence and influence of other hospitals in the area. Such

prior study is required to determine proper location, size, type of structure, and design.

The field evaluation survey revealed a number of delays in carrying out *Servicio* hospital construction and in the actual opening of hospitals. These delays were found to be due to a number of factors, including lack of adequate equipment, staff, and funds.

In any new hospital project under the *Servicio* program, there should be prior planning, including arrangements to secure financial support and provision for adequate equipment and staff. A careful appraisal of these factors should be made to avoid assuming responsibility for any hospital structure or service which is professionally, administratively, or economically unsound.

Many of the *Servicio* programs, however, reflect sound planning. The Trudeau Tuberculosis Sanatorium in Santiago, for example, is outstanding in its care of tuberculosis patients. It was planned with prior attention to location, size, design, staffing, and educational potentialities.

Administration and Operation

The benefit of formal training provided by the Institute and the Kellogg and Rockefeller Foundations was observed in several hospitals where former trainees were doing outstanding work in improving operation. They were obtaining better patient care with shorter hospital stay and were carrying out effective educational courses for physicians, nurses, laboratory technicians, dietitians, record librarians, and hospital auxiliaries. The contribution of the *Servicio* program to the training of hospital administrators at the School of Public Health in Santiago, Chile, is especially noteworthy. It is an excellent example of a long-range method of improving hospital services throughout a country.

The *Servicio* programs have proved that it is possible to arrange for and provide adequate hospital service in many outlying underdeveloped areas in Latin America. The programs in the Loreto Province of Peru, as well as those in the Amazon Valley and other sections of Brazil, have made noteworthy contributions to hospital services. *Servicio* administration

and operation of new hospitals, however, has sometimes extended beyond what might be regarded as a reasonable period of time. There were also instances in which, under *Servicio* or local responsibility, physical plants had been allowed to deteriorate.

As part of project planning, agreements should be reached as to the date when the *Servicio* will terminate operation and turn the hospital over to the indigenous health service. The *Servicio* should encourage the formation, wherever possible and feasible, of a local hospital board on which the *Servicio* might have representation. Continuing consultation should be offered to these boards and to the administrators of the hospitals, and no effort should be spared in encouraging the maintenance of the highest practical standards.

Application of Modern Techniques

The complexity of modern medical science and the multiplicity of skills and procedures required for comprehensive care of the individual patient have led to changes in the medical staffing of hospitals. Today, individual patient care may frequently require services of specialists in surgery, medicine, and allied branches, including pathology. This has resulted in a teamwork approach to the patient, and in a medical staff organization patterned after the major specialty branches of medicine. Although this has had a desirable effect upon the quality of individual patient care, it has placed a variable measure of restriction upon the physician's activities. It has also led to a certain amount of required supervision over the activities of the individual physician.

The *Servicio* programs have done much throughout Brazil, Chile, Peru, and, to a lesser extent, El Salvador, to bring about better distribution of physicians in the specialties required by hospitals. It has been demonstrated in these countries that full-time physicians, reasonably well reimbursed, can function well in a cooperative team approach in rendering hospital and clinic services. This approach has contributed importantly to the medical staff organization in several of the countries.

The programs have also demonstrated that by making available the newer drugs, including

the antibiotics, hospital stay can be shortened and a more favorable outcome of illness secured. Prenatal, postnatal, and infant hygiene services at health centers have had a beneficial effect upon existing obstetrical services in the hospitals. It seems certain that programs for training midwives in Chile, Ecuador, Peru, and the Amazon Valley in Brazil will be reflected in a greatly lowered maternal and infant mortality and morbidity rates.

Medical and Nursing Education

Indications of a great need among physicians, as well as nurses, for a more thorough background in preventive medicine and public health and in the economic and social aspects of community health and welfare suggest that more attention to these aspects of health services might reduce capital and operating costs in the hospitals.

On the whole, however, the *Servicio* programs have made outstanding contributions in the field of education as it relates to hospital services. The aid provided the School of Public Health at Santiago, Chile, and institutes and laboratories in Bolivia, Brazil, Chile, Colombia, Ecuador, and Nicaragua has contributed to the improvement of medical and public health practices, both within and without the hospitals. Since education is of fundamental importance in the application of modern scientific techniques, continued improvement in medical education is an important factor in improving medical care in hospitals.

Considerable advancement was noted in the field of nursing education. The *Servicio* project for the establishment and operation of the National School of Nursing in Quito, Ecuador, is considered a major contribution to hospital service in that country. Because of economic, social, and other factors, it is unreasonable, as yet, to expect the hospitals of the Latin American countries to adopt in full North American nursing practices.

Laboratory Services

At all of the hospitals included in the *Servicio* programs arrangements have been made for adequate laboratory space and equipment. The activities at a number of the institutes of hygiene were contributing toward a larger supply of laboratory personnel. The *Servicio*-built and -operated public health laboratory in Asuncion, Paraguay, is outstanding.

The improvement of laboratory services is a necessary adjunct to good medical care and more effective utilization of hospital beds. In cooperation with the ministries of health and the medical schools, attempts should be made to establish national standards for laboratory services and to encourage inauguration of an improved system of laboratories.

Patient Care

In several of the *Servicio*-sponsored hospital projects, local response to patient responsibility for the cost of hospital care was noted. Social security insurance is providing a mechanism for patient contribution. With the completion of many modern, well-equipped hospitals throughout the Latin American countries, the concept of patients contributing to the cost of care is becoming more widely accepted.

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With the funds available, the Institute of Inter-American Affairs and cooperating Latin American governments have made excellent progress in the field of hospital service. The accomplishments have earned the admiration of leaders in all fields. The demonstration of techniques and procedures has contributed importantly toward the stimulation of community, regional, and national interest and activity, which has resulted in a large measure of success in a cooperative attack on the health problems in Latin America.

technical publications

Public Health Service Research Grants and Fellowships, 1952

Public Health Service Publication No. 289. 1953. 53 pages. 20 cents.

Since 1938 the Public Health Service has had a research grants and fellowships program with the purpose of improving the general health level by supporting scientific research in the many fields related to health. The program is administered by the National Institute of Health. Grants are awarded after review by panels of technical experts and upon recommendation by the national advisory councils.

This publication lists the 1,789 grants and 540 fellowships awarded from fiscal year 1952 funds. The listings are by State or country, and by city and institution. The amount of the grant and subject of study are given.

Proceedings of the First Conference of Mental Hos- pital Administrators and Statisticians

Public Health Service Publication No. 295. 13 pages; appendix. Available on request to the National Institutes of Health, Public Health Service, Washington 25, D. C.

The demand for adequate and uniform data relating to the extent of mental illness and the characteristics of the mentally ill is ever increasing. For this reason, a group of mental hospital administrators and statisticians, representing 11 States, met and conferred in 1951, to determine how statistics on hospitalized mental illness could be made more adequate.

This publication contains summaries of the discussions which in-

cluded: statistical needs of the mental hospital administrator; research uses of mental hospital data; nomenclature and statistical classification of mental disorders; definition of first admission; model reporting area for mental hospital statistics. Members of the conference are listed in the appendix.

Clean Water for the Western Great Lakes Region

Public Health Publication No. 267. 1953. 6 pages. 5 cents.

Another in the series of informal summaries based on the longer technical water-pollution reports, this publication is directed to the people living in the area of Lakes Superior, Huron, and Michigan. It points up the water pollution problems in this region, stressing the damage to recreational areas important to the economy of the surrounding States.

According to the leaflet, there are 610 municipal sources of pollution with sewerage systems serving 6,930,000 people. About 5,700,000 of these people are served by 313 sewage-treatment plants, although only 192 of the plants are completely satisfactory. Local support of public action to improve this situation is urged.

Rural Health. Annotated List of Selected References

Library List No. 60, U. S. Department of Agriculture. June 1953. 83 pages. A limited number of individual copies are available upon request to Public Inquiries Branch, Public Health Service.

A cooperative effort of the Division of Hospital and Medical Resources, Public Health Service, and

the Division of Farm Population and Rural Life, U. S. Department of Agriculture, this list brings together significant material on rural health published since 1945 and also includes many references to earlier studies. It represents a review of available literature, rather than a critical appraisal, and inclusion of a publication does not imply support of the study findings.

The list is divided into three sections: rural health in the national setting, rural health in the State setting, and approaches to rural health problems. The first two sections include mainly general references and special studies of rural health status, health resources, and official and voluntary health programs on a national, regional, State, or local basis. The third section emphasizes approaches to rural health problems and includes popular articles describing specific community techniques or activities. A total of 441 references is given.

Deaths and Death Rates for 64 Selected Causes, United States, Each Divi- sion and State, 1950

Vital Statistics Special Reports. National Summaries, vol. 37, No. 10, September 11, 1953. 33 pages; tables. Available from the National Office of Vital Statistics, Public Health Service, Washington 25, D. C.

In 1950, there were 1,452,454 deaths registered in the United States, or 9.6 deaths per 1,000 population, excluding the Armed Forces overseas. This rate and the death rate for most States in 1950 were the lowest on record, continuing the downward trend that has characterized mortality rates since 1900.

This special report includes tables giving number of deaths and crude death rates for 64 selected causes by division and State, and death rates for these causes by race, geographical division, and selected States. A brief analysis of the data precedes the tabular material.

technical publications

Trailer Court Sanitation With Suggested Ordinances and Regulations

Prepared by the Division of Sanitation, Public Health Service, and printed as a public service by the Trailer Coach Manufacturers Association. Available to public health agencies in States and municipalities from the Division of Sanitation, Public Health Service, Washington 25, D. C.

This manual of trailer court sanitation was prepared as a result of many requests from State and municipal health authorities and from industry for a set of ordinances and regulations governing trailer courts which would be broad enough in scope for nationwide use, yet easily adapted to local regulations. It is designed to serve as a guide to trailer court owners and operators, Federal agencies, and State and local health and zoning authorities.

Recommendations incorporated come from such sources as the

Conference of State Sanitary Engineers, and bear the endorsement of the Conference of Municipal Pub-

lic Health Engineers. The standards established in the manual are for site provisions; location, construction, and maintenance of service buildings; water supply and sewage disposal; refuse disposal; insect and rodent control. Standards for electricity, fuel, and fire protection are also given.

for the general public

Tetanus (Lockjaw)

Health Information Series, No. 45. Public Health Service Publication No. 159. Revised March 1953. 1-fold leaflet. 5cents; \$1.75 per 100.

This health information leaflet has been revised to place greater emphasis on the prevention of tetanus. The importance of immunization of all

children in infancy is stressed, and adults are urged to check with their physician or health officer to determine whether they should have this protection.

Immunization schedules are given, and prompt treatment of punctured or torn wounds is urged. The leaflet also includes information on the cause of tetanus, source of infection, and symptoms of the disease.

This section carries announcements of all new Public Health Service publications and of selected new publications on health topics prepared by other Federal government agencies.

Publications for which prices are quoted are for sale by the Superintendent of Documents, U. S. Government Printing Office,

Washington 25, D. C. Orders should be accompanied by cash, check, or money order and should fully identify the publication (including its Public Health Service publication number). Single copies of most Public Health Service publications can be obtained without charge from the Public Inquiries Branch, Public Health Service, Washington 25, D. C.

Cleveland HEW Regional Office Closed

The Cleveland regional office of the Department of Health, Education, and Welfare was closed in November. Activities for Ohio and Michigan were transferred to the jurisdiction of the Chicago regional office and for Kentucky to the Washington, D. C., regional office.

The Public Health Service Outpatient Clinic and the three offices of the Bureau of Old Age and Survivors Insurance remain in Cleveland, as well as local services of the Food and Drug Administration, the Office of Education's school assistance program, and the Social Security appeals referee's office.

Lack of funds made it necessary to close one of the 10 regional offices of the Department. After months of careful study, with the prime objective of not weakening the efficiency of the Department's operations, the Cleveland office was selected for closing.