

# Editorial

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## CROSS-CULTURAL COMMUNICATION: ITS CONTRIBUTION TO HEALTH IN THE AMERICAS<sup>1</sup>

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*Communication between cultures—not merely translation of ideas but adaptation of those ideas to new cultural settings—plays an important role in both health and development. In this editorial, Dr. Acuña reviews PAHO's experiences in this area and relates them to the situation of the Latin American community in the United States.*

The Pan American Health Organization (PAHO) is the oldest international health body in the world. Created in 1902 at the Second International Conference of American States held in Mexico City, its initial objective was "to lend its best aid and experience towards the widest possible protection of the public health of each [American] republic in order that diseases may be eliminated and that commerce between said republics may be facilitated." The Organization's headquarters was established here in Washington, D.C., that same year.

PAHO entered a new phase of its existence after the Second World War, when the United Nations was created and with it the World Health Organization (WHO). At that time, while retaining its separate identity, PAHO also agreed to serve as the World Health Organization's Regional Office for the Americas. It thus became one of WHO's six regional offices. In this way, the peoples of the Americas have been served since then by a single program embracing the activities of both PAHO and WHO. PAHO now has 29 Member and three Participating Governments, and WHO has 151 Member States.

The philosophy and operating procedures of these organizations have evolved considerably over the years. Originally, the approach tended to be philanthropic and paternalistic. That is, medical experts would come into a country and, in effect, advise their local counterparts to adopt the models and procedures of the developed countries, ignoring the unique cultures and circumstances of the developing areas.

Over the past decade, this approach has been changing rapidly. No longer do we speak of technical assistance, but of technical cooperation. In so doing, we acknowledge the new international economic order of the Third World countries, and we emphasize the dual principles of self-reliance and cooperation among nations. There is great interest now in the process of technical coopera-

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<sup>1</sup>From a paper presented at the First Conference on Public Service Programming for the Hispanic Community, held on 8 February 1979 at the University of Maryland, College Park, Md.

tion among developing countries, a process through which Third World nations can share their experiences and technologies to bring about sustained economic and social growth.

Coupled with these evolving views on the rights and responsibilities of nations is a whole new set of economic realities. As WHO's Director-General once said at the United Nations, "We have learned from bitter experience that, in development, the economic and social factors must be inextricably linked, and that seeming progress on one side cannot be well-founded without support and reinforcement from the other. Economic measures have a very direct bearing on health, and health measures in turn must make a direct contribution to development. But too often, we have seen economic growth accompanied by social stagnation, if not outright social deterioration and tension."

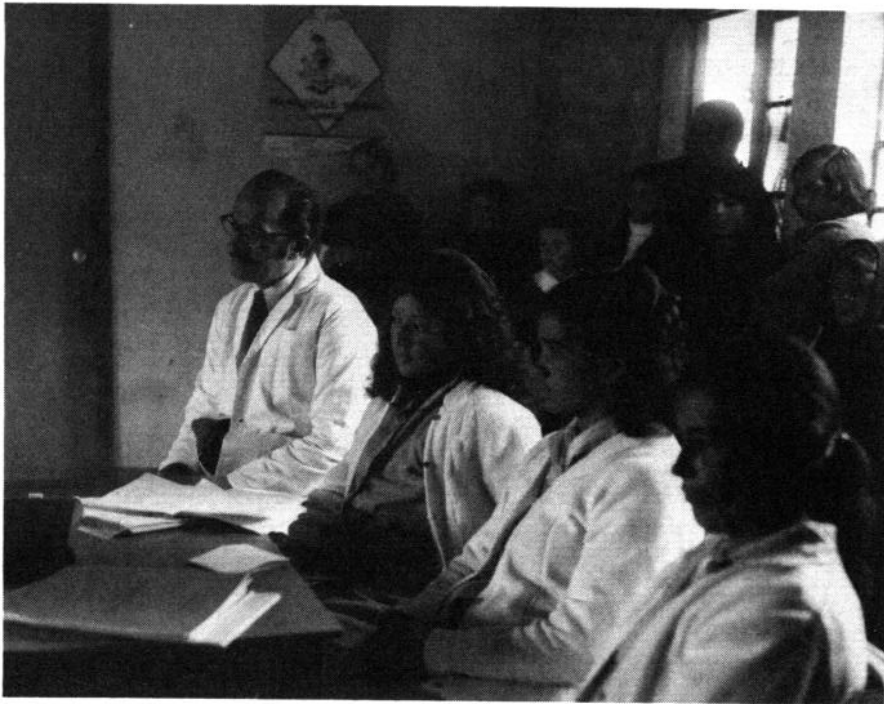
During the past decade there has been continuing economic growth in most Latin American countries. This has led to an average annual growth in GNP of 5 per cent, which compares favorably with an average annual population growth of 3 per cent. Despite these achievements, it is evident that economic growth has not automatically ensured equitable distribution of income and improved living conditions. In fact, one outstanding feature of recent socioeconomic development in the countries of the Americas is the lack of balance between the "needs" and "expectations" of a constantly growing population on the one hand, and the limited capacity of national economies to provide satisfaction on the other.

The people of the Americas are now clearly conscious of their rights. Consequently, all population groups expect to attain the living standards of the developed world—standards that have so far been enjoyed by only small groups in the developing countries. They also claim the right to participate actively in decision-making processes and to define their real needs, thus having a direct say in their own destiny.

Given this background of evolving attitudes and economic realities, the process of communication becomes crucial. Today we must communicate with more people, back and forth across more cultural and national boundaries, and on increasingly complex subjects. Some measure of the problem is indicated by abandonment of the term "technical assistance" in favor of "technical cooperation." The former implied a more or less one-way line of communication, from the expert in the developed country to the official in the developing country with a message that would boil down to something like "Do this: . . ." But when we speak of technical cooperation, we imply a constant exchange of information and ideas between the outside expert and the host country counterpart.

When we embrace the concept of technical cooperation among developing countries, we highlight the need to communicate across national boundaries. When we recognize the importance of intersectoral cooperation, we confront the need to communicate about our specialty with experts in other fields. And when we adopt as a high priority the participation of the community in solving its own health problems, we must come to grips with communicating, in an atmosphere of mutual respect, across the cultural lines within a country—that is, between a city and a rural area, between a doctor and a native healer, between a person of Spanish or Portuguese background and one of indigenous descent.

We can see quite clearly, therefore, that where the previous term "technical assistance" would tend to produce one-way communication conjuring up the



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visual image of an arrow, the new cooperative concepts bring to mind an image of communication corresponding to a tightly interlocking network.

The implications of all this for language, the prime tool of communication, are profound. The French anthropologist Claude Lévi-Strauss has said: “Contrary to the animal, man is defined by his symbolic function, and culture may be represented under a set of symbolic systems—language, kinship, myth, art, economy, etc.—which establish communication among men of different levels.” From this point of view, of all the symbolic systems, language is the most perfect, the most important, and the best known. With this in mind, I would like to speak of language not as a mere accident of communication, but as a symbolic system and an expression of culture.

Culture and its most perfect symbolic subsystem, language, should be taken into consideration by anyone wishing to work with the Latin American countries to improve their living conditions, and consequently, their levels of health. But we cannot think of Spanish or Portuguese as mere instruments of communication. For ideas, plans, or programs developed with the best of intentions in countries culturally different from those of Latin America are not adaptable to the latter countries simply because they have been translated into these languages. How many perfectly well-prepared programs failed at the time of their application because they did not take this fact into account?

In view of this, we wish to reinforce the idea that technical cooperation means collaboration with countries that involves a deep understanding of the cultural structures of their communities, and that seeks to offer alternatives from among which they can choose the most adequate.

Clearly, we are not talking about “translating” into Spanish. Spanish, as a language, is the expression of a culture made up of various social, economic, philosophic, and artistic components. A country is in dire contradiction when it adopts a development style that clashes with its cultural systems. We go as far as saying that the most flagrant causes of high morbidity and mortality in Latin

America may be the fruit of this contradiction. An imported style of development is truly a cultural transplant that favors only a few.

In Latin America, lack of learning opportunities has constituted an important source of underdevelopment in the field of health. For too long, education has been denied to large segments of the population as a subtle or explicit means of domination. We are not referring to simple literacy, a goal generally not reached. We are speaking about a learning experience that arises when one develops potentials for creative action in intimate communion with other members of the community. That is much more than mere transmission of words or phrases.

This point has been fully demonstrated by attempts to educate—in Spanish—large rural populations in the South American Andes that speak mostly Quechua and Aymará. The Spanish language simply had no meaning for these people, nor was it a medium for expressing the intersubjective relations of their Andean culture. In other words, the people could not incorporate thoughts or ideas through words that were meaningless to them and that represented the imposition of an imported culture. When the system was modified, and they were taught how to read and write in their own mother tongue—Quechua or Aymará—it became possible to later incorporate a new language—Spanish.

That brings me to the first corollary of this presentation: Spanish, as a language, is an indispensable means of communication in international health as far as Latin America is concerned—not only because of difficulties in translating into it from other languages, especially English, but because Spanish constitutes a major symbolic subsystem of the Latin American culture formed by the mosaic of intersubjective relationships of the individuals residing in Latin American communities. In this same vein, neither let us forget the rural populations of the Andes, whose cultures and languages have made them strangers in their own Spanish-speaking countries.

We believe that a similar kind of isolation affects the large Hispano-American community in the United States. Its life-style and its family, social, and economic relations, as well as its artistic and literary works, are expressed in the Spanish language, with all its richness and all its limitations. Therefore, if we wish to make a greater impact with our health programs to improve the living conditions of the people in this community, we must think, act, and speak as they do. This does not mean that we want the members of this community to segregate themselves from the North American culture and live in a closed Hispanic society. Rather, we would like to see them gradually integrated into the larger society through a true learning process that is a far cry from the mere cultural transplanting of norms and principles belonging to a specific life-style that they may not wish to adopt.

The use of Spanish affords people with a Spanish-based culture an opportunity for dialogue and for understanding the personal, familial, and community implications of each idea. Moreover, repeating statements in Spanish encourages members of the Hispanic community to develop creative ideas within their own social circle. Later, this creative potential may be integrated into other life-styles that they may wish to progressively adopt. The foregoing point applies to all members of the North American Hispanic community, regardless of whether

they have command of the English language or not, since they retain a life-style that reflects the Latin culture.

When we speak of language, we also refer to the role played by the mass media. Communities need all the potential means of idea transmission to educate themselves and improve their living conditions. And since health education should constitute an integral part of the development process, the role of communications media in health education is of vital importance. In modern societies, moreover, information and education constitute a single integrated system. The "media culture" is nowadays a reality. Introduction of innovative ideas to remote or marginal population sectors is a direct consequence of the influence of modern means of communication. The flow of knowledge conveyed by them surpasses that conveyed by libraries and traditional public schools. An educated society is one that makes full use of information.

We must be aware, however, of the many obstacles that may reduce the impact of these powerful language transmitters. We must see to it that the messages are not distorted and that dissemination of ideas that may weaken human development instead of improving it is discouraged. We must clarify accurately the roles of critics and intellectuals and must delimit the semantic problem of dialect and language referred to previously.

Mere transmission of mass educational programs, regardless of whether they have been translated into good Spanish, will generally not produce the desired results. The mass media must use the same criteria of technical cooperation described at the beginning of this presentation if they really want to participate in the development of Latin American societies and the Hispano-American community, rather than manipulate them. That is, they will have to work jointly with those involved and place their techniques and experience at their disposal.

As McLuhan said in a small article printed in the booklet *Mutation—1990*,<sup>2</sup> "No one informs anybody, the individual informs himself." Increasingly we are shown by social psychology that the process of learning, understanding, and persuading does not depend upon the talents of agents, in this case the mass media, but rather upon the activities of the recipients. It is not enough, as the devotees of communication believe, to saturate the environment with information if the society, the community, and the individual are not ready to receive it. Unless information is immersed in the subjective interrelations of culture, it may as well not exist.

We in the field of international cooperation are able to say all of this now because we have had much trial-and-error experience over a period of many years. We now believe that we are arriving at a clearer conception of what the process of development should be, and of the vital role communications should play within this process. Currently, we are embarking on several fronts to adjust the communications role of our organization to the realities of the times. For example, we are collaborating in an ambitious program to create teaching materials in Spanish in the field of primary health care. These will not be textbooks in the traditional sense, but rather materials carefully prepared for widely differing

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<sup>2</sup>H. M. McLuhan, "Mutation—1990," in *Mutações em educação segundo McLuhan* by Lauro de Olivera Lima (Petrópolis: Editôra Vozes, 1972), p. 37.

audiences—village health workers, community leaders, and others. Unlike currently used teaching materials, which are often simple culturally biased translations of existing English texts, these new materials will address themselves to the specific socioeconomic situations of the countries and their different peoples.

We are making progress in other areas as well. For example, PAHO is collaborating with WHO in taking a fresh look at its whole program of publications. The result will be the production of technical information that is more responsive to the needs and realities of the countries concerned.

Finally, we are moving toward a time when our Organization will formulate a policy on information—to define not only our own communications function, but also to formulate programs to strengthen the health information systems in our Member Countries. With this in mind, we are closely monitoring the latest developments in the New Information Order and their implications—both for organizations such as our own and for the communications process in our Member Countries.

PAHO is eager to share its experience in the field of information and communications, and to collaborate with the health programs of the United States directed at the Hispano-American community. In this regard our Organization has a great deal to offer, just as we have a great deal to learn.

#### **INSTITUTE FOR HEALTH MANAGEMENT AND POLICY**

The Institute for Health Management and Policy has been established at the Graduate School of Management, Northwestern University. One of its important activities will be a concentrated, live-in program in hospital and health services management, to be held from 20 August to 14 September 1979. It is designed to help participants deal more effectively with the problems (and opportunities) of the rapidly changing health services environment, and with such critical issues facing managers as rising expectations for health services and the conflicting pressures to contain costs, growing government intervention, and the ever-present needs to deal with conflicting power centers within the organization. The program will provide managers of health care services with information on the latest planning and management techniques, and enable them to design rational strategic responses that can be understood and implemented by members of their organizations. For more information, address: Charles G. Meister, Leverone Hall, Evanston, IL 60201, or phone 312/492-5541.