

An official of the Foreign Operations Administration discusses some of the broad considerations which underlie the United States technical cooperation programs as they relate to the health problems in the underdeveloped areas of the world.

Health in Foreign Operations

By JOHN H. STAMBAUGH

THROUGH the Foreign Operations Administration, the United States is working with about 60 other nations to build the mutual security of the free world. We are doing this through joint defense undertakings, through increasing economic strength, and through the sharing of modern techniques.

Under the mutual security program, the defenses of the free nations are growing; the North Atlantic Treaty Organization is now a strong deterrent to Communist aggression in Western Europe. By 1953, NATO had increased the number of its active divisions threefold over 1951 and had more than doubled its aircraft strength. In 1953, the free world's economic strength reached its highest point since the end of World War II.

The United States is cooperating with the peoples of the less developed areas of the world to help build their technical knowledge and skills, with primary emphasis on projects in health, agriculture, and education. Under

President Eisenhower, this cooperation has been increased. More United States technicians are serving abroad than ever before.

Long before the United States Government, through the Institute of Inter-American Affairs and later through the Act for International Development, entered this field of sharing technical knowledge, many private organizations and institutions of the United States were actively working with the people of other countries. Voluntary agencies, foundations, colleges, commercial firms, and church groups were—and still are—carrying out a host of projects abroad. Their work has been notable, especially in the field of health. Through the medical missionary, for example, several thousand dispensaries and hundreds of hospitals have been set up and are daily helping the people of other countries.

The technical cooperation programs of the Foreign Operations Administration, however, are carried out in a different way from the programs of private groups. A church mission may maintain a hospital; a foundation may conduct essential research; an American business firm may provide health care for its employees from the surrounding area in a foreign country. But by their very nature these projects must operate in limited areas. The scope of FOA activity is much broader. This agency works with the governments of the host countries on programs which will eventually result

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in provision of nationwide governmental service in health and other fields.

In every instance, the United States enters into these cooperative programs only upon request from the individual countries. The initiative for the programs is theirs, not ours: We seek only to help the people to help themselves. Complete responsibility for projects is assumed by the host countries as rapidly as possible. It is important to keep in mind that, while the United States is contributing financially to these joint programs and is sending technicians to help plan and carry them out, the host countries are contributing more than we are, not only in funds but also in personnel and in facilities. Money contributions by the host country, as a matter of fact, average about double the United States' contributions, and in some programs, host-country contributions exceed ours many times—27 times in the health program in Brazil, for instance.

In some of the less developed countries, funds for economic development are made available in addition to technical cooperation. Frequently, these funds supplement technical cooperation by providing supplies and commodities needed to undertake projects or speed up those already undertaken. Where the funds are applied, they permit an increase in the tempo of technical projects.

Guiding principles in the cooperative programs have grown as the programs themselves have developed. In the early days of the health programs in various countries, for instance, matters of immediate emergency were tackled first. The widespread devastating diseases, such as malaria, were attacked on a wide scale. But, as the work proceeded, increasing importance was attached to the development of national health programs to service local areas so that the people themselves could continue to carry on the health work.

Training and Health Education

The United States has given continued attention to the training of local personnel in the techniques and skills necessary to maintain and expand the work once it is under way. This is true for every field of technical cooperation.

Local health workers are trained to the max-

imum extent possible within the country itself, and, in addition, participants in the health programs are brought to the United States for study and for observation of our techniques. Under the Foreign Operations Administration and its predecessor agencies, more than 2,300 technicians in health have received training in the United States. Most of these have returned to take influential positions in their own countries and to help train others in carrying on the programs.

Hand in hand with training has gone the need to acquaint the public of the host country with the programs. In health programs, this has meant developing the acceptance of health practices on the part of the people. It has meant providing health education through every avenue possible, through audiovisual and other information programs, and in conjunction with agriculture and education cooperative programs.

Audiovisual media sometimes do a strikingly good job in informing people about proper health procedures. In one country in the Middle East, during the showing of a film on the care of babies, a husband strode over to his wife and began to belabor her for not having already used the method of baby care which was being shown on the screen.

In another country, in an isolated village, health technicians were surprised to discover one woman—just one—who was taking care of her baby in the manner prescribed by the health team. Inquiry disclosed that her husband had recently been to another village, had seen a film on baby care, and had gone back to see it five times until he had memorized all the procedures so that he could explain them to his wife.

Joint Planning

The Foreign Operations Administration has learned the importance of integrating the different cooperative programs within each country, of relating health projects to agriculture, agriculture projects to health, and so on. Joint staff meetings of the technicians in the different programs in the field have proved beneficial.

In planning one irrigation project, for instance, it was necessary to see that malaria-

bearing mosquitoes did not breed in the canal waters. It was necessary also to use means for the control of snails which are host to a debilitating disease that attacks humans. Joint planning also permits the closer adjustment of crops to nutritional requirements.

The close relationship between health and education projects is obvious, and, particularly in rural areas, health rules become a primary part of basic education.

The development of joint planning has another benefit. It sets a useful pattern for host countries to follow in the long-range handling of their programs after the United States technicians depart.

Coordination With Other Agencies

In all of its technical cooperation activities, the Foreign Operations Administration endeavors to coordinate its programs with those of the United Nations, the Organization of American States, and other agencies in the field. This close relationship is illustrated by the fact that Dr. John J. Hanlon, chief of the Public Health Division of the Foreign Operations Administration, was a member of the United States delegation to the World Health Assembly at Geneva in May 1954.

Although cooperative projects normally are arranged between the host country and the Foreign Operations Administration, in some instances they include a third party. In Ethiopia, the World Health Organization, for example, works with the Foreign Operations Administration and the Ethiopian Government in a health center organized under the Ethiopian Ministry of Health.

In some countries, in campaigns against diseases, the World Health Organization pays particular attention to control of tuberculosis and venereal disease; consequently, either the Foreign Operations Administration's health programs include fewer projects to combat these diseases or FOA attempts to coordinate possible contributions and activities in these fields with those of WHO.

Coordination of projects applies in all fields. A celebrated example is that of the combined efforts to meet the menace of the desert locust in the Middle East. American, British, and

United Nations workers collaborated with the various governments of the area in dusting by airplane and carrying out other means of combating the pest.

Importance of Health Projects

Health projects are among the first in importance in helping the nations of the underdeveloped areas to strengthen their economies and improve the lives of their people. Strong, able bodies can better open the way to a successful attack on the other problems of a national economy.

Most of the people in the less developed countries make their living from the land. In countries where the people suffer from malaria, they lack the energy to produce in abundance even with improved techniques. Good food may be essential to good health but, on the other hand, good health is a prime requisite in the improvement of agriculture.

The severe drain of disease upon the constructive potential of a nation can be readily dramatized by a few figures. It was estimated a few years ago, for instance, that an annual number of 100,000,000 cases of malaria in India meant that about 9 billion man-days of labor were lost each year. If the inroads made by disease upon productive energies of peoples in the less developed countries of the free world each year were totaled, the figures would be astronomical and almost beyond comprehension.

The conquering of major endemic diseases in these areas thus has its vital economic aspect, as well as a strong humanitarian appeal. It makes better workers of the people and permits them to become more self-sufficient. It also makes of them an increasingly better market in the commerce among nations. They become additions to rather than a loss from world production and trade, and they strengthen the economies of their own nations.

Health projects were among the first begun under our technical cooperation programs. They have reached scores of millions of people all over the world. In Latin America alone, where the work got an early start, more than 20 million persons have directly benefited.

The programs have included measures to solve environmental problems—sanitation, water supply, sewage disposal, and control of insects. They have included the development of health centers, nursing schools, and hospitals. These activities are mentioned to indicate the many different kinds of specialists needed in the field of health. At present, the United States foreign health programs could use at least 100 additional specialists.

The Long-Term Goal

There are both an immediate and a long-term objective in these cooperative programs. The United States wants to help overcome the great scourges that afflict these people, but it wants also to help them establish services for the continued control of disease and for maintaining improved health standards on a permanent basis. These programs help, not only in meeting immediate needs, but also in building the mutual security of the free world.

To achieve the long-term goal, the Foreign Operations Administration is gearing its cooperative efforts to the overall economic development of the host countries. By so doing, the host countries are better able to continue the operations under their own supervision and financing when the techniques have been adequately demonstrated. More and more projects in health, agriculture, education, and other fields are being integrated into balanced programs, with the long-term goal in mind. By experience, it has been learned that although there may be excellent programs in each of these fields, they are not fully effective in helping the host country toward its broad objectives unless they are carefully coordinated.

Nationwide social and economic development cannot take place simply on the basis of functional segments thrown together into a conglomeration of disparate projects, no matter how worthy the purpose of any single project nor how well any one project may be managed. Human and material resources are so closely related to a nation's economic growth and political future that development of all these resources must be integrated as wisely as human knowledge and ability can manage.

If technical skills are to be shared and developed, there must be education.

If knowledge is to be used to build industry, there must be the capacity to produce.

If production is to take place, the workers must have vigor.

Vigor depends upon proteins.

Proteins become available through the efforts of healthy and productive farmers and fishermen.

Education—industry—health—agriculture—each of these separate fields is in itself worthy. Work in each field, however, becomes most effective when geared to operations in all other fields.

One program in which the various factors involved in economic development are given consideration is the area development plan now under way in three provinces around the city of Concepción, Chile. This program permits the concentration of available personnel and funds on a single endeavor rather than spreading them countrywide. Serving as a demonstration activity it provides a base on which other regional developments can be planned.

Another regional program, now operated by the government of the host country, was developed in the Amazon basin of Peru. It includes 6 hospitals, 2 health centers, 4 dispensaries, and a number of motor launches to carry health personnel to outlying districts.

Emergency Food Operations

Closely related to health projects are the emergency food operations of the Foreign Operations Administration. When an economic emergency arose in Bolivia in the fall of 1953, President Eisenhower took action to authorize the sending of \$5 million in surplus agricultural commodities to help meet the food deficit of the country, and another \$3 million was authorized in March 1954.

Emergency wheat shipments to Pakistan were begun in 1953 to counter the threat of famine in the wake of severe droughts. More than 600,000 tons of wheat had been shipped by late April 1954, when the Pakistan Government announced that the crisis had been met. The Pakistan Government reported that the shipments had saved millions of lives.

During the summer and fall of 1953, more than 5½ million food packages were provided for persons in the Soviet Zone of Germany and East Berlin. Nearly a million East Germans crossed the lines into West Berlin to pick up the food. About 4½ million food parcels were distributed in 1953 in Spain, Italy, Austria, West Germany, and Greece, and in many Middle Eastern and South American countries.

These emergency operations, like the health programs, are an essential part of the United States' effort to build strength and stability throughout the free world.

Toward Peace and Progress

All the programs of the Foreign Operations Administration—whether for the sharing of modern techniques, for increasing economic strength, or for joint defense against aggression—combine to help build toward world peace and progress. Our goals are worthy, our methods are honorable and open, our offer of partnership is firm. The United States wants to help other nations to develop their own resources for the good of their peoples and to strengthen their own security and independence. In their strength, we ourselves are strengthened.

Tenth National Conference on Rural Health

The 10th National Conference on Rural Health, sponsored by the Council on Rural Health of the American Medical Association, will be held February 24–26, 1955, in Milwaukee, Wis. Introducing the theme of the conference, “Looking Both Ways,” will be an address by Dr. F. S. Crockett, chairman of the Council on Rural Health. Physicians and farm and community leaders will participate in the 3-day program, which is centered around several broad topics: farm and home safety, recreation, family responsibility for health, use of present health and medical care resources, and rural health and world peace.