

# Today's Global Frontiers in Public Health

## IV. The Immediate World Task in Public Health \*

JAMES A. CRABTREE, M.D.

*Deputy Director of Health, United Nations Relief and Rehabilitation Administration, Washington, D. C.*

NOTWITHSTANDING the experiences of nearly a century in man's efforts at international collaboration in health matters, it is only since the present war got well under way with its amazing lessons in world-wide mobilization and action that, to many of us, the idea of advancing globally upon the frontiers of public health has come to have a real meaning.

A frontier is defined as a region not fully explored. As long as public health, in its essential elements, remains a science, it will always have a frontier, varying in character from time to time, and from place to place, but with dimensions that are never limited except by the practical idealism of science itself.

Great geographic diversity of health frontiers could be shown by reference to those parts of the globe for which the previous speakers have an official interest. However, those parts of the world, though varying widely in their problems, and having attained quite uneven stages of development, have, for the most part, a recent record of uninterrupted progress in public health despite the impact which a half decade of war has had upon them.

The total world picture on the other hand shows large areas where not only has progress been interrupted, but

where even the basic institutions from which all such progress must spring, have been all but destroyed. I refer, of course, to the so-called "occupied territories."

Although we have all been uplifted by the inspiring military events of recent months, which encourage us to hope and believe that liberation soon will be complete, it is still too early to be able to assess at all adequately the health problems which lie ahead in these areas or to inventory the indigenous resources which may be available to be applied toward their solution.

Several months ago, when attempting to visualize the health problems of occupied territories, I summarized them in terms of a vast community with a conglomerate of world-wide geographic and cultural pattern, containing more than a quarter of a billion people, some of whom have been in slavery for more than seven years, others for a shorter time, 60 to 70 millions of whom are virtually homeless, a large number destined to succumb to the famine and pestilences of war, the majority of whom bear emotional scars as residuals of Gestapo-like treatment, and most all of whom fall into one of two categories, either hungry or starving.

At the moment, however, I would take a somewhat more optimistic view, due largely to our good fortune of having escaped up to now the sweeping pandemics that heretofore have typified

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war times, and to the fact that the pattern of liberation itself has been such that, in some of the areas, scorching by the enemy has been less systematic and much more spotty than it otherwise might have been.

On the other hand, even with a somewhat more optimistic view, one cannot escape the conviction that, for certain areas and regions, the public health problems to be met by the peoples of war-torn Europe and Asia during the days immediately ahead will in most respects be altogether unprecedented.

As reports from many of these areas become available, fragmentary as they may be, one cannot help but be impressed with the dominant rôle which attaches to the problem of hunger. It is interwoven in one way or another with practically every problem in public health. It looms large as an independent entity among the causes of death; it exaggerates tenfold the health problems of maternity and infancy; it contributes in considerable degree to the excess morbidity from malaria; it expresses itself in undue fatality rates for a whole host of diseases, notably typhus fever; and in its own insidious way, it is wiping out the gains of a generation in the world-wide movement toward the prevention and control of tuberculosis. From the beginning of the war, food has been the sharp weapon of the enemy, it being in food distribution that his practices of racial and political discriminations have been most notorious.

It is perhaps to some extent a matter of good luck that we have escaped up to now the classical wartime epidemics. Otherwise, one would be tempted to say that they could be foretold almost with mathematical precision. The abrupt displacement of millions of people into foreign environments, the breakdown of sanitation and other health protection services, the con-

fiscation by the enemy of hospitals, drugs, and biological supplies, and the discriminatory policies covering the use by the native population of what remains, the overcrowding, the lack of food, clothing, shelter, fuel and soap; all these point to the serious potentialities of pestilence, especially when the return of displaced persons to their homes reaches mass proportions.

The forced displacement of people is one of the great social tragedies of this war. There is no way of knowing at this stage what the full consequences will be, particularly in respect to the children and youth of the families concerned. It is estimated that among Europeans alone displaced persons number 10 to 20 millions. These include prisoners of war, civilian internees, forced laborers, political prisoners, racial minorities, orphans, former residents of "blitzed" areas, and large groups of refugees who, escaping from their native countries to avoid the cruelties of the Gestapo, have become dispersed throughout practically the entire world. The provision of the necessary medical facilities and public health safeguards whereby these people can be returned and restored to their homes and families within reasonable limits of sanitary safety will constitute one of the major public health undertakings of the months immediately ahead.

Here, one may anticipate the entire gamut of public health problems, with some emphasis on orphaned children, maternity and infancy, the venereal diseases, and general illness, but with the whole picture dominated by epidemic disease.

Already we have had warnings by typhus fever in Italy and the Balkans; cases of malignant malaria in the Mediterranean countries numbering in the hundreds of thousands; the enteric diseases, particularly the dysenteries, on the increase in practically every occupied country; and over every area

about which we have information the shadow of tuberculosis becoming increasingly heavy.

Infant mortality, that most sensitive index of the health status of a people, points further to the magnitude of the health job that faces large segments of the post-war world. Under the general conditions known to have prevailed in the occupied areas, it comes as no surprise that infant death rates have increased from 20 to more than 60 per cent above their pre-war levels, that premature births and miscarriages have more than doubled in frequency, that hunger edema has advanced to among the leading causes of death among children, and that indeed credence can be given to the report that in certain areas a second pregnancy during the war was considered tantamount to suicide.

In a country such as the United States blessed with almost unlimited natural resources, together with extraordinary industrial genius, the physical goods and tools needed for the maintenance of health are taken more or less as a matter of course. However, no country is entirely self-sufficient in all such essential goods. Some of the occupied countries prior to the war were more or less self-sufficient; others were almost completely dependent upon imports. The war, however, has placed all of them in one of two categories, either deficient or destitute. The sharing of present world stocks of drugs, biologics, chemicals and equipment for sanitation, hospital supplies and equipment, and the prompt rehabilitation of industry and transport to the point where world requirements can be met adequately constitute still another important element in the total job of world health.

These are some of the essential problems which, as we see them, highlight the task immediately ahead. From a technical point of view, it would be relatively easy to outline the

specific measures to be applied in each case, yet the measures themselves when translated into all the elements which comprise a program of action take one immediately to the fundamental problems of organization and personnel.

In this regard, it may well be that we will have derived certain compensations from this war's experience. True the war has magnified certain of the world's health problems many fold. Yet at the same time it has demonstrated beyond a shadow of doubt man's capacity to mobilize upon a global basis the tools and resources necessary to reach a common objective; while the wreckage of the war, in terms of typhus, malaria, tuberculosis, the venereal diseases, and the psychoneuroses, is yet to be measured, the means for getting at the job have been greatly perfected as a result of war inspired researches and military experience; and, finally, though the war for a large portion of the peoples of the world all but blotted out the possibilities of intellectual and cultural life, and shut off the free flow of ideas and ideals across political boundary lines, that experience in itself has refreshed the conception of knowledge as an international responsibility and has led to a much wider appreciation of the fundamental importance of international collaboration in matters pertaining to the science of health. So that with the end of war in sight, we have had the lessons of an experience, of a framework of organization, both technical and political, and of new technical achievements based on new scientific discoveries, upon which to move forward into the global frontiers of health, all within the environment of a more enlightened and more favorable world public opinion.

Two developments have taken place already which may well be considered the beginning of a new advance upon the global frontiers of health. These are the Interim Commission on Food

and Agriculture (authorized at the International Conference held at Hot Springs, Va.), and the United Nations Relief and Rehabilitation Administration. Though the former has long range and the latter has short term objectives, in both of them health is afforded a place of great importance.

UNRRA has been given the task of mobilizing the available resources of the forty-four Allied Nations for the purposes of bringing to the victims of war, immediately upon their liberation, aid and relief from their sufferings, food, clothing, and shelter, aid in the prevention of pestilence and in the recovery of their health, assistance for the return of prisoners and exiles to their homes, and aid in the resumption of agricultural and industrial production and in the restoration of essential services.

Within the health organization of UNRRA there are no delusions as to the enormity of the task imposed upon it. Though the past year has been spent largely in planning for a job that could be defined neither in scope nor time, yet substantial progress has been made. Stocks of medical and sanitation supplies have been assembled, both in this country and in the United Kingdom, which will be made available for distribution in the liberated areas as rapidly as conditions permit. The essential nucleus of the administrative staff, both central and regional, has been engaged. Substantial numbers of personnel, including physicians, nurses, engineers, entomologists, bacteriologists, medical requirements specialists and other technicians, have been deployed in various parts of the world in anticipation of early action in the field.

It is impossible, at this stage, to define a typical UNRRA health team for a country operation. Differences of need will be too great. What UNRRA must have, however, to do its job adequately, is a much larger health force

than is now at its disposal. The most pressing need at the moment is for nursing personnel, including those in public health, hospital nursing, and nursing education. In the medical group, the greatest need is for trained administrators, preferably in the field of public health; persons of professional caliber who can advise and assist the health officials of the national governments in the task of reorganizing, strengthening, and expanding their health and medical services to meet these unprecedented problems. In addition, there is great need for specialist personnel in practically all fields, epidemiology, tuberculosis, medical nutrition, malariology, hospital administration, maternal and child health, sanitary engineering, bacteriology, and medical supply requirements.

UNRRA is unique among international organizations. All international bodies created prior to UNRRA were essentially contemplative, set up primarily to function in an environment of peace, and relying for the most part upon each sovereign member state to administer and execute the plans arising out of this joint contemplation. UNRRA, on the other hand, is essentially an organ for administration and executive action, with a short span for such action it is true, but with even a more limited period for contemplation and planning.

Being unique in this respect, UNRRA has had few precedents to guide it through the difficult stages of effecting its administrative organization. It becomes all the more necessary then that its personnel be of the very highest caliber in order to insure the fulfillment of what we hope to be UNRRA's destiny, namely, to demonstrate in a practical way the competence of a world society of nations to give strength and meaning to the doctrine of mutual aid. The experiences gained in UNRRA will redound greatly to the

benefit of the permanent world machinery which must follow in the wake of UNRRA to carry further forward the advances into the global frontiers of health.

UNRRA is an emergency organization. Its life span cannot be more than a very few years. To mobilize fully the resources of the world into a global approach to public health requires, in my judgment, the creation in due time of a permanent international health organization.

This organization too, I believe, should be unique. It is beyond my competence to suggest precisely what the administrative pattern should be, or where it should be placed within the overall international political framework; suffice it to say that every possible safeguard must be made to insure for its stability, continuity of policy, and adequate financial support.

This permanent world health organization should, in my view, carry out at least the following functions:

1. It must serve as a world intelligence center on matters pertaining to public health and especially as regards the movement and behavior of communicable diseases.
2. It must be responsible for the further development of international standards relating to biologicals and other medicinal products of international importance in the prevention and control of disease.
3. It must give meaning to the principle of mutual aid, and strive toward the goal of equalization of opportunity for world health by furnishing technical assistance and consultation to any member state faced with health problems that go beyond the administrative competence of the individual national government.
4. It must take advantage of its peculiar position to push back the frontiers of knowledge by organizing and supporting appropriate researches (both laboratory and field) into the health problems of international concern.
5. It must serve as only it can, as the most effective instrument for international health education, through such media as an international health library, publications, reports and what is most important, the international exchange of personnel.

6. With the present trend toward a high degree of international collaboration in many other fields, such as food and agriculture, finance, transport and labor, all of which have elements related to health, it must be prepared to provide essential technical consultation to these other international bodies and furnish authoritative direction and intelligent collaboration with them on all matters having to do with world health.

I would venture to suggest that the time may come ultimately when there might be developed under the auspices of this world organization an international school of public health devoted to the training of personnel for service in international health work.

As regards both its functions and its relationships with member governments, this international health organization, as I view it, would be patterned to a surprising degree after the U. S. Public Health Service in its functions and its relationships with the several states of the United States. And I would like to hope and believe that given a similar pattern of organization and the necessary leadership, it could, in future years, point to a record of achievement in the international sphere of equal or greater distinction than that of our own Public Health Service in its national sphere.

Aside from winning the war, the major preoccupation of the peoples throughout the world today is the securing of the peace. I know of no responsible person who would disagree with the view that world security must be based upon world coöperation. I believe experience has shown that international collaboration cannot be selective. It is impossible to choose specific fields for coöperation and disregard others. But public health, blessed with a philosophy and technic that are peculiarly applicable for international collaboration can, and I think will, spearhead the movement toward a world society of nations.