

The Importance of WHO to Americans

SURGEON GENERAL LEROY E. BURNEY

I AM GRATEFUL to the National Citizens Committee for the World Health Organization for the opportunity to say something today about the importance of the World Health Organization to Americans. My remarks here will be rather in the nature of a personal statement—the impressions and reflections of one who is a relative newcomer to active association with WHO. Of course, my belief that WHO is important existed even before my first attendance at a World Health Assembly, the Eighth, held in the colorful setting of Mexico City in 1955. This conviction was accentuated by attendance in 1957 at the Tenth World Health Assembly in Geneva, the headquarters of the Organization. At this Assembly, I had the privilege of heading the United States delegation. Having to exercise responsibility during the Assembly for the effective and proper presentation of United States views is one of the best ways of necessitating a clear hard look at WHO programs and policies.

I did not find such a look disappointing. The World Health Assembly is genuinely an impressive meeting. The delegates, representing most of the countries of the world, give serious consideration to the world's pressing health needs and how they can be met, resulting in tangible decisions directly affecting the health of millions of human beings such as the decision to drive for eradication of malaria from the world. The Assembly provides unique opportunity to exchange views and to

establish friendly relations with the health leaders of other nations. This is the essence of communication—both more ready interchange of technical information and more international understanding, which basically is understanding between individuals. A further development of the ties between Americans and health leaders in other countries is one among many reasons why I am delighted that the Assembly in May 1958 will be held in the United States.

Any realistic accounting of the benefits which Americans derive from United States membership in, and support for, WHO must include the following:

- Protection against importation of disease through almost universal application of the International Sanitary (quarantine) Regulations.
- Protection of the health of United States citizens traveling abroad through these quarantine measures and through control of diseases at their source.
- Stimulation of markets for United States products and lowering of prices of United States imports through reduction of the enormous drag of disease on economic productivity in many parts of the world.
- Making available to the United States, for application here, the latest health and medical advances in other parts of the world.
- WHO stimulation and correlation of such technical advances and of research.
- Friendship for, and in many cases direct acquaintance with, the United States among health leaders—leaders who are often influential in their own countries outside the field of health.
- WHO leadership in helping countries raise health levels and create more stable con-

This is the keynote address given at the annual meeting of the National Citizens Committee for the World Health Organization, Hotel Cleveland, Cleveland, Ohio, November 13, 1957.

ditions of life as an essential part of the United Nations system.

Twin Contrasts

Hours could be spent in elaboration and illustration of any one of these points. I particularly wish to discuss some aspects of the last point—the basic importance of the World Health Organization in raising health levels and creating more stable conditions of life.

Today, we face staggering contrasts. In a few short decades, a minority of mankind, mostly in North America and Western Europe, have almost conquered major communicable disease and have prolonged the span of life so that now the problems and diseases of old age loom large before us. At this very same time, one-seventh of mankind suffer from trachoma, perhaps one-quarter are infested with intestinal parasites; one-tenth still suffer from malaria each year; the dysenteries, often fatal, especially in young children, are too prevalent for calculation.

This type of contrast symbolizes, in the field of health, the vast gap which separates the conditions of life in economically developed countries from those in the rest of the world. The medical science and the technology now exist to conquer these diseases, yet for only a minority of mankind have they been truly conquered. For the first time, peoples in nearly all economically underdeveloped areas are acutely aware that, for some, ill health is not a normal condition of life and, furthermore, that it need not be.

But there is another contrast. On the one hand, there is around the world an insistent demand for health. Consequently, the nations, working cooperatively through the World Health Organization, are beginning to be really successful in the mass applications of the recently developed modern knowledge of the means to health. These applications are ways to the kind of life where human potentialities can be realized; where hunger, disease, and ignorance do not drag man down in his ascent from levels of animal existence. Yet at this very same time, man has made vaulting strides, terrifyingly rapid, in developing the means of mass destruction. These are means which, when

wrongly used, can serve the passions of hate, fear, and the lust to dominate.

These twin contrasts—between conditions of life for a minority of mankind and for a majority and between the technology of human welfare and the technology of destruction—define, in my opinion, the context in which we must now view the importance of the World Health Organization to Americans and to the world. The technical means to health and the organizational means by which nations cooperate to realize health fully form a priceless counterpoise to help balance these contrasts.

Areas of Common Interest

Thirteen years ago, the 73d annual meeting of the American Public Health Association heard an unusual address. Two years before the International Health Conference, it defined forcefully and incisively the basic meaning and value of an organization such as WHO. As so often in the evolution of public health programs, national or international, the Rockefeller Foundation, in the form of this address by its top official, seemed to be lighting a path for others to follow. In speaking on public health as an international problem, Dr. Raymond B. Fosdick, then president of the Foundation, declared:

“The community of nations has got to have a kind of intellectual and spiritual integration before it can be absolutely sure that the forces of violence are under control. Consequently there must be developed for international life new areas and techniques of cooperative action. . . . We need rallying points of unity, centers around which men of differing cultures and faiths can combine, defined fields of need or goals of effort in which by pooling its brains and resources the human race can add to its own well-being. . . .” Dr. Fosdick saw hope only “as we begin to build, brick by brick, in these areas of common interest where cooperation is possible and the results are of benefit to all. . . .”

Public health, he said, can be an important area of common interest, a rallying point of unity. This is my view, and I believe it was the view of the health experts directly responsible for founding the World Health Organiza-

tion. All nations want health, and no nation in the process of gaining health takes it from another—rather, thereby, it helps to advance health everywhere.

This notable address listed activities which a new international health agency might profitably pursue. It is impressive for me, and hopeful, that the list was an accurate preview of WHO's present far-reaching activities: a worldwide epidemic intelligence system; the standardization of biological products; the organized exchange of public health personnel to broaden the technical outlook and stimulate the imagination of health officers; the supplementation of public health activity in countries where it is inadequate; the development of minimum standards of acceptable public health work that can be applied on a worldwide basis; the creation of expert committees and international conferences on special subjects.

These are all activities which, among others, WHO has inherited or initiated, expanded, and made markedly successful in 10 years. They represent the organized cooperative application, worldwide, of the swiftly developing modern technology of health—tangible interrelated action by most countries in the interests of all.

In September 1957, I had the opportunity to see for myself some of the progress in health being made in countries in the Pacific and Asian areas. I found fundamental changes taking place in these countries. Many of them, for example, are establishing spreading networks of rural health centers, which are the basic units of public health protection in that part of the world. During my all-too-short visit to that hospitable country, the Philippines, I saw several such centers. These rural centers, built largely by the efforts of the people in the villages, are so impressive that I confessed to my hosts that they are even better than many of our own here in the United States.

It is evident that in health most of the nations have indeed found an area of common interest. They have begun to build, brick by brick, expanding the techniques of cooperative action. In the context of today's world, this process, associated with international cooperation in other fields, such as education and agriculture, holds out hope. It is lessening, though

slowly, the stark contrast in conditions of life; it is demonstrating incentive and ability to apply science for man's common benefit.

In viewing this essential value of the working of WHO, I have noticed how familiar many of WHO's techniques and modes of operation seem to be. Almost my whole professional life has been spent in the area of domestic inter-governmental health relations within the United States—as a State health official, working in cooperative relationships with Federal agencies, with other States, and with local and voluntary agencies; and as a Public Health Service official, in cooperative relationship primarily with the States, and with the same wide range of other organizations.

Through these effective working relations, we have built in the United States a true community of health effort.

On the plane of international intergovernmental health relations—the relations between WHO and member countries—the same trends are evolving. WHO's interrelationships with member countries seem familiar because, on reflection, they are in many respects quite similar to our relationships in technical matters between Federal and State health agencies. WHO's relationships with other United Nations specialized agencies and international voluntary organizations also remind me of our patterns of cooperation.

Techniques of a Free Society

The member nations of WHO are, of course, independent countries. Even though this is true, the pattern of technical relationships established between WHO and these countries contains the following elements which have a familiar ring to us.

WHO provides expert consultation and assistance to member nations. It develops and demonstrates public health methods which are new, or new to the nations concerned. It stimulates cooperative action among nations on problems requiring such action. And in annual regional and worldwide meetings, the evolving health needs and the future shape of health programs are determined. Through WHO, the nations are succeeding in building on a world scale many of the interrelationships

and techniques of cooperation which have proved so rewarding here—techniques of a free society.

These techniques of cooperation, indeed, involve not only WHO and national governments, but extend through them to a multitude of health experts and institutions within countries. The WHO Influenza Study Program is an example of great current interest. In this program, WHO has brought about organized cooperation between laboratories in many countries, which collect, study, and report on influenza virus strains. WHO gives small grants to a World Influenza Center in London and to the International Influenza Center for the Americas, operated by the Public Health Service in Atlanta, Ga., as focal points in this program. In the United States alone, 60 different laboratories cooperate.

Through the program, which also includes the essential participation of a WHO panel of experts around the world, there is constant worldwide watch on the appearance and spread of influenza epidemics and rapid identification of responsible strains. Owing in part to this WHO Influenza Study Program, we in the United States were alerted to the 1957 epidemic and were able to prepare for the invasion of the new strain through production of a protective vaccine.

The world, while now so interdependent, is still a large place. WHO makes use of a decentralized regional structure to an extent unique in international organization. I believe that this decentralization has considerably strengthened WHO as an instrument through which nations cooperate for health. Through the regional offices and regional committees, WHO is brought closer to the needs and governments of member countries, and they closer to WHO. When I recently attended the meeting in Hong Kong of the WHO Regional Committee for the Western Pacific, it was clear that the health leaders of that part of the world and the WHO staff are good friends and work closely together in defining needs and planning programs in health.

Moreover, the decentralized regional structure makes possible more flexibility and experimentation in the WHO programs. An example of a worthwhile experiment is the es-

tablishment of the Institute for Nutrition of Central America and Panama. Under the aegis of the Pan American Sanitary Bureau, the WHO Regional Office for the Americas, and supported largely by the Central American republics, this institute has attained a worldwide influence in nutrition.

Comparison with our own national experience, then, shows that WHO and the nations are evolving a pattern of cooperation along lines to which all Americans can wholeheartedly subscribe. In its sphere, WHO is becoming a "rallying point of unity." With the clearly defined need and goal of health in mind, men and nations of differing cultures and faiths are combining their efforts.

During the past year, some of the Soviet group of countries have resumed active membership in WHO. Even without their participation, WHO has already accomplished a great deal. The eventual character of renewed active membership by these countries remains to be seen. If, in the long haul, it turns out to be a real working together with other nations for health, this would considerably enhance the significance of WHO, as a pattern of cooperative action, applying the technology of human welfare. In such circumstances, the World Health Organization and associated international technical agencies might, given time, contribute more than we realize to bringing the forces of conflict into balance. It is our hope, and our imperative need, that this will be so.

Epilogue

I have given you some of the reflections of a relative newcomer to active concern with WHO affairs. After these reflections had been put on paper, I listened the other night to the President's address to the Nation on science in national security. In concluding his address, Mr. Eisenhower referred to the peaceful uses of science, naming specifically the contributions of science to healing as one of the most important products of the conquest of nature's secrets. Speaking for us all, he said that we will never cease to work for the day when the scientist can give his full attention, not to human destruction, but to human happiness and fulfillment. My theme today has been that

WHO represents this use of science, and that, insofar as it is successful, WHO is building a pattern of common interest and action which can strengthen the conditions of peace.

Those of us who have had opportunity to appreciate all facets of the importance of WHO have a responsibility to meet. The holding of the World Health Assembly in the United States in 1958 gives us added opportunity to meet that responsibility.

If the Eleventh World Health Assembly appears to the American people to be merely another meeting on a technical subject, we shall have missed the boat. If it leads to greater appreciation by our public of the world demand

for health, of the effective moves to fill this demand with leadership by the World Health Organization, we will have partially grasped this priceless opportunity.

It seems to me, however, that taking full advantage of the opportunity means furthering public understanding of the role of WHO in the total world context, the context of sharp contrasts which I have tried to sketch today. The National Citizens Committee for the World Health Organization, as a voluntary association of leaders in health and public affairs, is best equipped to promote vigorously this fuller understanding of why the World Health Organization is actually important to Americans.

United States Host to Eleventh World Health Assembly

The World Health Assembly, the governing body of the World Health Organization, will hold its eleventh session in Minneapolis, Minn., beginning May 28, 1958. This will be the first session of the Assembly to be held in the United States.

Observance of the tenth anniversary of WHO is a special event of this year's meeting, and the Assembly delegates will participate in a commemorative session, May 26 and 27, preceding the regular session.

The World Health Assembly, composed of delegations from WHO's 88 member states, decides the Organization's policies, programs, and budget.

At Minneapolis, the Assembly will consider the annual report of the Director-General on the work of the World Health Organization during 1957. It will approve the program for 1959 and determine the amount of money needed to carry it out. The 1958 budget, mainly contributed by member states, is \$13,500,000.

It will also elect 6 member states, each entitled to designate a person to serve on WHO's Executive Board of 18 health specialists. Six board members retire each year. The Executive Board makes recommendations to the Assembly and gives effect to its decisions.

The Director-General is appointed by the Assembly to serve as the chief technical and administrative officer of WHO, subject to the authority of the Executive Board. Dr. M. G. Candau is the present Director-General and is in charge of a staff of about 1,400 professional workers of 54 nationalities at WHO headquarters in Geneva and in the field.

In a decade of operation, the World Health Organization, working with national health services, has made substantial progress in controlling infectious diseases, training health workers, improving sanitary conditions, and in worldwide health activities of benefit to all countries.