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Health

SOUTH OF THE BORDER

By

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TECHNICAL COOPERATION ADMINISTRATION

Health South of the Border

WILTON L. HALVERSON, M.D.

Here's what happens when a big brother lends a hand.

WHAT we here in the United States take for granted our neighbors to the south are having to develop and work hard to achieve. When you go to your kitchen sink, turn on the faucet, and get crystal-clear, germ-free water, you hardly give it a second thought. When you eat fresh fruit and vegetables free from any danger of intestinal infection, you take that as just another advantage of living in America, if you think about it at all.

But not so in many other lands where diseases are a tremendous drain on life and living and where sanitation engineers, health educators, nurses, and public health doctors are making herculean efforts to control them.

For example, in some of the Inter-American countries intestinal infestations are so widespread that one expert says, "Actually about one half of the food eaten by the people benefits them; the other half is consumed by the worms which live in their intestinal tracts." So today efforts are being exerted not only to improve the diet of these peoples but to help them construct facilities to dispose properly of human excrement, and prevent these ravaging hookworm and roundworm infestations. When the people have these infestations, anemia and lowered resistance to other diseases are bound to follow. Under the cooperative program of health improvement fostered by the United States Congress through the Institute of Inter-American Affairs and the Latin-American nations, more than thirty-eight thousand outdoor toilets have been constructed in rural areas.

In each country a *Servicio* is established. A *Servicio* is a cooperative agency of government usually under the Ministry of Health of the host country. The program for the year is planned jointly by the minister of health for the host country and the representative of the Institute of Inter-American Affairs. It may include developing water supplies and sewage disposal facilities; building public laundries, baths, and slaughterhouses; planning hospital and health center programs; and constructing hospitals and health centers.

HEALTH SURVEY TEAM

Dr. Wilton L. Halverson, director, department of public health of the State of California, recently headed a health survey team for the Institute of Inter-American Affairs, Latin-American regional office of the Technical Cooperation Administration. The duty of the team was to bring back a report of the health work carried on jointly by the United States and her neighbor nations south of the border. This health program, carried out through the Institute of Inter-American Affairs, has been in operation for the past ten years.

In 1942 the cooperative plan was formed as a result of the meeting of foreign ministers of the American Republics in Rio de Janeiro. It provided for the development of health, agriculture, and education programs to strengthen these nations and to make the good-neighbor policy really work.

The United States Congress initially appropriated \$25,000,000 for the purpose, and seventeen Latin-American countries participated. Maj. Gen. George C. Dunham, M.C., U.S. Army, negotiated the original agreements between the institute and the various countries, and rapidly got the program under way.

And now back from inspection tour, Dr. Halverson gives to LIFE AND HEALTH readers his report.

The following public health experts compiled the facts reported in this article.

DR. WILTON L. HALVERSON, *director of public health, State of California.*

EDNA BRANDI, R.N., *of the U.S. Public Health Service.*

DR. JOHN BOURKE, *hospital administrator, New York City.*

RICHARD POSTON, *engineer, U.S. Public Health Service.*

MISS JOAN KLEBBA, *statistician, Institute of Inter-American Affairs.*

EARL BRADSHER, *public administrator, New York City.*

DR. GEORGE STRODE, *public health administrator, Rockefeller Foundation.*

DR. GEORGE FOSTER, *cultural anthropologist, Smithsonian Institution.*

A VISITING NURSE gently reprimands a small patient for failing to take her pills. Such nurses are a great help to Bolivia's people.



Once the program is agreed on, it is put into effect by the *Servicio* as rapidly as conditions permit.

Although the health program beginning in 1942 was a war program, the United States Congress decided that it was so effective in strengthening U.S. relationships with Latin-American countries that it should be continued after the war. During the ten years it has operated, more than one hundred million dollars has been used, of which less than half came from the United States. Although the United States furnished practically all the money early in the program, in recent years the Latin-American governments have been bearing most of the cost. In 1951 the United States supplied about three million dollars, and the seventeen Latin-American countries supplied more than four times this amount.

An important aspect of the health survey related to cultural factors. The survey team included a qualified cultural anthropologist, Dr. George Foster, of the Smithsonian Institution, and as the team went into the various countries, they learned the viewpoint of the common people about the various disease and health problems and what the *curanderos* (witch doctors) do about prevention and treatment of disease.

Each member of the team came away with the fundamental belief that back of the ill-health of these countries is the very low economic status of many of the countries, for when there is not enough food to keep a baby or for that matter a mother or father from almost actual starvation, there is not a great deal of interest in what we Americans regard as public health.

After ten years of health activity, operating directly or indirectly through the efforts of the *Servicios* of the seventeen Latin-American governments, there are approximately 150 hospitals and health centers, 12 schools of nursing, 4 graduate schools of sanitary engineering, and 3 graduate schools of public health. As might be expected, the demand for public health workers is even greater in Latin America than in this country, so these schools will be of great value. To further strengthen the health program, 1,302 men and women from Latin America have been brought to the United States to receive postgraduate training in medicine and public health specialities.

Water is a perplexing problem in the Latin-American countries. In many areas, because there is no water supply, bathing and laundering are omitted. Or the water supply is so foul that to use it for bathing or laundering is hazardous. To meet the problem partially, the authorities have built bathhouses and public laundries in many cities. These public laundries are not equipped with automatic washing machines such as the American housewife enjoys; instead, they have batteries of cement tubs, each equipped with a cold-water faucet. The women wash by hand. I saw one of these laundries dedicated in Quito, Ecuador, and not five minutes had elapsed after this ceremony before each of the 150 tubs was in use by women with large bundles of clothes. Interestingly enough, the women wash with their babies strapped to their backs.

To control specific diseases, the *Servicios* have turned their attention to malaria, hookworm, yellow

fever, smallpox, typhus fever, yaws, *mal de los pintos* (a skin disease), and onchocerciasis (a disease producing nodules on the head). Various programs are being developed to control these diseases. In malaria, for example, spraying the inside of houses with DDT is usually the most effective method in tropical areas. *Mal de los pintos* and yaws respond to injections of penicillin; typhus is being controlled by DDT and powdering of the clothing with an insecticide. Since economy is important in the mass treatment of disease, the health authorities are constantly searching for the most practical and inexpensive methods.

These severe diseases have been the problem of the Institute of Inter-American Affairs, and they are being conquered in cooperation with the Latin-American governments. The Latin-American governments and people are coming to realize that they can get rid of these dreaded diseases and know the meaning of good health. Thanks to our public health workers, many are now enjoying health which they never knew before.

Latin-American government officials appreciate the work of the *Servicios*, and to give the health program "roots" in the various countries, they attempt to develop and encourage leadership among the national doctors, nurses, engineers, and other health workers. In Brazil the director of the *Servicio* is a Brazilian doctor, and other countries will follow the pattern of depending on their own men to carry on the health program.

One thing that must be remembered, however, is that the U.S. program must not be forced on the peoples of other countries. We must remember that the United States started slow in its health program, and it cannot expect neighbor countries to do the job overnight. The United States should simply assist in finding ways to grow adequate food and develop a simple health and sanitation program. If it does this wisely, the Asiatic peoples will have greater confidence in Americans and their interest.

In the United States we have to a marked degree conquered diseases of childhood and poor sanitation, and are now pointing our efforts to reduce the diseases of later life. But in many of the countries that some may consider undeveloped and primitive, the tremendous number of infant deaths is almost accepted as normal or a natural part of infancy, as it was considered here fifty years ago. The United States has



NO LONGER do the housewives of Quito, Ecuador, have to wash in open streams, for they have this well-equipped public laundry now.

learned how to prevent most infant deaths, but has not learned how to prevent many diseases of old age or how to prevent the disease and disability that increase so rapidly after fifty. And while the people of the United States face the challenge of conquering the diseases of middle and old age, they can be proud of joining hands with their neighbor nations to help them conquer the diseases of their little children, to give them bread to eat and cleaner places to live in. In improving the health of the world, the United States is simply taking its rightful place as big brother and helper in gaining better understanding between nations.



A DOCTOR examining a patient in the free clinic that is part of a cooperative program of Bolivia and the United States of America.

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