Environmental Health in Urban Planning

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Address given at the opening of the Seminar on Environmental Health in Urban Planning, held in Mexico City from 7 to 12 November 1966, under the joint sponsorship of the United States-Mexico Border Public Health Association, the health authorities of the two countries and the Pan American Health Organization.

Searching for a symbol to reveal the meaning of the twentieth century, Boulding considers it to be the midpoint of a "great transition" in the human condition that is occurring not merely in science, technology, the physical machinery of society, and the use of physical energy, but also in social institutions. He believes that in the tremendously complex world of social interrelations it cannot be said simply that one change produces another, but only that they are very closely related among themselves and that both aspects of human life—technology and social institutions—are changing together.

These observations seem to me very pertinent to the Seminar on Environmental Health in Urban Planning, which opens today and which the Pan American Health Organization and the World Health Organization are attending at the kind invitation of the Minister of Health and Welfare of Mexico. The presence of the Minister, and that of the Surgeon General of the U.S. Public Health Service, give this meeting stature and position, and indicate the importance that their Governments attribute to the recommendations that will be made.

For our Organization, participation in the Seminar is more than just a duty, for we believe the topics to be discussed are of hemisphere-wide significance. Further, we believe that the border on which it is planned to apply the modern techniques of environmental health combines geographical, sociological, cultural, and economic characteristics from which may be derived knowledge of benefit to other similar regions in the Americas and elsewhere in the world.

The agenda harmonizes the traditional with the modern, the transition from the rural community to urban culture. Planning is the basic instrument proposed for determining the nature of the problems, their priorities, the means of solving them once specific objectives for definite periods of time have been established, the technical-administrative structure to carry out the entire process.


We are certain that the participants, in considering each question, will realize that what we all want is to improve environmental conditions in the communities in order to reduce risks of illness and death for the inhabitants of today and those of the future, always respecting their style of life. Differentiation of the determinants of health and illness in the environment—between the animate, or biological; the inanimate, or physical and chemical; and the psychological and social or behavioral—responds to the need to establish classifications, for practical purposes, that do not coincide precisely with the situation in the real world. For, in fact, there is no break in continuity between human beings and what is external to them. As Audy points out: “If a person refers to smog as something in his external environment, he is not talking in ecological terms. If he refers to it as a metabolite in the ecosystem of a metropolis, he is looking at it in an ecological way.” Later he adds: “A human group does not function meaningfully unless it is integrated socially by shared activities—what might be called group positions—to create what Erik Erikson has referred to as ‘group identification.’ The spatial element is an essential part of this pattern of integration, as is stressed by the students who describe it as a sense of spatial identity. This is exactly what is meant by the concept of ecosystem, which must include all artifacts and the media through which information is exchanged.”

We believe that this conceptual framework makes it possible to apply modern methods to each situation and the research that arises from each experience. It invites the coordination of specialists and institutions and—equally important—of the groups in each society. For these are indivisible entities, with a life of their own, which result from a natural adaptation process that is “essentially behavioral or cultural rather than biological.”

The problems to be analyzed at the Seminar are common to all the countries of the Americas, with variations within or between them brought about by their stage of development. Hence the importance our Organization attaches to the examination that will be made, in view of the great knowledge and experience of the experts present. The border between Mexico and the United States of America obviously has some unique features, such as its great length, the almost constant crossing by inhabitants of both countries, the active economy derived from trade and industrialization, the degree of development of the neighboring cities, the contact of customs and cultures. Similar phenomena, with variations corresponding to differences in geography, accessibility, and population characteristics, are occurring on other borders in the Americas and should be studied, in accordance with the priority assigned to them by the general development and health policies, with the same criteria as those employed at this Seminar.

One fact that singles out the border between the two countries is the existence of the United States-Mexico Border Public Health Association, which in 22 progressive years has become not just a forum but a catalyst for efforts that have been producing well-being for the communities in the manner determined by the Governments. Today it is a true intellectual bastion in which a genuine spirit of cooperation reigns and in which the most effective means are sought to combine

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Ibid., p. 9.
efforts in common situations that actually or potentially affect health and welfare. It is very gratifying to our Organization to serve as secretariat for the Association and, above all, to help put the recommendations of its annual meetings into practice. Following your example, some other countries with common borders have established similar institutions. We propose to continue on this route, for each advance reveals new problems, each satisfied aspiration creates others, and the result is both sacrifice and spiritual satisfaction.

These considerations explain our gratitude for the invitation extended to us by the Minister of Health and Welfare of Mexico, our interest in your discussions, and the obligation, which we regard as inherent to our Organization, of seeking to have the dialogue continue and of contributing to an improvement in living conditions for the people.