COOPERATIVE ACTION AS A MEDIUM FOR EXTENDING PUBLIC HEALTH ACTIVITIES

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The last time I was priviledged to speak before this Association, I discussed the potential World Health Organization, which is an Interim Commission at present, and the place that the United States-Mexico Border Public Health Association could play in making sound world health an actuality, rather than a high-minded theory.

At that time, I said that improved health on a world-wide basis could come about only through improvement of health conditions in each individual nation—through the stamping out of diseases at their source. Today, I should like to expand that idea and to discuss how we, as neighboring countries, can—through cooperative effort—assist each other in expanding health services so that the general level of health for our people will rise.

For many years we in the United States have been fairly complacent about the status of our National health. Some of us—perhaps even a majority of us—have felt that ours was the healthiest Nation in the world. In recent years, however, studies have shown that we are far from being as healthy as we can and should be. Surprisingly, our greatest lack is found in that most basic of all health activities—the provision of adequate local health services for everyone.

I believe all of us recognize that no matter what progress we make in discovering causes of diseases and methods of preventing and curing them, it will do us very little good unless we can apply that knowledge. Unless there are local health departments to serve all of the people, our ability in the fields of sanitation, communicable disease control, dentistry and the like, is ineffective.

We have labored under the illusion in the United States that more than 60 percent of the population was served by local health units with full-time staffs. But, when we applied standards of the American Public Health Association in studying the adequacy of health units and the quality of personnel, we found that in actuality less than 3.4 percent of the population live in areas served by local health departments having the basic minimum full-time qualified staffs. To me this is appalling.

We have found that many of our so-called health departments are administered by unqualified health officers, by potential pensioners, part-time physicians, lay health officers, sanitarians, or clerks. Some of them which employ only a nurse claim to be full-time units. Many of the populations covered are much too small to be served economically and efficiently by full-time health departments.

Our latest records show that out of 3,070 counties, only 1,284 are being served by some form of full-time health department. This does not include the part-time units, nor the unorganized ones. The American Public Health Association recommends that by strategic reorganization and redistribution, the United States could be adequately covered by only 1,200 health units with full-time staffs, properly trained for their jobs, each unit serving a population of not less than 50,000.

The American Public Health Association further recommends that a local health organization for 50,000 people should include a full-time trained and experienced medical health officer, a professionally trained sanitary engineer with a non-professional assistant, 10 public health nurses of whom one should be a supervisor, and three clerical personnel. This represents the very minimum staff. For instance, although one public health nurse for every 5,000 population would be adequate, the ideal would be one public health nurse for each 2,000 persons.

Knowing our problem, it should be possible for us to do something about it. The time has never been more propitious, for today we have strong support from an aroused citizenry in our fight for the expansion of local health services in the United States. When I say "we", I do not refer to the U. S. Public Health Service, but to all workers in public health who have long been crusading for adequate health services.

You may be interested in knowing some of the latest developments in the field of citizen participation for health action. Last May, the American Public Health Association, a voluntary professional organization, called together an assembly of State health officers and other leading figures in the public health field. This group considered the problem of how to go about stimulating the development of local health services in communities where there are none and strengthening the services of existing health departments that are inadequate. It was realized in the beginning that such services would never be provided unless they were demanded by the citizens themselves.

The assembly just mentioned decided that the next step should be a conference of non-professional lay organizations for the purpose of acquainting them with the problem. This conference was held in October of 1947 and was attended by representatives of 65 National voluntary groups—including women's organizations, farm groups, civic clubs and voluntary health agencies. In reading the proceedings of this conference I was surprised and delighted to find out how well informed our people were regarding our Nation's health needs. They spoke with authority and assurance, showing that they had studied the problems well and were anxious to find solutions. All of these National groups agreed that their organizations should set up health committees, develop programs to inform the Nation of its great need and filter this information down through State organizations to local groups.

One organization—the National Congress of Parents and Teachers—

which is comprised of some 50,000 community units, decided that expansion of local health services would be its major project for the year. Working with representatives of the State and Territorial Health Officers' Association, this organization developed a bill which would provide Federal grants for the maintenance and development of full-time local health units. Through their efforts the bill was introduced in both the Senate and the House of Representatives during the past month. This legislation, if passed, would make available to the States additional moneys for developing and administering health units and also would provide for the raising of salaries and standards and training of personnel through scholarships.

I cannot predict at this time whether or not the bill will pass. But it seems to me that we should not wait for Federal legislation to begin to take action on our own. It also seems to me that the States in this Association could take the lead and through cooperative effort could strengthen the coverage by local health units along the Rio Grande—on both sides of the border. This would be a real contribution to both our countries.

It has been my experience that when one community develops a model program, citizens in nearby communities lacking in whatever the particular project is, usually begin to agitate for the same benefits their neighbors enjoy. I am sure that if the Border States would cooperate with each other in building a strong chain of local health services, this movement would inevitably spread inward, both in Mexico and in the United States, until each of our Nations has an adequate framework for an intensive campaign to build and maintain the public health at a desirable level. I see no reason why this movement should not be started here and now.

When we have developed our network of health units, then we can intensify our efforts toward eradicating diseases. We have greatly improved our methods of treating the venereal diseases in the past few years. Aided by local health facilities we can speed up case-finding and treatment and eventually rid our countries of this scourge.

I shall not discuss the possiblities of BCG vaccine and other developments in the control of tuberculosis. Dr. Robert Anderson of our Tuberculosis Control Division is here to give you the latest information on this subject. But here, again, in the matter of case-finding, we do have a relatively new technique which enables us to conduct mass X-ray chest surveys for the control of tuberculosis—a technique which requires a well-developed local health organization for its effective use.

Current studies in the United States are proving that through DDT dusting we can greatly reduce the incidence of diarrheal diseases by reducing the fly population in urban and rural areas. Typhus fever can be controlled by treating rat runs with DDT which destroys rat fleas.

It has recently been proved that the topical application of fluorides

to the teeth of children can reduce the incidence of dental caries by as much as 40%.

These are only a few of the weapons we have at our disposal—weapons which can be utilized best when we have efficient health units as a base for comprehensive preventive and control programs.

While looking forward to the strengthening of our general health services, I think this group should give deep consideration to a broader program of cooperation by exchanging information on new discoveries, new methods of treatment, improved techniques in the fields of prevention, control, research and general administration. It is true that when we meet each year, each of us gains some knowledge regarding the work that all of us are doing. But, to be successfully applied, any exchange of information should be on a continuing basis. Once a year is not often enough for us to communicate to each other our plans or our accomplishments, if each of our Nations is to benefit by the other's efforts.

You will recall that this problem was carefully considered last year by the Pan American Sanitary Bureau and the U. S.-Mexico Border Public Health Association. At that time a series of agreements was reached for a more closely coordinated health program along the Border. I should like to quote a few of the agreements:

(1) "That the Pan American Sanitary Bureau coordinate health activities along the border and promote increased direct contact between the local health officers of adjoining communities."

(2) "That health activities along the whole border be immediately intensified for the control of veneral diseases, and of tuberculosis, for public health education and maternal and child health, and in limited zones for the control of malaria and rickettsiasis."

(3) "That community health councils be organized in border cities and towns commencing in those where health and welfare centers exist, representatives of these local councils to compose international committees for the solution of problems of common interest to the adjoining communities."

(4) "That local immediate direct reporting be instituted between adjoining border communities for morbidity and mortality information on tuberculosis and venereal disease cases and their contacts which may have public health significance to the corresponding communities. The interchange of morbidity information should include data on smallpox, poliomyelitis, trachoma, typhoid, leprosy, meningococcus meningitis, diphtheria, the existence of rabies in the community, and such other diseases as may be of significance to the adjoining community."

(5) "That the exchange of information concerning the bacteriological quality of local water supplies along the Border between adjoining communities be instituted."

(6) "That the Pan American Sanitary Bureau explore the possibility of making available educational material in Spanish for use along the border of U. S. A.-Mexico."

(7) "That the Pan American Sanitary Bureau serve as a clearing house for information regarding needs of special training of health personnel and the facilities for meeting them."

(8) "That the Pan American Sanitary Bureau continue the publication of ab-

stracts of important current venereal disease literature and explore the possibility of cooperation on this matter with the Ministry of Health and Welfare of Mexico."

(9) "That recognizing the importance of the U. S. A.-Mexico Border Public Health Association, it be recommended that the Pan American Sanitary Bureau continue to support this organization."

This is an ambitious program, but it is one which could be most successful. I believe this Association should exert every effort to assist the Pan American Sanitary Bureau in carrying out its plans. Members of the Association are strategically located in the border States concerned and should be able to implement the various phases of the program

For this purpose, the central office staff of the Association should be materially strengthened. I would recommend that there be adequate clerical staffs for two executive secretaries—one from Mexico and one from the United States. Each of these men should not work exclusively on problems concerning the Border States of his own country, but should familiarize himself with the total problems of both countries. In addition, the staff should include a representative from each country expert in the fields of the venereal diseases, tuberculosis, sanitation and public health nursing. I mention these four because of their major importance in this area at the present time. Perhaps it might be feasible in the near futute to add other specialists in fields such as dental health, cancer, heart diseases, nutrition and mental hygiene.

An office of information also should be included in the staff, for only if there is one central channel through which materials flow will there be any definite system of keeping member States currently informed—through periodic bulletins, the circulation of epidemiological data, distribution of important papers on medical and health subjects, and through materials regarding control procedures that have been found successful. In addition to its routine information duties, this office would act as liaison with the Pan American Sanitary Bureau and as a clearing house in answering inquiries from the States and in warning them by the quickest media of epidemics or unusual outbreaks of disease in the area.

To strengthen the Association further, the Governing Council should be enlarged and its meetings held more frequently. There should be a member and an alternate from each of the Border States with the same representation from the Ministry of Health and Welfare of Mexico and the U. S. Public Health Service. This Council should meet quarterly and at other times when an emergency occurs. It would serve as a policy-making body and an advisory committee to the central staff.

I realize fully that I am recommending an operating office of fairly large size which will have to be adequately financed. Office space must be secured and a budget set up for supplies, travel, and the like. Financing such a staff is not an impossible task. Possible sources of funds are direct appropriations from the border states, Federal grants, the Pan American Sanitary Bureau and more realistic membership dues.

I do feel, however, that any amount of money devoted to the enlargement of the Association along more effective lines would be money wisely spent. Such a reorganization would lend additional dignity and prestige to the Association. It could give us wide recognition as an humanitarian body of States—component parts of two separate nations—which have proved that through cooperative effort they can solve mutual problems and assist each other in the unravelling of individual difficulties. In this way we can make a real contribution to world health.

LA ACCIN CÓOOPERATIVA COMO MEDIO DE AMPLIAR LAS ACTIVIDADES DE SALUBRIDAD PÚBLICA (*Sumario*)

Me agradaría expandir la idea que he discutido en una reunión anterior de esta Asociación, sobre el papel que la Asociación Fronteriza Méxicana-Estadounidense de Salubridad Pública podría desempeñar en la potencial Organización Mundial de la Salud a fin de que la salud mundial constituya una realidad más bien que una teoría. Para ello nosotros, como países vecinos, podemos mediante el esfuerzo cooperativo elevar el nivel general de salud de nuestros pueblos, exterminando la enfermedad en su punto de origen. Aun cuando estábamos convencidos, en gran mayoría, que los Estados Unidos era la nación más sana del mundo, estudios recientes nos han demostrado que estamos muy lejos de ser lo que deberíamos, principalmente por falta de adecuados servicios de salubridad en cada localidad. Aplicando los niveles de la Asociación Americana de Salubridad Pública, al estudiar la idoneidad de las unidades sanitarias y la calidad del personal, se halló que sólo 3.4% de la población habita en zonas que cuentan con servicios de sanidad locales con el mínimum básico de personal idóneo, de a tiempo completo, lo que no incluye las unidades de a tiempo parcial, ni las no organizadas. La Asociación recomienda que mediante organización y redistribución estratégicas, los Estados Unidos podrían ser adecuadamente servidos con sólo 1,200 unidades de salubridad con personal debidamente preparado, de a tiempo completo, sirviendo cada unidad una población no menor de 50,000. Se recomendó, además, que dichas unidades incluyeran un personal mínimo, un funcionario médico de experiencia y bien preparado, de a tiempo completo, un ingeniero sanitario preparado prefesionalmente y un auxiliar no profesional, 10 enfermeras de sanidad pública, de las cuales una debía ser inspectora, y tres empleados de oficina. Lo ideal sería una enfermera de sanidad pública para cada 2,000 personas.

En el mes de mayo pasado, la Asociación Americana de Salubridad Pública, organización profesional voluntaria, convocó a una reunión a los funcionarios de sanidad del Estado y otras figuras principales en el campo de la salud pública, a fin de estudiar el problema de estimular el desarrollo de servicios de salubridad locales en colectividades donde no existen, y mejorar los ya existentes aunque inadecuados. La lucha por la expansión de los servicios de salubridad locales en Estados Unidos puede llevarse a cabo solamente exigiéndolo los ciudadanos conscientes; por lo tanto, se decidió que el próximo paso sería una conferencia de organizaciones no profesionales con el fin de familiarizarse con el problema. A esa conferencia, celebrada en octubre, 1947, asistieron representantes de 65 grupos nacionales voluntarios, siendo sorprendente lo bien informado que se halla el pueblo de Estados Unidos respecto a las necesidades sanitarias de la nación. Se convino en que dichas organizaciones establecerían comités de salubridad, desarrollarían programas para informar al país sobre la gran necesidad de traspasar esa información por medio de las organizaciones estatales a los grupos locales. Una de las organizaciones, el Congreso Nacional de Padres y Maestros, compuesto

de unas 50,000 unidades colectivas, decidió que la expansión de los servicios de salubridad locales debería ser su más importante proyecto para el año. Trabajando con representantes de la Asociación Estatal y Territorial de Funcionarios de Salubridad, se preparó una ley para facilitar subvenciones federales para el sostenimiento y desarrollo de unidades de salubridad de a tiempo completo, que de ser aprobada, pondría a la disposición de los Estados fondos adicionales dedicados al desarrollo y administración de las unidades de salubridad y también al aumento de sueldos y standards así como a la preparación de personal, por medio de becas.

Generalmente cuando una colectividad desarrolla un programa modelo, los habitantes de las colectividades vecinas que carecen de los servicios comprendidos en el proyecto dado, comienzan a agitarse para obtener los mismos beneficios que sus vecinos. Es cierto que si los Estados vecinos cooperaran para establecer una fuerte cadena de servicios de sanidad, ese movimiento inevitablemente se propagaría interiormente, tanto en México como en Estados Unidos hasta estar en condiciones adecuadas para realizar una intensa campaña y mantener la salud pública al nivel deseado, pudiendo entonces intensificarse todos los esfuerzos para erradicar las enfermedades. Con los métodos nuevamente descubiertos, enfermedades tales como venéreas, tuberculosis, parásitos intestinales, tifo etc., podrían ser controladas si no enteramente erradicadas, y con la aplicación tópica de fluoruros a los dientes de los niños, la incidencia de la caries dental puede reducirse hasta en un 40%. Merece estudio cuidadoso un programa más amplio de cooperación mediante el intercambio de información sobre nuevos descubrimientos, nuevos métodos de tratamiento, técnicas mejoradas en el campo de la prevención, control, investigación y administración general, a fin de alcanzar nuestra meta que es mejorar los servicios de salubridad en general.

Este problema fué cuidadosamente estudiado por la Oficina Sanitaria Panamericana y la Asociación de Salubridad Pública de la Frontera Estados Unidos-México, llegándose a una serie de acuerdos para un programa de salubridad a lo largo de la frontera, sobre base de una cooperación más estrecha. A fin de llevar a cabo ese programa, debería contarse con personal de oficina adecuado para dos secretarios ejecutivos, uno de México y otro de Estados Unidos, trabajando en estrecha cooperación en la solución de los problemas de ambos países. Cada país debería también facilitar peritos en los campos de enfermedades venéreas, tuberculosis, enfermería sanitaria y de salud pública, agregando más adelante otros especialistas en los campos de la salud dental, cáncer, cardiopatías, nutrición e higiene mental. También debería incluir una oficina central de información para mantener a los Estados miembros bien informados por medio de boletines periódicos, circulación de información epidemiológica, distribución de documentos importantes sobre temas médicos y de salud y otros materiales sobre procedimientos de control que han dado buenos resultados. Esa oficina actuaría como enlace con la Oficina Sanitaria Panamericana, como centro para contestar las preguntas de los Estados e informarles por la vía más rápida sobre epidemias o brotes extraordinarios de enfermedades en la zona. Para fortalecer más aun la Asociación, el Consejo Directivo puede ser aumentado y las reuniones celebradas con más frecuencia. Debería haber un miembro y un sustituto de cada uno de los Estados fronterizos con la misma representación del Ministerio de Salubridad y Asistencia de México y el Servicio de Sanidad Pública de Estados Unidos. Ese Consejo se reuniría trimestralmente y siempre que fuere necesario, sirviendo como cuerpo para establecer líneas de procedimiento y como comité asesor para el personal central. Tal reorganización prestaría dignidad adicional y prestigio a la Asociación y cualquier cantidad de dinero dedicada a ampliar la Asociación en forma más efectiva constituiría una sabia inversión.