

Today's Global Frontiers in Public Health

III. Potentialities of International Collaboration in the Field of Public Health *

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WE must all of us, in our daily work, have been frequently struck with the fact that while the art of healing and the prevention of disease is essentially world-wide in its claims, the technical method of its application has been too often limited by politico-geographical boundaries. This was not always so. In the Middle Ages, when the guest rooms of the monasteries were open to wandering scholars and monk-Latin enabled the learned of all countries to communicate with each other, medicine, in common with other forms of knowledge, was international. Then, following the dissolution of the monasteries, with the resulting difficulty of travel and the disappearance of Latin as a lingua franca, a strong nationalism in the practice of medicine grew up in each country so that today the standards of strength of therapeutic agents (drugs, sera, vaccines) vary with the different countries, and the results of prevention or treatment cannot easily be compared.

Forms of notification of death and the character of the information given on death certificates of various nations are so different in character that the national death rates for such diseases

as cancer, tuberculosis, etc., are of little value for comparative research work. Even the study of clinical records of cases is complicated by the fact that in Europe alone there are three systems of recording temperatures (Reaumur, Fahrenheit, and Centigrade), and the different systems of weights and measures used in scientific work create still further complications. If this is true of clinical work and research, it can well be imagined how impossible is any real comparison between different countries of medical administrative methods and legislation.

Again, how rarely in the bibliography of any book, or indeed of any medical subject, do we find any references to work in more than one or two countries—often one only, and with this has sometimes developed an unfortunate tendency to regard as suspect results obtained by others than our own nationals! It is all too rarely that any medical administrator seriously studies how similar problems to his own have been dealt with in a number of countries. Nevertheless, here lies a mine of knowledge—hardly ever utilized for practical purposes. Yet, making allowance in some cases for differences in climate, environment, social customs, and standards of living, most of the problems of public health

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and the control of disease are fundamentally the same in each country, and everywhere first class men are seeking to solve them. We generally know only too little of the details of what has led to their successes or—and this is equally important—why they failed.

We must all of us have frequently seen others contemplating or indeed attempting to put into practice measures which have already been tried in a number of countries and proved impracticable. Indeed, careful consideration will show that there is hardly any piece of administrative medical work which would not be better done if those responsible could readily avail themselves of the experiences in other countries than their own.

Finally, I need not mention the obvious fields of international collaboration in the collection and dissemination of epidemiological knowledge and in the control of outbreaks of infectious disease affecting more than one country—essential work which can only be done effectively by collaboration between nations.

It is remarkable that it was not until the beginning of the present century that thinkers began to realize the value, both scientific and economic, that might be derived from a comparison of the methods utilized and results achieved in various countries, and still more from the adoption of similar national standards in research work, clinical recording, and administration, which would not only make results comparable but save vast sums of money by avoiding the repetition of experimental work, scientific, legislative, or administrative, which in one country had already proved unsuccessful.

The gate is surely opening for progress in international collaboration in medicine. Moreover, today we have for our guidance the past work of the Office Internationale d'Hygiene Pub-

lique and the Pan American Sanitary Bureau as far as the dissemination of epidemiological information is concerned and the administration of the international agreements in respect of quarantine measures voluntarily agreed to by some 54 nations. We can now benefit by the twenty years' experience of the Health Organisation of the League of Nations, which was the first body to explore and demonstrate practically the possibilities of international collaboration in medicine. The value of such collaboration has been indubitably demonstrated during the past twenty years and it is now fully agreed by both medical administrators and scientists throughout the world that some form of permanent international machinery should be created as soon as circumstances allow to provide for the solution of present and future health problems in all countries. Furthermore, as Americans and British, we are fortunate at this time in the international outlook of the heads of our respective national services, Surgeon General Parran and Sir Wilson Jameson. Surgeon General Parran's understanding of the potentialities of collaboration in medicine is too well known both in America and England to require any words on my part, and as far as Britain is concerned I would only say that you could not fail to be most deeply gratified if I had time to describe the very great influence American methods in public health have had and are having on public health practice in England, particularly in relationship to epidemic disease control and laboratory work—thanks to Sir Wilson Jameson's influence and his admiration of the public health work of your country.

May I mention one example of this. Hard pressed as the medical staff of the Ministry of Health is at the present time, Sir Wilson was so anxious to obtain uniformity as between Amer-

ica and England in the control of infectious disease, and to reap the benefit of reciprocal interchange of knowledge between our countries, that he asked Dr. Stock and me to come to New York specially in order to meet the members of your committee responsible for the "Control of Communicable Diseases," with a view to discussing with the committee the differences in epidemiological practice between the two countries. Prior to leaving England we obtained the views of the Scottish Board of Health, the Board of Education, the Society of Medical Officers of Health, the Association of School Medical Officers, and a large number of experts on the Control of Communicable Diseases of the A.P.H.A. Since we arrived we have already, through the medium of your publication, established a considerable degree of uniformity in the practice of epidemic control as between the United States of America, Britain, and the South American countries. I should add that in our inquiries in England we were struck not only by the great value attached to the brochure by medical administrators, but also by the wide extent to which it was already used as a guide in the control of communicable disease in our own country.

Finally, as a foundation stone, is the growing realization among medical men everywhere of the importance of pooling our neighbors' and our own knowledge and experience for the common benefit and for the advance of medicine. How widespread this realization is can be appreciated from the fact that immediately before the war, in addition to the official international bodies, there were no fewer than 56 independent medical international organizations, each dealing with one or other of the branches of clinical, research and preventive medicine.

The stage is now set as never before but we must ponder deeply on our

next move, and above all seek to learn the illuminating lessons taught by previous experience in international collaboration.

International medicine today stands much as public health work did 80 years ago in its relation to the old purely clinical medicine. In both cases the new ideas have had to face the criticism of conservative opponents. How preventive medicine established its position during the latter half of the last century is familiar to you all. We must again build truly and well to insure that international collaboration in medicine becomes similarly established as an aid to every national health service and to every physician and research worker.

It is certain, however, that the first step is to do all in our power to insure the success of our newest creation in the field of international medical collaboration—UNRRA. On the success of the medical work of UNRRA will certainly depend the possibility of making a success of any new permanent international medical organization we may essay to build in the future.

What are some of the lessons of the past? First, that the almost limitless scope of the international medical field in itself creates a danger—that of attempting to cover too much ground superficially. Moreover, pressure to obtain results rapidly in a desire to justify the existence of the organization may be a contributing factor to shallow work. Therefore, in considering the creation of any permanent international health organization, the greatest emphasis must be laid on the importance of reaching and maintaining the very highest standards. It is of fundamental importance that the heads of the national health services as well as national technical scientific bodies should recognize any work done as being reliable.

Second, that the temptation to develop work along lines that are politi-

cally and sociologically too far in advance of what is possible at the present time must be resisted. Unless the developments proposed are parallel with current political thought, or at any rate only slightly in advance of it, success cannot follow.

Third, that in all international medical work it should constantly be borne in mind that for success political action must be a tool in the hands of medicine and not the reverse as has too often been the case. Unless this is accepted, the scientific prestige of the organization falls proportionately. For this reason, we must not overlook the problems attendant on harnessing medical work too closely to a world-wide political international body whose fate it must necessarily share, apart from the fact that technical work may be constantly hampered by attempts to utilize social medicine to further the purely political aims of the principal body.

Fourth, that as far as public health is concerned, it is not sufficient to have only the full sympathy of the directors of the national health services, health officers, and laboratory workers, but it is essential to secure their energetic coöperation, based on a lively appreciation of the concrete value of international collaboration in the solution of their day to day problems.

Fifth, that in order to avoid the overlapping of work amounting almost to rivalry in certain spheres, which has been an embarrassment to international collaboration in medicine in the past, it may be wisest in the future to construct a single organization embracing international work in all branches of medicine. This may possibly be done by retaining existing bodies, suitably modified in the light of their previous defects, and by creating new organizations for special pieces of work where necessary, eventually linking all together loosely by a skeleton interna-

tional administration. This has the advantage that we do not hastily put aside organizations of established value and of wide experience. In view of the political difficulties which have to be overcome before an international technical organization becomes actually operative and the extreme slowness with which agreement between various schools of thought is realized, very careful thought is necessary before it is decided to cast aside the old and build anew. We must not forget, moreover, that most governments have existing obligations to each other under a number of international Conventions and Covenants and the relation of these to any new organization will require most careful consideration. Nevertheless the obvious advantages from the point of view of efficiency of having a single medical organization constitute a major consideration.

A further question of fundamental importance is whether the medical committee of any international organization should be representative of all the countries of the world, thus running the risk of becoming an unwieldy machine and necessitating the creation of a bureau for executive work, or whether regional medical committees should be created which elect representatives to a central advisory committee. The beginnings of a regional constitution were indeed suggested prior to the war in the work of the Pan American Sanitary Bureau for the Americas, the Health Organisation of the League for Europe, the Singapore Epidemiological Bureau for the Far East, and the proposed Pan-African Conference cut short by the outbreak of war. A regional constitution allows the heads of all health services in any area to attend frequent meetings and consequently to take a vital interest in international collaboration and at the same time it obviates a great wastage of time and money—for example,

in bringing a senior man half way across the world to listen to a committee discussing the prevention of some disease which, if it occurs at all in his country, does so under conditions so utterly different as to render any knowledge learned largely inapplicable.

It is clear that in any international medical organization an advisory committee and an executive staff will be necessary. The constitution of the first and the composition and method of recruitment of the second both call for most careful thought. Time will not allow me here to enter into the many questions they raise, but there is one point to which we should at once give careful thought. Is the Advisory Health Committee to consist of representatives of national health services, or of technical experts, or of a mixture of the two? Whatever is eventually decided upon I think it is generally agreed, and indeed experience has shown clearly, that a mixed committee is very unsatisfactory, and that it is essential to have separate committees of experts and of medical administrators—the former reporting to the latter. Whether or not medical administrators are official representatives of their national health services is another question and one which depends to a great extent on what scope is envisaged for the organization. National representation is essential if the work is to include the administration of definite governmental obligations such as those involved under sanitary or other international medical conventions. If, on the other hand, all that is aimed at is to create an expert body whose views are circulated to governments but without any real expectation that they will be acted upon—then national representation is unnecessary and indeed undesirable.

The views of an expert committee can only be put into practice in a country if the coöperation of the na-

tional health service has been obtained by representation on the committee making the recommendation. Past experience has demonstrated only too frequently the truth of this in international work. We have therefore to choose between a limited academic scope in the work, and a much wider one of effective application and constitute our Advisory Committee accordingly. In short, the amount of representation on the committee depends directly on how much real and effective collaboration with national health services is desired.

Again, how can we so frame the constitution of any international medical committee that, in voting, each country exercises a weight proportionate to the amount its resources allow it to play in the development of its public health responsibilities as well as in international collaboration? The degree to which clinical and preventive medicine have developed, the percentage of the national budget expended on health and social measures, the standards reached in the universities, the contributions made to medicine, etc., vary greatly from country to country, and in practice it is impossible to expect more developed countries to be overruled by the votes of nations less developed from a medical and social point of view.

I have outlined some of the major questions which we must clear in our minds before starting on any structure. It is natural that after some 20 years in international medical work I have strong personal views on the answers with, I think, satisfactory experience in support of them. I believe, however, we shall get further if, instead of outlining these now, I leave the questions to your unbiased consideration so that when the time comes to build—as come it surely will—we may be guided by the wisdom of the many and at the same time take into account the inter-

ests and outlook of the individual.

It is only possible here to outline some of the headings under which international collaboration in medicine could work.

First, there is the creation of technical committees of experts for the general coördination of research and for the pooling and comparative study of results to cover scientific, clinical, and administrative aspects of every branch of medicine and the allied sciences as well as hospitals and social questions.

Second, the continuation of the work already done in the international standardization of drugs, sera, and biological products and the amplification of this work not only to cover a much bigger field of drugs and sera but also technical procedures in scientific investigations, clinical recording of cases, and administrative machinery for special purposes, etc.

Third, the collection and dissemination of epidemiological information and the control of quarantine procedure.

Fourth, the provision of tours covering a number of countries for individuals to study the clinical, research, or administrative aspects of special subjects.

Fifth, the establishment of an international world library as a part of a center for health education. At present there is no place in the world where a health officer can see all the different laws and regulations of the various national and local health services or can read the public health reports of all countries and places foreign to his own and thus find out which administrative steps have succeeded and which have failed and why. Yet such an invaluable and unique collection of documentation could readily be established by an international organization. Indeed, it can be done in no other way.

Such a library should be a part of an international postgraduate school of health available to all those engaged in research work, or clinical or preventive medicine. The far reaching potentialities of such a school will readily suggest themselves to your mind.

Sixth, close coöperation with unofficial medical international organizations by the promotion of congresses and the encouragement of the study of all medical subjects lending themselves to international collaboration.

Finally, for my own country, I am sure that when the time comes it will undoubtedly be prepared to place its wide experience, knowledge, and inspiration at the disposal of other nations, and at the same time will realize the potentialities of coöperation with other countries in the solution of scientific, clinical, and administrative medical problems. I am convinced that this will be equally true of all those responsible for medical or health practice throughout the world.

We must therefore prepare for the opportunity which lies before us and, when the time comes, accept, as trustees of the public health of the future, the responsibilities of creating and maintaining machinery for international collaboration in all branches of medicine.

In conclusion, in the difficulties we shall meet, we must constantly seek to learn from each other, keep our minds recipient to new ideas, and remember the truth underlying the words of Kipling:

All good people agree,
 And all good people say
 All nice people, like Us, are We
 And everyone else is They.
 But if you cross over the sea
 Instead of over the way,
 You may end by (think of it!) looking on We
 As only a form of They.