On HEALTH AND WEALTH

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Survey worker for Institute of Nutrition of Central America and Panama makes seven-day record of children's food intake.

**THE PAN AMERICAN HEALTH ORGANIZATION** is the official international health instrument of the countries and peoples of the Americas. Its operating staff constitute THE PAN AMERICAN SANITARY BUREAU, first international health agency, founded in 1902 and serving also since 1949 as the Regional Office for the Americas of THE WORLD HEALTH ORGANIZATION, a specialized agency of the United Nations with 90 Member States. Its fundamental purpose is to encourage and coordinate efforts of the countries of the Western Hemisphere to combat disease, lengthen life, and promote the physical and mental health of the people. To this effect the Bureau collaborates with Member Governments in developing and improving national and local health services, provides expert consultation services, awards fellowships for training health services personnel, organizes seminars and courses on public health topics, coordinates disease control and eradication programs at the international level, acts as a focal point for the exchange of vital statistical and epidemiological information, and carries out a wide range of related functions.
The role of the Pan American Health Organization in the OAS economic-development program

by Dr. Abraham Horwitz

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The basic purpose of the Pan American Health Organization, according to the spirit and letter of its Constitution, is to encourage and coordinate the efforts of the Western Hemisphere countries to combat disease, prolong human life, and promote physical and mental health in general. Given the permanent interrelation between health, economics, and social progress, this means that the Organization must always be alert to all activities aimed at improving the general welfare.

Our interest in the OAS program is therefore self-evident. We share the view that economic integration is synonymous with equality of opportunity, in the sense that equal productive work must draw equal pay, without regard to social, cultural, racial, or traditional distinctions. It would be pointless, then, to discuss whether the economy serves a humanistic end, or to emphasize only the material value of capital or directly productive investments. To do so would be to overlook how much human labor contributes to national production—sometimes estimated at two thirds or more of the total national income.

The economic value of human life is not solely a matter of purchasing power, consumption, or savings, but is also, and largely, measured in terms of productive capacity. The amount of money society spends on each human being from birth to maturity is considerable. If an individual fails to produce, or even falls short, this investment is lost. An economy thus burdened means a static society whose margin of profit—in terms of a better life for the people and a more progressive and secure existence—is small and allows no advancement.
The relation between sickness and poverty—or, to put it positively, between health and production—is patent. Low production means inadequate wages, which in turn mean deficient diet, lack of proper education, unsanitary housing, and the like; these conditions breed disease; and disease destroys human energy and lowers production—in all, a deadly spiral. When a country with fixed and limited resources spends more for curative medicine, it necessarily spends less for preventive medicine and public-health programs. Consequently, it is faced with a continuing high incidence of disease.

**THE ECONOMIC CYCLE OF DISEASE**

This entire process is deeply rooted not only in custom, tradition, outlook, and sense of values but also in the reciprocal relationships of the various groups that make up a community. In any development program, therefore, all these factors should be carefully considered, for any plans of action will succeed only as they are adapted to the culture of the groups and countries they are intended to serve.

Of the various factors that determine community well-being, I have mentioned only nutrition, education, housing, and health, because they give rise to greater general expenditures and weigh more heavily on the family budget. The mutual interplay among them justifies a development policy that will include all prevailing prob-
lems, taking into account the needs and the quantity and quality of resources available. While medicine and public health alone cannot solve all problems of social well-being, they can make a preponderant contribution. When you consider that scientific medicine dates back only to the middle of the nineteenth century and that eighteenth-century statistics show a drop in general mortality in some countries, the inference is that the lower death rate resulted from developments other than the improvement of medical care. Infant mortality began to decrease before the advent of pasteurized milk, and tuberculosis became less prevalent before the establishment of tuberculosis clinics. Improved land cultivation and food distribution probably played a part in this phenomenon. But all this is not to belittle the role of disease prevention and treatment in the complex evolution of human society. They are daily becoming more effective, and surely they can benefit a greater number of people when applied within a balanced program of economic development. After all, population growth is a direct consequence of public health and engenders a greater need for production and

Population problems at the family level: a resident of Carquín, Perú, with her own eight children and some of her nephews.
productivity. In a static society, health programs are of small economic significance.

The great challenge to public health today lies in the social environment of most developing countries, where large numbers of the people barely exist—their labor is unproductive; their food always scarce; their housing inadequate; their life expectancy short; and their physical, mental, and social health poor and precarious.

Latin America has the highest population-growth rate in the world, almost twice the average for all other regions. The estimated rate of increase for the next fifty years is 265 per cent for Latin America; 180 per cent for Asia, with the exception of Russia; 160 per cent for Africa; 125 per cent for Oceania; and 151 per cent for the world as a whole. The highest rate is in Central America, with a yearly increase of 2.9 per cent, and the lowest in the Caribbean area, with 1.8 per cent. In South America the rate is 2 per cent for the temperate zone and 2.3 for the tropical. According to these estimates, the various countries would double their population in from twenty to fifty-eight years—seventeen would do so in less than thirty-five.

The birth-death ratio is also reflected in the composition of the population by age groups. The more developed a country is technologically, the greater the number of people in the productive years and beyond. In a transitional economy there are more children and young people. In Latin America, for example, children under fifteen make up about 40 per cent of the population, as against only 27 per cent in the United States. People over sixty account for 6 and 12 per cent, respectively. In large parts of Latin America life expectancy at birth is less than fifty years, and it reaches sixty-four only in some cities.

Degenerative diseases, such as cancer and cardiovascular afflictions, are naturally more frequent when the proportion of old people is higher. This is usually true in industrialized countries that have solved their problems of basic sanitation. Where hygiene, nutrition, and housing are deficient and there are larger numbers of children and young adults, infant mortality and death
from acute infectious diseases and tuberculosis are higher.

In Latin America infant mortality runs as high as 117 per thousand live births per year. In the one-to-four age group—which is most exposed to environmental hazards, both biological and physical—42.7 per thousand die each year. This signifies a tremendous loss of lives that represent talent and energy for the advancement of society. There is enough knowledge and experience available so that these tragic figures could be reduced: the United States has an infant-mortality rate of twenty-seven per thousand live births. This comes, of course, not only from more and better public-health institutions but also from abundant water supplies, excellent sanitation, good nutrition, and adequate education—all of which require capital.

The high mortality rate in Latin America is associated with a high annual birth rate that varies between thirty-nine and forty-two per thousand, as compared with only twenty-five in the United States. In well-developed countries, a steady drop in both the mortality and birth rates has enabled the economy to more than satisfy the demands of a growing population.

Though current vital statistics are not always complete, they do serve to reveal the adverse effect of disease and
evident in our countries and has been so admirably expressed by the measures being taken through the Organization of American States. The special Committee of Twenty-one has been analyzing development problems that are common to us all.

Another example of this spirit of progress is the Inter-American Development Bank, which promises so much for the future. These are the words of Felipe Herrera of Chile, a director of the International Monetary Fund, who spoke for the Latin American delegations on the occasion of the signing of the agreement establishing the Bank (and has recently been elected its president):

The Inter-American Development Bank has been planned to accelerate the balanced and well-ordered growth of all the countries of the Hemisphere. By its own definition, it should be beyond the interest of narrow nationalism. The Bank is fundamentally a financial and banking institution, whose operations will be guided by the strictest standards of sound and productive credit. . . . Through its Fund for Special Operations, it will also be in a position to meet those needs of countries and enterprises, the terms of which may not conform exactly to those of international public finance. This has been one of the aspects that we have discussed at greatest length and with the greatest concern. We believe we have arrived at a happy formula, which unites the principles of indisputably sound financial stability with possibilities for extending credit for projects of an essentially social nature.

As I said earlier, I feel that the OAS program includes the doctrine of health as a basic component of the economy. The Pan American Sanitary Bureau is putting it into practice by cooperating with the member governments in improving and extending national and local health services; by training personnel, both professional and auxiliary; by controlling or eradicating—depending on how far science can go at this point—the most prevalent communicable diseases; and by investigating new ways of improving and protecting the people's health. From experience we know that Hemisphere-wide programs cost more than most of our countries can spend. Suffice it to mention malaria eradication, water supply, sewage disposal, nutrition, industrial hygiene and safety, and building and equipping needed facilities. These few
examples justify the capital outlays that, in my opinion, should be considered within the scope of the international banks and their special operations.

The circumstances I have outlined prompt me to suggest that the OAS make public-health activities a permanent part of its projects; that the resources of the Fund for Special Operations of the Inter-American Development Bank be used, among other things, for public-health plans submitted by the governments (which, incidentally, the Pan American Sanitary Bureau, as a specialized organization, can help draw up, as part of the technical-assistance programs undertaken by the Bank).

I have the utmost faith that the enormous natural wealth of this Hemisphere, wisely and humanely exploited, can satisfy the needs of its growing population. The future presents serious problems, but none is beyond solution, given the spirit, talent, and capacity of the men of the Americas. This moment in our development can best be described by the words of Abraham Lincoln: "The dogmas of the quiet past are inadequate for the stormy present. We must think anew; we must act anew; we must disenthrall ourselves."
Through the Pan American Health Organization American nations help each other to better the health of their citizens, thus furthering economic development and raising social standards.

Photographs by Maxine Rude and Gay Gruner, and by courtesy of the United Nations.