Inter-American Training in Public Health[1]

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FOR THE first time in history, the Government of the United States is conducting a training program for public health workers from the neighboring republics of the Western Hemisphere. This training program evolved, in part, from the development of a broad program of hemispheric defense against our common enemies and, in part, from the "good neighbor" policy enunciated by the late President Franklin D. Roosevelt, in 1932. It is now possible to discuss the purpose of this program, its present accomplishments, and its future influence upon the peoples of these regions.

Very soon after the establishment of the Office of the Coördinator of Inter-American Affairs, Mr. Nelson Rockefeller, the Coördinator, was asked to give all possible assistance to the protection of public health areas surrounding the military bases established in the other American republics, for the defense of this Hemisphere. Mr. Rockefeller was also asked to assist in the development of resources, there available, which could replace vital resources lost when Japan took possession of the South Pacific Islands. Without public health protection of the personnel engaged in developing these resources, the efforts for hemispheric solidarity against common enemies would have been impeded.

Our Brazilian allies were quick to see that the great resources of Minas Geraes could not be tapped under wartime pressure without a public health program along the Rio Doce—that great artery through which those resources must flow down to the sea. On the other hand, Haiti realized that sisal, the indispensable wartime fibre, could not be produced in the vitally necessary quantities unless the health of the thousands of new workers was protected. So, the American republics quickly saw that the development of hemispheric resources necessitated the protection of hemispheric health.

Major General George C. Dunham was assigned to the Coördinator's Office by the Surgeon General of the United States Army to develop this Health and Sanitation Program. The choice of Dr. Dun-

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ham was fortunate indeed; he is an outstanding authority on military public health and medicine; he had contributed greatly to the development of public health in the Philippines and, recently, had been assigned as consultant to the Brazilian Army. As a result of repeated conferences with government officials and public health authorities in the neighboring republics, Dr. Dunham was able to set up coöperative agreements with eighteen of these countries, whereby the United States and each of the other republics agreed to develop and carry out joint public health programs. The governments agreed to contribute funds and services to this coöperative program.

At first, these funds were used both for the improvement of public health conditions surrounding military bases and for the protection of the workers engaged in producing those materials critically needed in the war. However, by the time the imminent danger of enemy attack on the shores of this Hemisphere had receded, the value of the program had become firmly established and its important contribution to the improvement of each country's basic economy had been proved. The rewards in the control of malaria, the reduction in deaths from tropical disease, the benefits of health center work, and so forth, have been great.

While the building and operation of public health facilities by the United States public health workers was recognized to have value, it was felt that the day must come when most of the United States technicians would be withdrawn from these republics. What guarantee would there be, then, that work so well begun might be carried on, that public health measures might continue to grow on foundations already laid? The answer was the training of nationals to carry on their own programs—training in the United States or in Puerto Rico, where facilities for post-graduate education are available and established; training also within the countries themselves, or in neighboring countries, where special types of work are already well-developed.

Through the Institute of Inter-American Affairs, funds have been provided for grants to carefully selected public health workers from the other American republics for post-graduate study, professional observations, and practical training in the United States. This program extends over a five-year period begun June 1, 1943.

Between June 1, 1943, when the first trainees began to arrive in the United States, and December 31, 1944, a total of 384 professional workers in public health have studied, or are now studying, in the United States under the training program of the Institute.

These scholars are selected by the chiefs of the field parties of the Health and Sanitation Division of the Coördinator's Office and are jointly approved by them and by representatives of the respective national governments. They are selected on the basis of their past and potential contribution to public health and their sincere interest in the welfare of their countries. It is anticipated that, upon completion of training, they will return to positions in their native lands to carry on the work begun there and to train others who work with them. Most of the awardees return to employment in the coöperative program of the Health and Sanitation Division.

Before acceptance of the candidate, the Training Division of the Coördinator's Office obtains approval for placement from the schools of public health and medical authorities, under whose sponsorship the candidate will study. The special requirements of each individual are carefully considered, and arrangements for his study program and curriculum are planned in detail and constantly supervised. All costs of travel and tuition are borne by the Institute of Inter-American Affairs. Careful attention is given to the matter of language and, in cases where students need English training, this is made available, too. Staff members of the Training Division constantly supervise and assist these people by field visits. Unbroken contact is maintained with the Office through a continual flow of personal correspondence.

A number of problems have arisen in connection with this Inter-American Training Program. Some have dissolved as the result of experience, closer supervision, and more accurate professional placement but, by far, the most serious problem is that of language. Although most of the visitors speak some English when they reach Washington, less than 20 percent speak and comprehend sufficient English to make normal progress in their professional work.

This obstacle has been partially overcome by intensive English training preliminary to professional study, so that almost 50 percent are prepared at the end of a two-month concentrated program. Others continue to improve after entering their public health training period. Efforts are also made to combine English instruction and North American social orientation in a friendly community, where such orientation is natural.

However, the first few weeks of the academic programs have been hard for most of these visitors, chiefly because of linguistic difficulties. Not only must the trainees adjust to the varying qualities and tempos of professional English, used by the instructors, but they must also learn to think, write, and read technical material

in a strange language. Fortunately, most of the faculty members of the schools of public health have provided special tutorial services and methods of individual guidance, essential to any teaching program involving language and cultural barriers. The language problem will become less acute as our own professional people become more bilingual, and as interchange of scientific personnel and scientific knowledge becomes more common among countries of the Western Hemisphere.

Another problem faced by the visitors from the other American republics, who are registered in the schools of public health, arises from unfamiliarity with our teaching methods. Medical teaching in their countries is still influenced by the methods utilized in continental schools where attendance at classes is optional, demonstrations replace laboratory work, and the student does not "learn by doing." Consequently, the trainees have found it necessary to reorient their concept of the academic life.

There are also problems involving social adjustment in a new environment. The majority of our guests are married and must face a year's separation from their families. Mail service is slow. They miss their natural diets and home cooking. Their usual social life is seriously curtailed. They miss their regular jobs. Many complain of homesickness. There is at times a lack of security in their professional positions at home, which causes considerable preoccupation. The problem of adjustment is made more difficult by the demands of wartime living in the United States. However, the majority of these visitors soon recognize the well-worn phrase, "This is hard to get." They frequently remark that they are proud to be coöperating in the war effort, and they learn to accept shortages cheerfully. Fortunately, these factors have been recognized by the schools of public health, and every effort is being made to help these visitors meet North American families and to help them adapt to the new environment.

We have found from experience that many of the problems connected with this professional training program can be reduced by personal guidance. Such guidance begins with a conference between the fellowship candidate and the field representative of our office before the visitor leaves for the United States. At this meeting, some of the difficulties of his program and his new environment are described, and he is advised to depend upon members of the Training Division in the Washington Office of the Institute of Inter-American Affairs for help with his personal problems.

Fellowship candidates are usually routed through the Washington

Office, where they have the opportunity to meet and know members of the Training Division staff. In addition to meetings necessary for outlining the professional program that lies ahead, other conferences are held for the purpose of assisting these trainees in various personal ways. Each guest writes to the Washington Office monthly and, by continued correspondence, this Office keeps close to any possible problems. Members of the staff also make regular visits to schools or other places of study, meeting each guest and spending sufficient time with him in conferences and classrooms, in order to become acquainted with his progress and adjustment and to anticipate any possible need for readjusting his program.

When the present program of the Coördinator's Office ends, about seven hundred public health workers from the other American republics will have completed their studies in the United States. It is hoped that each of these visitors, having added our experience to his own and having prepared to avoid some of our own errors, will return to his country better able to develop public health facilities there. It is hoped they will recognize that, even in the United States, progress in public health has been slow and has been attained only through great fortitude, self sacrifice and, above all, widespread education.

It is hoped they will appreciate that we are all working towards a common goal and will remember that there are no national boundaries in public health. We have reason to believe that this program is strengthening professional bonds and sympathetic understanding among the public health workers of the Western Hemisphere.