

Funds.—1913, 394,560 pesos (*curso legal* or ordinary legal tender); 1915, 427,280; 1921, 5,160,000 pesos *curso legal* and 48,000 pesos sealed gold; 1925, 6,380,600 and 69,504; 1930, 6,712,680 and 27,400; 1935, 6,439,080 and 21,600; 1940, 43,775,400 and 45,500.

Vital Statistics.—Births: 1905, 22.8; 1910, 27.4; 1915, 31.9; 1920, 32.5; 1925, 34.7; 1930, 41.1; 1935, 34.6; 1939, 32.6; 1940, 39.9; General death rate: 1905, 12.9; 1910, 16.7; 1915, 14.1; 1920, 25.4; 1925, 19.1; 1930, 16.6; 1935, 23.8; 1939, 13.9; 1940, 16. Infant death rate: 1914, 136.4; 1920, 202.4; 1925, 151.5; 1930, 109.5; 1935, 102.9; 1939, 76.4; 1940, 85.6.

Causes of death.—Dysentery: 1905, 14; 1910, 6; 1915, 15; 1920, 22; 1925, 31; 1930, 7; 1935, 330; 1939, 71; 1940, 51; tuberculosis: 1905, 103; 1910, 103; 1915, 128; 1920, 128; 1925, 201; 1930, 190; 1935, 261; 1939, 202; 1940, 197; typhoid and paratyphoid: 1905, 44; 1910, 28; 1915, 19; 1920, 38; 1925, 51; 1930, 32; 1935, 58; 1939, 79; 1940, 63.

NEW OBJECTIVES FOR THE COORDINATIVE WORK OF THE PAN AMERICAN SANITARY BUREAU, WASHINGTON

By Dr. CARLOS ENRIQUE PAZ SOLDÁN

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An imperative duty of taking part in the celebrations of the Pan American Sanitary Bureau rests upon those of us who have been ideologically serving it for almost two decades, who have watched, year after year, its uninterrupted progress and its growing influence on the public health of this hemisphere, and who look upon as our own the events which it commemorates and its triumphs, which are so closely bound up with the devotion of the workers in Washington who, under the wise leadership of Dr. Hugh S. Cumming, have strengthened it and made it the Pole Star of American bio-social policy. It is not surprising therefore, that on Pan American Health Day we should say something about the new objectives awaiting this institution which is representative of America's will to live; which is at the same time her conscience and her light in everything related to human health throughout the vast extent of the New World.

There are two tasks calling upon its coordinating and orientating activity, in these hours of destruction through which Humanity is passing: to define succinctly the Pan American concept of Public Health Law; and to present a panoramic picture of the biosocial conditions of labor in this continent.

American Public Health Law.—The definition of American Public Health Law, which is already in progress thanks to the initiative of the IV Pan American Conference of National Directors of Health, is not a tiresome undertaking, but rather a labor which will give new splendor to the biosocial policies of the Continent. It is an attempt to surpass the Pan American Sanitary Code, which has done so much for the progress of our peoples. And this achievement would be sought through giving all our countries a model Sanitary Code, capable of serving as a reference for daily public health activities. In this respect, a magnificent precedent and an unsurpassable lesson was the work of the American Public Health Association in setting forth in October 1940 the "minimum functions desirable and the principles of organization for public health work."

But the drafting of this model Code requires preliminary studies which should be carried forward without delay: the review of the public health history of our

peoples, with a historical, objective, and impartial examination of what was created, improvised, or dreamed of in the desire for health, during the centuries of evolution of American society. How interesting it would be to know the way in which each of the American Republics went through the four periods of development of public health policy: the empiric, the medical, the Pasteurian, and the present, which we may call the social, thought it ought to be known as the human period.

In each of these periods and in each of our countries, what was the nature of the institutions which carried out the programs thus inspired? What was the part of each of the authorities which successively played the leading role in the safeguarding of the health of communities—the Church, the Community, the State, the Collective Group? What were the immediate objectives, and above all, how were they attained, with the consequent accumulation of valuable experience? The answers to these and other questions would constitute a treasure-store of fundamental guides for the great task of the model codification of public health law in America.

How shall a model Pan American Code take into account the diversity in the common traditions of the Continent, without receiving from their teachings inspiration and guides for the future? Surely these are reason enough for the Pan American Sanitary Bureau to organize the making of a preliminary, basic inventory before proceeding with the drafting of American Public Health Law. The coordination of the reports on the historical evolution of public health legislation in America, and on the organizations which have tried to carry out such legislation, would be a most fruitful work, bringing to the Bureau new and brighter laurels.

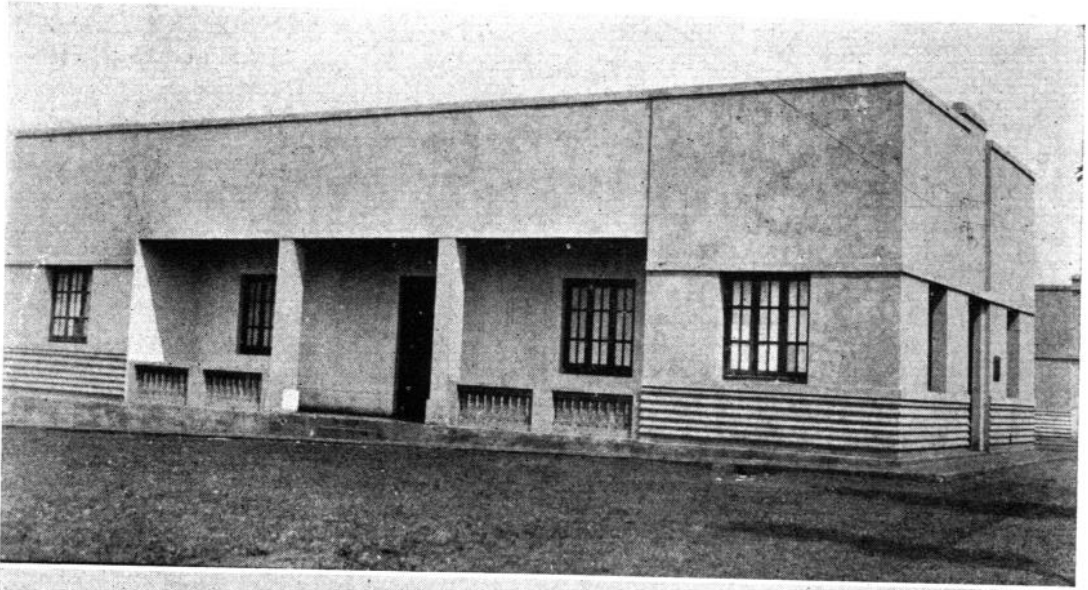
Medico-social study of labor.—The second immediate task inviting the coordinating action of the Pan American Sanitary Bureau, is the medico-social study of labor, as a vital problem, with the pointing out of objectives and of the means of discovering the manner in which man goes about his work in America in his cosmo-telluric environment.

Until the V Pan American Sanitary Conference, industrial hygiene had not received any attention from the sanitarians of the Continent. Only in Montevideo had the question received notice, with the passage of this resolution: "The Sixth Conference recommends that on the program of the next Conference, problems of industrial hygiene be included among the agenda," a recommendation which was repeated by the VII Conference, without any definite steps being taken. But in Lima (1927), the following resolution was adopted: "The VIII Pan American Sanitary Conference declares: that the health and well-being of the working class, are linked with the health and the economic progress of a country, and that the damages resulting from industry are injurious to the nation, decreasing the actual production, and above all, the future production of the population, undermining its health, for which reason there is recommended to the various countries of America the necessity of establishing within the health administration special divisions placed in charge of everything relating to labor and to industrial hygiene, in order that workers may be placed in the best possible conditions of living and working, in accordance with their physical and mental aptitudes."

The interpretation of this resolution would justify our proposal that the Bureau study the results achieved by the recommended organization, and to what extent it has been put into practice by the different countries.

The IX Conference recommended, as a supplement to the Lima resolution, that a study of labor and its sanitary conditions in America be prepared for the X Conference, but unfortunately this was not done.

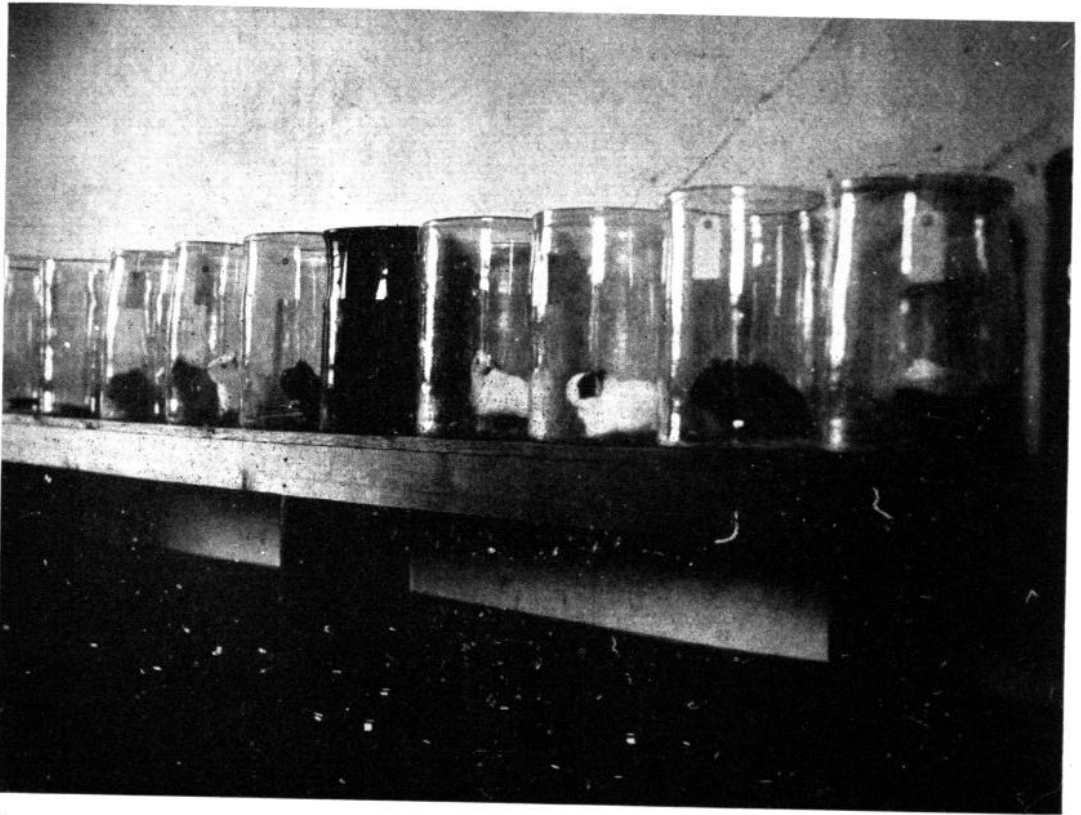
Without fear of contradiction, it may be stated that we are ignorant in many respects concerning the actual sanitary conditions under which men work in the



Arriba: Unidad Sanitaria y Hospital Regional, Villarrica, Paraguay.
 Centro: Unidad Sanitaria y Hospital Regional, Pilar, Paraguay (local annex).
 Abajo: Hospital Regional, San Estanislao, Paraguay.
 (Above: Health Unit and Regional Hospital, Villarrica, Paraguay
 Center: Health Unit and Regional Hospital, Pilar, Paraguay (annex)
 Below: Regional Hospital, San Estanislao, Paraguay)

Americas. It is true that in Europe much light has repeatedly been thrown on this subject, but it must be recognized that those who have cast this light, have not been conversant with the psychology and biology of our peoples. Therefore it is highly desirable that the Pan American Sanitary Bureau, with the cooperation of all the American health authorities, should undertake to collect new biosocial information on these matters. Lest there should be some question as to the coordinating action which such a study would represent, we shall outline what we mean by the biosocial study of labor.

We have for many years taught that work is, fundamentally, a natural biologic fact, grounded in the condition of man: in the sweat of thy brow shalt thou labor, God's decree for man; in sorrow shalt thou bring forth thy children, His sentence



Campana antipestosa en Perú: Cobayos inoculados y colocados en frascos de cristal

(Anti-plague campaign in Perú: Inoculated guinea pigs placed in glass jars)

for women. Two aspects of labor: one assuring the sustenance of today, the other, the immortality of the species.

American public health has done and is doing much to prepare woman for her labor, in its essence: maternity. But it has not been as eager to bring within its fold the labor of men. And this is what should be attempted: to bring this problem into the private camp of the sanitarians, rather than let it continue the property of the politicians and lawyers, who are not always aware that the basis of their allegations must be a biologic one. The medical sociologist looks at labor from another viewpoint, which allows him to perceive its complex and multiple aspects. He is interested in knowing the worker; in evaluating his transforming and psychic capacity; in establishing the techniques which will better dominate the geocosmic atmosphere conditioning work; in understanding intimately the combination formed by human power and the resistance of things;

in foreseeing the economic, social, and political consequences of this meeting of forces; and in indicating how from this examination the juridical treatment may arise, so that the written standards shall be just, and shall foresee accidents, illnesses, fatigue, and conflicts of all kinds, and shall, above all, elevate work to the superior rank to which it belongs: these are the horizons of this investigator, which attract his efforts as a man versed in the knowledge of man.

The wisdom of the public health authorities of our Republics render any further insistence on these points unnecessary. What has been expressed here is more than enough to fulfill our pleasant and self-imposed task, of indicating, on the Second Pan American Health Day, some objectives for the future labor of the consecrated body known as the Pan American Sanitary Bureau.

PUBLIC HEALTH IN THE UNITED STATES

By Dr. THOMAS PARRAN

Surgeon General, U. S. Public Health Service

The most important advance in public health in the United States since the turn of the century has been the development and strengthening of permanent, professional health organization at Federal, State and local levels.

The Public Health Service—the first Federal agency concerned with health—was established by Congress as the Marine Hospital Service in 1798. From an organization concerned only with the care of American seamen, the Marine Hospital Service developed gradually to become the U. S. Public Health Service in 1902. Today it is concerned with the health of 130,000,000 men, women and children.

With the passage of the Social Security Act in 1935, the Public Health Service was enabled to play the most direct part in its history in improving the health services of the 48 States and the Territories. The health provisions of the Act made available Federal funds to be allotted in grants-in-aid to the States for public health work. To become eligible for these funds, the States were required to submit health programs for approval by the Surgeon General of the Public Health Service according to standards set by him and the Conference of State and Territorial Health Officers. One requirement held that the State programs were to be carried out by full-time, professional workers. Provision was made for the training of State personnel in qualified professional schools at Federal expense. During the period 1936-41, a total of \$47,333,000 was paid to the States and Territories by the Federal government under Title VI of the Act, which pertained to public health services. So great was the stimulation of Title VI, that the States and localities themselves budgeted \$30,438,399 more for public health in the fiscal year 1942 than they spent in 1935. The Federal contribution for 1942 indeed, amounts to only 12.4 percent of the total \$97,458,330 appropriated.

The increase in full-time county health departments has been one of the most notable effects of the Act. In 1935, only 594 of the 3,000 counties were served by full-time health units; in 1941 the number was 1,655. More than 7,000 doctors, nurses, engineers and laboratory technicians have received specialized training in public health through Social Security funds.

Here was a concrete foundation for the national defense health program, now progressing so splendidly.

In May, 1938 Congress passed the Venereal Disease Control Act—a second major step toward a national health program. Here again Federal funds were made available to the States through grants-in-aid under the administration of