

directing council



PAN AMERICAN
HEALTH
ORGANIZATION

XV Meeting

regional committee

WORLD
HEALTH
ORGANIZATION

XVI Meeting



Mexico, D.F.
August-September 1964

Provisional Agenda Item 32

CD15/23 (Eng.)

1 July 1964

ORIGINAL: ENGLISH

INTER COUNTRY EXCHANGE OF TEACHING AND OTHER HEALTH PERSONNEL

In Resolution XXV adopted at its XIV Meeting, the Directing Council requested that the Director study the opportunities for interchange of teaching and other health personnel among countries. The report, prepared at the request of the Council with the expert advice of a consultant in this field, summarizes factual information on activities of interchange or related to them, in the past few years.

Nearly a century and a half ago the following statement appeared: "In an infant country like ours, we must much depend for improvement on the science of other countries, longer established, possessing better means, and more advanced than we are. To prohibit us from the benefit of foreign light is to consign us to long darkness". Thus Thomas Jefferson in 1820 recognized the need for technical assistance. Exchange of professional people is one of its finest forms.

Activities similar to those requested in Resolution XXV have been carried out for many years on a unilateral basis, as students, faculty and health workers from different countries in the Hemisphere have visited counterpart activities in other countries. In the past ten years more than 6,000 individuals have been recipients of individual or group training fellowships of an academic nature of at least four months' duration. A substantial number of short courses, seminars, and specialized training have been offered under the sponsorship of the Pan American Health Organization to several thousand health personnel. These exchanges have been highly significant in the definition of health problems, program planning and development, assessment of progress, and organization of technical bulletins. Many areas relatively unexplored, remain for future development. Vital statistics, malaria eradication, medical, dental and veterinary education, communicable disease control, and community

water supplies are outstanding examples of past successes. In general, these travel grants and fellowships have not involved direct interchange. The idea of interchange, as such, has its own particular merits and certainly deserves further study.

The financial implications should also be considered as, with very few exceptions, the problems of interchange are geared to travel and per diem costs which most countries are not in a position to defray.

Institutional relationships have been promoted and PASB has served in the past as a clearing house for universities desiring sister relationships for interchange of faculty members. Countries with a common language, such as the United States of America and Jamaica, or Chile and Colombia, have much greater facilities for conducting this type of interchange.

Another facet of this same activity has been conducted by the Organization under the name of "Travelling Seminars", which generally take professionals from several countries to visit their counterpart activities in selected sites. The local health workers, in these places, also derive much benefit from receiving the visit, at no additional expense.

In the case of institutions which wish to finance these interchanges in both directions, the Organization can undertake to assist in every way possible.

At the moment exchange of faculty members in the health field is being done between Argentina and Uruguay, the Organization having been instrumental in the arrangements made.

It is suggested, at the present time, that a clearing house of information on the needs and possibilities of interchange, in the different fields mentioned in the study could be implemented by the Organization.

In the attached study exchange of teaching and health personnel will be considered from the point of view of both the educational and the service programs although the exchanges, from any country to another need not be equivalent in terms of numbers of persons involved, professional interests or degree of professional maturity.

STUDY ON THE EXCHANGE OF TEACHING AND OTHER
HEALTH PERSONNEL IN THE AMERICAS

I. Academic and Travel Grant Exchanges

Under the direct auspices of the Pan American Health Organization, there were 4,434 individual and group training fellowships awarded in the Americas in the period 1954-1963. In 1963, there were 570; 137 of these were for regular academic courses, 135 were travel grants (usually awarded to senior technical staff or to professors), 238 were for attendance at special courses, and 60 were for academic courses organized or assisted by PAHO/WHO.

Places of study were selected in accordance with the policy of sending fellows to countries whose language, governmental organization, living conditions, and health problems are similar to those of their countries of origin. About 60 per cent of all studies were made in Latin American countries; 20 per cent in the United States of America and in Canada (a smaller number); 12 per cent in Jamaica, Trinidad and Tobago, British territories, and Netherlands territories in the Hemisphere; and 8 per cent in other WHO Regions.

A recently completed retrospective study of PAHO trainees from one of the South American countries (Colombia) revealed that out of 165 awarded fellowships of more than four months' duration during the ten-year period 1954-1963, only one could not be traced, one had retired, three had died, and one was no longer working in public health; the other 159 held responsible positions in the public health services of their country. This study underlines the importance of providing adequate assurance of the trainee's return to his own country.

In the decade 1954-1963, the U.S. Agency for International Development provided support for 378 trainees in the health field from Latin America, a majority of whom went to the United States of America, though substantial numbers were supported in other countries. The program of the Rockefeller Foundation supported 391 fellows and scholars (exclusive of travel grants) during that decade and the W.K. Kellogg Foundation awarded about 430 fellowships in the same period. Most of the latter awards were for two-year studies in the United States of America. A recent analysis showed that currently 14 directors of nursing schools in Latin America are former Kellogg fellows. The Organization of American States has supported approximately 451 fellows in the health field during the past six years, about half of whom came to the United States of America.

The Canada-Caribbean Assistance Program has provided a few short-term consultants and has received a number of trainees in the health field

for academic training in Canada. These activities have been carried out in collaboration with PAHO.

The Bureau of Education and Cultural Affairs of the U.S. Department of State reports that during the five year period 1959-1963, there were 554 Latin American and 51 United States personnel from the health sciences who participated in exchanges under academic grants, leaders and specialists or in educational travel.

II. Short Courses, Seminars, and Specialized Training

The Pan American Health Organization has made extensive use of specially organized courses and seminars for exchange of ideas, program development, preparation of technical publications, etc., of which only a few examples will be cited.

In the field of health statistics, the Latin American Center for Classification of Diseases was established in Caracas, Venezuela, in 1955. To date, 33 courses (6 in Caracas and 27 in eleven other countries) have been given, with 602 persons in attendance from 22 different countries and certain territories. Regional proposals for the 1965 Revision of the International Classification of Diseases were developed through the activities of the Latin American Center, PAHO, and the Regional Advisory Committee on International Classification of Diseases.

A total of 107 faculty members of medical and dental schools and of ministries from 14 countries received six-week courses in medical statistics at the School of Hygiene and Public Health in São Paulo in 1961 and 1962. Planning conferences on special topics such as congenital malformations; epidemiological research on cancer, and rheumatic fever in the Americas were held during 1963.

Special international courses in malariology have been held in Maracay, Venezuela; São Paulo, Brazil; and Mexico City, Mexico. In 1958 the PAHO, the AID, and the Government of Jamaica jointly organized a Malaria Eradication Training Center at Kingston, which annually offered three courses of 10-11 weeks' duration for senior officials and an eight-week course for junior officials. A total of 405 trainees from 69 countries participated in 24 courses. Following formal training at the Center, most of the trainees proceeded to Colombia, El Salvador, Mexico, Guatemala, Honduras, Panama, Trinidad and Tobago, or Venezuela for further field training and observation of active eradication programs.

The Third Conference of Deans of Schools of Public Health of Latin America, held in São Paulo, Brazil, in September 1963, focused primary attention on the teaching of public health administration, and included

discussion of the teaching of social and behavioral sciences, utilization of pedagogical methods, and the teaching of planning in public health schools. The Conference was attended by the deans and professors of public health administration of nine schools of Latin America, and by observers from the Association of Schools of Public Health of the United States of America and Canada and from the Agency for International Development.

In the medical education field, special seminars on the teaching of preventive medicine were held at Viña del Mar, Chile, in October 1955 and in Tehuacán, Mexico, in April 1956. The First Travelling Seminar on the Organization and Administration of Schools of Medicine in Latin America was held in 1962. The group included eight deans of medical schools and other professors directly responsible for medical education programs in Argentina, Bolivia, Dominican Republic, Ecuador, Guatemala, Honduras, Mexico, Nicaragua, Peru, and Venezuela. The group visited Argentina, Brazil, and Chile, selected because their medical schools had development plans under way and had positive and negative characteristics that would provide educational experience for the visiting group.

During the Travelling Seminar on Organization and Administration of Schools of Public Health, held in April-May 1963, visits were made to schools in England, Scotland, the Netherlands, and Yugoslavia. Attending were deans and other representatives of public health schools of the United States of America and Canada.

In connection with the community water supply program, the following seminars have been held: on water supply design, in Buenos Aires, Argentina, September 1962; on administration of water supply systems, in São Paulo, Brazil; on plastic pipes, in Mexico City and in Caracas, Venezuela; and on geophysical investigation for ground water, in Trinidad and Tobago. Publications and technical bulletins issued as a result of these meetings have proved useful throughout the Hemisphere.

International seminars on certain communicable diseases have also been very productive. A seminar on leprosy control, sponsored by PAHO and held in Belo Horizonte, Brazil, in 1958, was attended by 42 participants from 16 countries. Just five years later a similar group from 21 countries met to discuss planning, programming, organization of control, and training of professional personnel for leprosy campaigns. In October 1956, PAHO and the Government of Haiti sponsored a seminar in Port-au-Prince on the eradication of treponematoses (excluding syphilis), with 32 participants from 17 countries in attendance.

In the field of dentistry, the First Latin American Seminar on Dental Education, sponsored by PAHO with the collaboration of the W.K. Kellogg Foundation and the Latin American Association of Dental Schools, was held in Colombia in 1962. The Second Seminar will take place in

Mexico in 1964. In August 1963, the Seminar on the Teaching of Preventive Medicine and Public Health in Schools of Veterinary Medicine was held in Mexico City and was attended by 36 participants and five observers from 14 countries.

These and many other successful seminars and planning conferences have provided excellent opportunities for the exchange of ideas between professional counterparts from the various countries. They have also resulted in sharper definition of health problems and frequently to post-seminar intensification of programs.

Such general topics as the impact of social sciences on the health professions, general principles of administration, training and utilization of auxiliary personnel, planning of health programs, maternal and child health, tuberculosis, and nutrition have been worthy topics of other symposia.

III. In-Service Training on an Exchange Basis

In-service training of personnel has long been a technique of developing or maturing professional personnel. It involves an apprentice type of instruction where the preceptor, in addition to his normal job activities, has one or more preceptees observing and assisting in the work. Never can a large group be assigned, since the principle of "learning by doing" is involved. Furthermore, the raw recruit should not participate until after he has received the basic professional preparation.

The essence of exchange of health personnel, for the purposes of this discussion, involves two principles: (1) in-service training, in contrast to academic training, but in a setting in a country different from that of the trainee's origin; and (2) that there be a two-way transfer of personnel, not necessarily of equivalent levels of professional maturation or in the same interest field.

The problems associated are legion:

(a) Language. Communication is fundamental to medicine as a whole, but since public health lays emphasis on community groups it is of paramount importance that the trainee be able to relate to the patient, to the family, to the group, and to the community.

(b) The matching of needs of the trainees' future competence must be considered in selecting the setting for his training. Obviously, this is a relative matter since the place for training has been intentionally selected because there has been either notable achievement in attacking the specific problem or at least a visible demonstration of progress. However, the difference between the trainee's original environment and the preceptor's cannot be excessive.

(c) The duration of the training experience should be sufficient for the trainee to demonstrate clearly that he has mastered the specific skills involved, has acquired whatever "administrative know-how" is essential to the program, and can upon his return accept the equivalent responsibility for organizing, for training whatever assistants he may require, and for executing the program.

(d) Financing of exchanges will always be costly. In contrast to the typical in-service instruction in the home setting -where the apprentice or trainee may rapidly master certain phases of the program and thereby become, in part, a productive member of the team while he continues to expand his horizons- the exchangee in a foreign setting rarely will make a recognizable contribution to the local program. Thus, the receiving institution must be compensated financially or in terms of personnel assigned for the educational services rendered to these "parasitic" trainees. When this compensation is added to the travel and maintenance costs of the trainees, together with the payments to the staff carrying on the job while the trainee is absent from his post, it can be seen that the true exchange of personnel, on a substantial scale, may require supplemental financing beyond the capacity of some of the Western Hemisphere nations.

(e) The mutual participation of two or more nations is an essential aspect of the exchange concept. This does not necessarily imply that the participating parties are at equivalent levels of attainment in attacking a particular problem. In fact, if such were the case, little might be achieved. The two-way exchange need not be concerned with the same problem. Two countries might wish to enlist help of one another, for example, in the case of one partner who made significant progress in tuberculosis campaigns while the other was advancing satisfactorily in malaria eradication or some other health field. In the educational field, a country with a well-organized faculty in a public health or medical school might be willing to send some junior or even senior faculty member to a totally different environment for the purpose of broadening his outlook; in turn, it would accept from the partner regularly enrolled students or trainees who may not be degree candidates, would waive all tuition and fees and in some instances even find stipends.

Exchanges cannot be expected to succeed unless it is perfectly obvious that worthwhile advantages are almost certain to accrue to both parties to the exchange. Furthermore, there must be a "natural" and actual need for the facilities which each partner is to receive, and these needs cannot be artificially promoted.

(f) Regional needs should be given special consideration. One of the brilliant successes of the Pan American Health Organization has been the Institute of Nutrition of Central America and Panama (INCAP). While this has not been primarily an educational institution, the training of nutrition personnel has been one of its important dividends. The pooling

of certain interests and resources of six nations, with coordination from PAHO, has contributed enormously in the field of nutrition in the Central American region.

(g) The evolution of intimate partnerships between sister institutions with similar interests has often been of enormous importance to the partners. At one phase in the alliance, one partner may have seemed to have profited more than the other. Certain successful examples have been mentioned elsewhere in this report.

IV. Exchanges Involving Academic Affiliation

In various instances, PAHO has assisted in the training of health personnel in the Americas through the direct assignment of professors in the basic sciences or departments of preventive medicine in schools of medicine undergoing reorganization and development, such as in Haiti, Honduras, Paraguay, the Dominican Republic, and other countries.

The Agency for International Development supported exchanges in medical education between the School of Medicine of the State University of New York at Buffalo, and the School of Medicine of the National University of Asuncion, Paraguay. Similarly, AID supported an exchange between the School of Public Health of North Carolina (Department of Sanitary Engineering) and the School of Engineering in Peru.

The U.S. National Institutes of Health, under the International Health Research Act of 1960, have supported the establishment of two International Centers on Medical Research Training in the Western Hemisphere, through grants amounting to \$500,000 annually for each. The purpose of these Centers is to facilitate an interchange between the United States of America and other nations in health research and research training for combating and abating the ravages of diseases. Tulane University School of Medicine and the University of Valle (Colombia), and the Louisiana State University School of Medicine and the School of Medicine of the University of Costa Rica have undertaken such partnerships with additional AID help.

Less formal exchanges have occurred among the staff of the School of Public Health of the University of Chile and the University of California School of Public Health. Apparently this has been financed without any assistance external to the two participating schools. Recently, Argentina and Uruguay made provision for a non-academic exchange of health personnel, arranged through the PAHO Country Representatives in the two nations.

It should be emphasized that the above-mentioned exchanges have not been global in nature but rather segmental, involving one or more departments of the educational institutions or divisions of the health services.

Undergraduate Medical Student Exchanges

The recruitment of physicians and other health personnel for participation in a variety of international health activities, and the provision of technical assistance in the health field by developed nations to their developing colleagues, has led various medical schools to seriously consider initiating programs for medical student training in international cross-cultural medicine. At least 17 U.S. schools of medicine have such programs operating regularly, while eight others have smaller programs operating occasionally (see Fulmer, Adams and Deuschle, J. Med. Educ., 1963). Other schools are in the process of developing these programs. Through a grant from the Smith, Kline, and French Laboratories to the Association of American Medical Colleges, about 30 undergraduate medical students participate annually in overseas medical programs for 8 to 12 weeks. The Division of International Medical Education of the Association of American Medical Colleges would appear to be a logical place for coordinating North American requests for assistance by arranging counterpart affiliation, and in Latin America the Pan American Federation of Associations of Medical Schools might serve as a mechanism for placement of candidates, possibly working with the PAHO Country Representatives.

AID has provided a grant to establish an institutional relationship between the Georgetown Hospital in British Guiana and the Albany Medical College of Union University (Schenectady, New York) for the improvement of curative and preventive health services in British Guiana. An internist, as liaison research leader, and five senior medical students from Albany will spend three months in Georgetown and physicians from British Guiana will be trained at Albany for periods of at least three months. The general objective will be the development of British Guiana health facilities and the training of paramedical and health personnel.

The Student American Medical Association, in cooperation with the International Federation of Medical Student Associations, arranged for 10 students from five countries to come to the United States of America on two-month clerkships during the summer of 1963, and 29 students from the United States of America went to nine countries in Europe and the Middle East. It is anticipated that this program will be expanded under the direct auspices of the SAMA.

Regional Affiliations

Within the United States of America, several regional educational compacts such as the Western Interstate Commission for Higher Education (WICHE), the Southern Regional Educational Board, and the New England Regional Compact, have been established for the purpose of pooling resources to provide for those scarce and expensive forms of higher education, including the health sciences.

The five Central American Republics have established the "Consejo Superior Universitario Centroamericano" (CSUCA) for the regional integration of higher education in Central America. A recent report indicates that 28 students enrolled in these five medical schools were born in other American countries. The Consejo stimulated the plan for a single school of veterinary medicine in Central America and a decision was made that Guatemala, which already had a good school, was the logical site. Studies were conducted by PAHO on behalf of CSUCA with respect to a school of public health to serve the Central American region.

At the Institute of Nutrition of Central America and Panama, established by PAHO and the Governments of Central America and Panama, the interchange of technical personnel in the field of nutrition has been an outstanding success and a shining example of the benefits of pooling resources from six countries to attack an overwhelming problem confronting all developing nations.

Three universities in Argentina, Chile, and Uruguay have joined in a "Consejo Interuniversitario Regional" to provide for the frequent interchange of professors. Each university provides the salary of its professor, releases him from teaching responsibilities, while the borrowing university pays for his travel and subsistence.

Informal Exchange

Informal exchanges have been in operation for many years, but certainly this technique has not been exploited as much as it should.

In the field of dentistry, no doubt as a result of the previously mentioned Latin American Seminar on Dental Education, the University of El Salvador Dental School now has a well-developed Department of Preventive and Social Dentistry adapted after the Medellin prototype. Recently the University of Honduras (at their own expense) sent a faculty member to Medellin, Colombia, to observe the functioning of the Department of Preventive and Social Dentistry, with the aim of establishing a similar department in Tegucigalpa. Similarly, Nicaragua's School of Dentistry has sent an observer to Costa Rica.

AID reports that Bolivia is receiving observers from Chile and Peru to investigate the use of the portable radiographic isotope unit (weighing 150 pounds) for X-ray diagnostic purposes. Likewise, Chile is sending observers to El Salvador and Honduras to observe mobile units in operation.

V. Support to Medical Education

Medical education in Latin America has received very extensive technical assistance, fellowships, travel grants, research grants, and exchanges

during the past several years. The Medical Education Information Center (MEIC) (sponsored by PAHO) has for a number of years provided an annual exchange of information between its participating agencies. Data presented at its April 1964 meeting included 151 fellowships and 138 projects and grants, awarded or extended to 55 medical schools in 19 countries in Latin America during 1963. The major granting agencies were PAHO, the Organization of American States, the Agency for International Development, the National Institutes of Health, the Rockefeller Foundation, and the W.K. Kellogg Foundation. Many of these activities are discussed in Section IV of this report, but the widespread desire to improve medical education which exists in so many of the 102 schools of medicine in Latin America provides an admirable environment in which to stimulate exchanges of personnel, provide facilities for better teaching, and initiate medical research.

Listed below are a few of the major grants that have made possible a very substantial two-way exchange of faculty:

Rockefeller Foundation to:

School of Medicine
University of Valle, Colombia (\$2,000,000)

University of Guadalajara, Mexico (\$240,200)

"Cayetano Heredia" School of Medicine
Lima, Peru (\$200,000)

Escola Paulista de Medicina
São Paulo, Brazil (\$716,655)

National University of Cuyo, Argentina (\$100,000)

University College of the West Indies, Jamaica (\$288,000)

Agency for International Development to:

Medical School of the State University of New York at Buffalo,
and the School of the National University of Asunción, Paraguay
(\$440,000)

Tulane University School of Medicine and seven schools of medicine in Colombia (\$447,830)

Louisiana State University School of Medicine and the School of Medicine of the University of Costa Rica (\$129,116)

W.K. Kellogg Foundation to:

University of Antioquia, Medellin, Colombia (\$334,000)

School of Medicine, University of Recife, Brazil (\$114,000)

In addition, the National Institutes of Health had 51 research grants and two grants to provide for training in research methods active in medical schools in 1963 in Latin America. One NIH visiting fellow was assigned to a Central American School of Medicine.

The above information is intended to pinpoint the excellent support provided for medical education in Latin America, which will be fundamental to the emergence of physicians in leadership roles in health and medical matters in the Western Hemisphere. While a substantial beginning has been made in the improvement of faculties and facilities for schools of public health, they have not yet been the recipient of a corresponding emphasis. Faculties in nursing, in dentistry (the W.K. Kellogg Foundation has given substantial assistance), in sanitary engineering, in hospital administration, and in medical care programs and the vast area of paramedical personnel merit an intensive rejuvenation. The many developments in Latin America present hope of great future progress.

VI. Postgraduate and Continuing Medical Education

Large numbers of young physicians have been arriving in the United States of America for intern, residency, or fellowship training during the past decade. This is a part of the world migration for post-M.D. training. The majority of these individuals receive no financial support other than stipends from the hospital in which they are located. The American Medical Association reports that only 70 Latin American physicians are serving as interns, residents, and fellows in United States hospitals. This is in contrast to their list of a total of 4,269 physicians educated in Latin American schools of medicine and currently residing in the United States of America.

In 1957 it was recognized that many of these young physicians were not receiving appropriate supervision during their training and that often language and other deficiencies in their preparation were preventing appropriate progress in their professional development. As a result of these problems the Educational Council for Foreign Medical Graduates (ECFMG) was established by the Association of American Medical Colleges, the American Medical Association, the Federation of State Boards of Medical Examiners, and the American Hospital Association. In 1962, in the March and October examination, a total of 14,535 individuals were examined. Of these, 718 were from Latin American examining centers and 2,560 were listed as graduates of Latin American schools of medicine. The Council on Medical Education and Hospitals of the AMA reported that in 1962 the various state boards examined, for medical licensure in the United States of America, a total of 970 physicians from 17 Latin American countries.

The University of Miami School of Medicine recently offered their seventh postgraduate course for Latin American physicians (2 January-21 March 1964). This course consisted of five two-week sessions in the major medical disciplines (medicine, surgery, pediatrics, obstetrics-gynecology, and basic sciences) plus a final week of review. The first course in 1964 had an enrollment of 232 physicians from 16 countries in Central and South America. About half of the enrollees intend to return to their home countries upon termination of the course and the remainder intend to continue their training in the United States of America. With the exception of 18 physicians, they came unaccompanied by their families.

In the past few years 128 Latin American fellows have come to the United States of America under the joint auspices of the American College of Physicians and the W.K. Kellogg Foundation. Each of these has spent one or more years in an academic residency or fellowship and nearly all have returned to their country to hold teaching positions in their respective schools of medicine.

The Johns Hopkins School of Hygiene and Public Health and the Harvard School of Public Health have each organized special curricula in international aspects of public health.

In May 1964 the American Psychiatric Association and the Mexican Society of Neurology and Psychiatry have scheduled a joint meeting in Mexico City. Participants were invited from five South American and Central American countries, with expenses financed by the American Psychiatric Association.

Numerous other professional organizations have initiated interchanges between United States physicians and their Latin American colleagues.

Undergraduate medical education is receiving substantial emphasis in at least 55 medical schools in Latin America. The postgraduate program is receiving major emphasis in a few centers, as for example, in Cali, Colombia. It should be anticipated that, as the standard of undergraduate medical training is elevated, internships, residencies, and other house staff training will be emphasized. The final stage of continuing medical education in Latin America may still be delayed for some years.

VII. Volunteer and Other Private Welfare Services

There has long been a tradition of technical assistance from North America to Latin American countries. This has been inspired by religious, philanthropic, or other internationally-minded individuals, organizations, and foundations. Many of the church organizations have recognized the provision of medical care as a desirable activity. Not infrequently, commercial (industrial) organizations have provided hospitals, dispensaries, or other health services for their employees and dependents of employees. In certain instances some service may have become available to the community as a whole.

More recently there have been organized certain agencies dedicated to the provision of health services to citizens of developing countries. The U.S. Peace Corps currently has 200 volunteers working directly in health projects in Latin America, located principally in Brazil, Bolivia, Colombia, and Honduras. There are also approximately 1,000 volunteers designated as urban and rural community-action workers, whose primary responsibilities are in fields closely allied to medicine, including home economics, social work, community sanitation, and agricultural extension. While the Peace Corps is an official agency, the volunteer receives minimal compensation. These volunteers in designated health projects are hospital and public health nurses and paramedical workers in health education and community-action projects in health. The latter and other workers in community action projects frequently have liberal arts college backgrounds, but have received an intensive three-month training program, including language, area and technical studies, which gives them a basic technical background, as well as a cross-cultural perspective of the public health situations they will encounter.

Medico-Care has two programs operating in Latin America. A visitation program of orthopedic specialists has conducted a series of lectures and demonstrations in Colombia (Caloto) on a monthly rotation basis (visits to seven medical schools). Under the auspices of the International Eye Bank, a beginning program of training and demonstration in the techniques of corneal grafting is under way in El Salvador.

The People-to-People Health Foundation, Inc. (HOPE) maintained its Hospital Ship in Trujillo, Peru, for 10 months, providing medical care and training of medical personnel. Also this ship spent 10 months at Guayaquil, Ecuador. It included a medical team of 25 physicians, nurses, and paramedical workers.

The Technical Assistance Information Clearing House lists 58 hospitals and about 140 dispensaries, clinics, or health centers in Latin America operated under the various church missions. Forty-three of these hospitals listed 2,449 beds, exclusive of bassinets. About 175 physicians are identified, and many other part-time (national) doctors and 250 registered nurses are involved. Thirteen schools of nursing and midwifery are operated by these missions. Only a portion of these institutions provided statistics concerning the number of patients seen daily or monthly, but those reported would total between three quarters and a million outpatient visits annually. Missionary aviation medical service (including air ambulance) have been established in three countries.

A survey by the American Hospital Association made a few years ago revealed that in Latin America there were 160 hospitals supported by churches and 35 by industries of the United States of America. A few of these were clinics with only a few beds attached.

There has been an expansion of the group sponsorship of short-term physicians who volunteer for service in an overseas hospital or clinic for one or more months and maintain a continuing visiting service. Recently, U.S. county or state medical societies have undertaken sponsorship. Often the physician personally assumes responsibility for his own travel and living costs and in some instances volunteers one month annually. American Doctor (AMDOC) is sponsored by the Christian Medical Society. The Foreign Medical Service Committee of the Sacramento County (California) Medical Society established a medical service project for the community of Chichicastenango, Guatemala, early in 1962, and has subsequently been joined by the Orange County (California) Medical Society and the Massachusetts Medical Society. Other isolated areas of Guatemala are included in the "Holidays for Humanity" program, sponsored by medical societies in Lansing, Michigan, and Shreveport, Louisiana. A group of physicians from Evansville, Indiana, are establishing a similar project in British Honduras. "Focus", a group of American ophthalmologists, is working in several communities in Haiti. The Catholic Physicians' Guilds of Albany, New York, and Detroit, Michigan, will provide similar short-term rotation in small Guatemala communities. The Division of International Health of the American Medical Association is serving as a clearing house for information on these types of exchanges for United States physicians. In many instances U.S. medical missionaries in Latin America provide the "home" base of operations for the visiting physicians.

The first Latin American Congress on Christian Medicine will be held at the Hospital Vozandes in Quito, Ecuador, from 28-30 July 1964. It will be sponsored by the Medical Assistance Program of the Christian Medical Society.

There would appear to be a great need for a central clearing house for bringing together the basic information relative to the voluntary activities in the health field in Latin America periodically. The 1964 Directory of the Technical Assistance Information Clearinghouse provides a substantial amount of information on U.S. non-profit organizations (voluntary agencies, missions, and foundations) participating in technical assistance abroad, but additional information on facilities and personnel is needed. The leadership role of PAHO in the Medical Education Information Center has been referred to above. For planning purposes, the fact that these major MEIC participants meet for two days annually and frankly discuss their current activities as well as future plans has been highly significant. The inclusion of government and international health agencies with the major foundations has been particularly helpful. It would appear useful to ministries of health and welfare to be regularly informed relative to hemispheric activities in all health programs.

Late in 1963 the Overseas Educational Service was established under the sponsorship of the U.S. National Academy of Sciences, the American Council on Education, and Education and World Affairs. It will be concerned with disseminating information about teaching, research, and administrative posts in the developing countries, with assisting in the recruitment of faculty and administrators to fill these posts, with arranging for orientation before overseas service, and with providing information about educational systems and individual institutions in Asia, Africa, and Latin America.