FIRST INTER-AMERICAN CONFERENCE
ON
HEALTH EDUCATION

WASHINGTON, D. C.
U. S. A.
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FIRST INTER-AMERICAN CONFERENCE
ON
HEALTH EDUCATION

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U. S. A.
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PREFACE BY THE PAN AMERICAN SANITARY BUREAU

As may be easily gathered from the wording of the Foreword, the transactions of the First Inter-American Conference on Health Education were not edited or prepared for publication by the Pan American Sanitary Bureau.

The First Inter-American Conference on Health Education was actually a by-product related to the bringing to the United States in 1943 of a group of health workers from Latin America by the Pan American Sanitary Bureau to attend the Annual Meeting of the American Public Health Association as had been done for several years in cooperation with the Office of the Coordinator of Inter-American Affairs.

When the selection of the men to be brought over was undertaken, the Pan American Sanitary Bureau suggested that, in order to diversify the attendance from previous years, preference should be given to health educators, professors of hygiene and laboratory workers. The suggestion was accepted and a series of conferences developed in which the various subgroups participated as may be seen from the Bulletin of the Pan American Sanitary Bureau of May 1944. The professors of hygiene had also their own conference, the transactions of which have been printed in Publication No. 212 of the Pan American Sanitary Bureau.

As the Second Inter-American Conference on Health Education is being planned for Caracas for September 1946, it has seemed desirable to publish this highly condensed version of the exchange of views on health education which took place in New York in October 1943, and through the expressed wish of the workers present, became in fact the First Inter-American Conference on Health Education. Incomplete and partial as the data are, they permit, however, to form an idea of the problems involved and the manner in which they are being approached.
FOREWORD

It was originally proposed that this Conference be planned by the American Public Health Association and conducted by it as part of its 72nd Annual Meeting. After discussion with the Secretary of the Association and its only Latin American officer, Vice-President Felix Hurtado of Cuba, the Secretary recommended that it be undertaken as an activity of the Pan American Sanitary Bureau in cooperation with the Health and Sanitation Division of the Office of the Coordinator of Inter-American Affairs. A committee for this purpose was therefore created, consisting of Homer N. Calver, Dr. Mayhew Derryberry and Dr. Aristides A. Moll. This committee met frequently, planned the Conference and Dr. Moll and Dr. Derryberry gave material assistance in editing these Proceedings. Invitations to attend the Conferences as delegates were issued by the Pan American Sanitary Bureau, and all health educators in attendance at the Association meeting were welcomed. The list of those who attended appears in the appendix.

The unusual success of the Conference is due almost solely to Dr. Moll who with amazing ability stimulated contributions from every country, summarized and translated these contributions on the spot for the benefit of the whole audience and brought the Conference to a gracious close—on time.

Transcription of the electrically recorded statements of the various speakers was unfortunately inadequate to capture everything that was said. Wherever possible these omissions have been corrected through subsequent correspondence with the authors. For the few remaining deficiencies the editor craves the indulgence of the reader and the speakers concerned. It seemed best to make available as promptly as possible the material which was in hand rather than to postpone publication for many months in order to complete it in every detail through the medium of uncertain wartime communication.

This Conference was the first of its kind. If it has done no more than indicate the value of subsequent conferences it has achieved its purpose.

HOMER N. CALVER
THE PURPOSE OF THE CONFERENCE

The purpose of this discussion today is one of mutual benefit. Health educators everywhere face the problem of developing among the whole population an understanding of the scientific facts that form the basis for healthful living and stimulating intelligent self-direction in the application of these facts to ways of life.

Though the major health problems in our respective countries and states may vary markedly, the principles of learning whereby individuals acquire knowledge, develop attitudes and change habits in reference to health problems are quite similar.

We can, therefore, have a common meeting ground if we discuss ways of analyzing health education problems and developing programs that will stimulate learning and action among the people to solve the problems. It is believed that the most benefit will be derived by all if we try to learn the approach each of us would use if confronted with certain problems. Recounting specific programs will only be helpful as it illustrates a general method of approach. Hence, in our contributions we need to state the essential elements of a program, without details, in order to conserve time.

This Conference has been organized frankly as an experiment. If it proves successful, perhaps similar Conferences may be held in the future.

It is the hope that all members of the Conference will contribute freely to the discussion and that each of us will derive one or two new ideas which we can adopt and use in our own situations.
HOMER N. CALVER—United States: It is my privilege to call to order this first Inter-American Conference on Health Education. Besides that I have only the task of greeting you in behalf of the Office of the Coordinator of Inter-American Affairs and to welcome you to this Wartime Conference of the American Public Health Association. If we like this first Inter-American Conference on Health Education there is no reason why we should not contemplate holding other conferences in subsequent years in one country or another. As you will see from your agenda, Dr. Moll, whom all of us know and esteem, will be your presiding officer. I take pleasure in introducing Dr. Aristides A. Moll, Secretary of the Pan American Sanitary Bureau.

DR. ARISTIDES A. MOLL—Pan American Sanitary Bureau: Thank you. I wish to tell you that we are here merely to exchange impressions. We want especially the representatives from Latin America to feel free to present some of their problems for the consideration of their colleagues of the United States. These, in turn, will ask some questions and explain some of their efforts to solve similar problems. We wish all of those present to take part without any hesitation whatever. Please, one and all, feel free to ask questions about any of the problems which are being considered. The Conference will be a success only if and so far as this policy is followed.

Do not stop to think whether you are to speak in Spanish, or whether you are to speak in English. If you can speak in English, speak in English, if not, speak in Spanish or in Portuguese, without hesitation, and I will endeavor to translate for the benefit of all. The Conference is now open.

DR. MAYHEW DERRYBERRY—United States: You have before you a statement of the purposes of this Conference.* It is in English on one side of the sheet and in Spanish on the other side. We leave it to you to read, rather than trying to read it to you, because I think that would only be confusing. Thank you.

DR. MARIO QUIÑONES—Mexico: I believe that the problems existing in Mexico and in Latin American countries in general, with reference to health and hygiene education are more or less similar. In my opinion, these problems depend for their solution largely on the financial ability to make our health education program as broad as this branch of public health should be. We consider this financial support essential if we are to have a comprehensive and complete health campaign. I shall not present any concrete example in this connection now, since I believe that we are here concerned with the sum total of all factors, stressing particularly the point I have mentioned. All of us, all the citizens of our nations have made the necessary efforts. We ourselves are doing everything possible in order to bring about this desirable expansion of the health education field.

DR. M. LARES GABALDON—Venezuela: I wish to speak of the problem presented by rural health education, particularly in Latin American countries. I do not pretend to suggest solutions for so complex a problem. These are subject to the peculiarities of existing conditions in each region. I present this matter in order to arouse interest and bring it up for discussion, and to profit by the experience of those who have worked along this same line. It is very well known that all South American countries are sparsely populated. In Venezuela there are less than four inhabitants for each square kilometer. It would be extremely difficult, if not impossible under such conditions, to carry out the education of the

* See Page 7.
great mass of the people living in rural areas. The city newspapers do not reach many of these regions; they have no motion pictures, and the majority of the inhabitants are illiterate. Therefore, up to a certain point, the adult must be discarded as a subject for direct work, and we must concentrate largely on the child, who, among other advantages, is able to attend school, where the teacher can instruct him in health habits and personal and collective hygiene. He can later carry his elementary knowledge and habits acquired to his home and neighborhood. We should start by training the teacher in order to broaden this campaign and obtain positive results. I do not believe that it is imperative to instruct the teacher on all aspects of public and personal hygiene. Since the phases of health education are too numerous and the teacher is unduly burdened with his own work program, he will never be able to apply many of the things which he learns. Nevertheless, he should receive thorough instruction in the reasons for every one of the precepts of private hygiene; vaccination, use of latrines, school hygiene, isolation of the sick, prevention of communicable diseases, and so forth. For this purpose he should be provided with a special series of charts. An effort should be made so that he may receive his instruction in the health services themselves. All women teachers should take a full course in child care, not only as a matter of personal training, but in order to instruct their students and acquaintances.

This interest in the teacher should not be confined to his training. He should receive assistance in this teaching, because, to expect the teacher to do efficient work in the field, while he is living in a house without a latrine or running water, without wall charts and before an audience completely lacking in schooling, is like sending a surgeon into the same environment to perform operations without antiseptics, or surgical instruments. The health authorities should send the teacher periodically official publications dealing with health matters, booklets on the prevention of disease, and so forth. This should be done so that he may not forget what he has learned and, at the same time, in order that these facilities may serve him as a guide. Public health bulletins should include special chapters on home sanitation. At the annual teachers' conferences, lectures should be given on hygiene, films should be shown, and health exhibits should be presented. Health education clubs can be organized among the students, presided over by the teacher in which all the student members will be given definite responsibilities. Some might check the personal hygiene of their companions, others put up posters in the neighborhood, others maintain in the school library the health publications which are received from official sources and catalogue them so that they can be used easily. Other students may invite the public health officers to attend their sessions.

We should realize the desirability of including subjects of health interest in the school readers, as well as in the writing exercise books containing model sentences and illustrations. The prevention of diseases should be discussed daily by the teacher in his classes. In order to encourage the students, and maintain their interest, each one of them should receive a copy of a bulletin on health education, to be published by the appropriate department, the only condition being that they personally apply for it. In order to complete the work, it would be desirable to encourage the students to introduce the knowledge and good habits which they have acquired into the homes of their parents and friends. Outstanding students should also be rewarded.

DR. E. R. COFFEY—United States: I am mighty happy that we have had the courage to try this experiment of an Inter-American Health Education Con-
ference; I think it portends much good for all of us. Speaking as an individual who has perhaps had greater experience in public health administration than he has in health education, I can say frankly that of all the shortcomings in public health the greatest is the lack of proper health education. When I think of the time that we have spent and the money that we have spent and the personnel that have been in the field doing things for people, to protect their health, and the lack of action on the part of the individuals themselves, I feel that it’s high time we recognize the necessity of stimulating action on the part of the individual himself. And I believe this Conference will bring out some points of value to all of us. I am sure that our problems are the same and that our mutual discussions of these problems will help us all materially.

DR. CARLOS AMAYA—Nicaragua: In Nicaragua, we started an active campaign of health education in January, 1943. But as far back as 1938, the Board of Health had organized some contests in which prizes were given to all school children and to those below school age. These contests appeared under the titles of the “Healthy Child,” and the “Clean Child.”

In Nicaragua, this organization has been given official form so that the branch in which we work is connected both with the general Public Health Service and with the Inter-American Cooperative Public Health Service. One of our greatest problems is lack of personnel, and it is precisely one of the obstacles which we are trying to overcome. There are already eight or nine young men with scholarships here in the United States; some of these scholarships are provided through the Pan American Sanitary Bureau and some by the Health Service of their country. These young men are studying sanitary medicine, public health administration, and many more activities in the field of public health.

But we in Nicaragua have the same problem which Dr. Quiñones mentioned concerning Mexico. We are almost without funds. This lack of sufficient appropriations is our greatest problem, but in Nicaragua we have another special problem. In Nicaragua we have differences of customs and of languages. English is spoken on the Atlantic coast; Mosquito (a dialect) on the northern coast, and Spanish on the southern coast. Our propaganda must be able to reach all these different regions. We must have different propaganda methods for each area, in order to carry the basic ideas of public health to these groups. Another important thing, as Dr. Coffey states, is the lesson we have learned: that if we wish to do the best we can for the community we must encourage its members to take an active part in the solution of their own problems. Dr. Turner of the Massachusetts Institute of Technology, stated it very well when he said: “To do things for the people is easy, but often expensive. It takes a little longer to make the people do things for themselves, but the results are enduring.” He further states: “If the people are taught these things, they are strengthened and reinvigorated, but if these things are given to them, they are ruined because they can never learn them by themselves.” In summary, these three points are of great importance to us—first: lack of personnel; second: lack of appropriation; third: differences of customs and living conditions.

DR. ALBERTO ZWANCK—Argentina: From my experience in my own country, I can point out that we draw a sharp line between what is health education and what should be considered as propaganda. Therefore, our approach to health education has been entirely through the public schools, to develop habits of hygiene among the children, following the suggestions which come to us from your great country. Our primary interest is to give this instruction in the primary schools. The child, in the primary school, should acquire habits which will
result in a healthy adult life. However, although this purpose is easily accomplished in places where public health services provide all the facilities so that each person can carry out the requirements of hygiene for his own benefit and that of the community, there are many other places where the inhabitants are without these facilities for complying with health rules. Under such circumstances health education is doomed to failure from the start, because the people lack the necessary means to put it into practice. This deficiency concerns the population and the field of direct health education, but there are other factors which complicate matters, among which poverty ranks foremost. Poverty is an obstacle to the development of health habits, because the environment weighs very heavily upon the individual, and particularly upon the child. Therefore, we believe that welfare services should work in conjunction with the public school. From this welfare service, which has spread so widely throughout the United States, we have taken what we could apply in South America. It must be combined with the school in order to eliminate the economic and social factors conspiring against the welfare to which all people are entitled. As far as the upper classes are concerned, health propaganda obviously serves to maintain their interest in the problem. This happened in the case of vaccination, which was made obligatory by law in my country, and which was popularized by means of posters and cards. In my opinion, the value of this was relatively small in regard to the majority of the people in my country. I am inclined to give more importance to direct action through personal visits made by health nurses or whatever you wish to call them. The introduction of this educational approach which really reached the people, the home and the family, produces the best results in the inculcation of enduring habits of health. We may say that the way in which the population is distributed promotes health education in some instances and obstructs it in others.

From the beginning of its national existence and particularly since the year '85, when the great immigration started from the European countries, Argentina has not followed a sound policy of population distribution. We find that, by taking the main public square of Buenos Aires as a center and drawing a circle with a 500 kilometer radius, we circumscribe 60 percent of the total population of the nation. Only 40 percent of the inhabitants is left for the rest of this vast territory. This, obviously, facilitates health education in the central area because the population is concentrated, the schools are very close together, and the children are available for instruction. The last census in this area gives us a school attendance of 96.7 percent of the children of school age. The other districts, however, where the population is more scattered, present serious problems such as the regional prevalence of malaria, endemic goiter, and endemic hookworm. Some of these places are often completely without water. As we can see, the problems of health education in these regions are many and difficult.

Therefore, I attach great interest to the suggestion of holding an Inter-American Conference to study methods of health education and health propaganda. These methods, in the long run, must deal not so much with health as the psychology. It is necessary to study the psychology of the people in order to develop effective technical methods of propaganda and education.

DR. DOROTHY B. NYSWANDER—United States: I am extremely interested in the report on the use of students actually working in the community. I think in this country we have reserved a lot of our health education work for professional workers alone, and we haven't used our students. We haven't used our young people and our community people. We've been doing perhaps too much of working from the top, instead of learning that perhaps our students
in our schools have something which they themselves can teach to others, and
that our community, our people in our community have much that they can con-
tribute to a solid community health education.

DR. DOMINGO RAMOS—Cuba: In Cuba, before the war, when I had
the honor of being Minister for Defense, I was in charge of rural health educa-
tion. This program is now carried on by the President as Commander in Chief
of the Army. I have prepared a report which the chairman of the Cuban dele-
gation asked me to present on the coordination of health schools. In this I point
out that the health education of our people, which is so indispensable, might be
another important function of the health schools. In Cuba, the Health School
of the Finlay Institute is performing this function. Besides being very economical
it has for several years proven entirely satisfactory to the students because of the
results obtained. In Cuba, we have followed a typical system of health education.
Today I wish to call your attention to the fact that the concepts of health education
in the United States and in Latin America are different because the United States
has gone much further in developing health schools, and you therefore have
more teachers of health education. What we must do is, first, to build up a
corps of health education instructors in order that they may develop teachers
who, as is being done here, will inculcate health ideas in the people. Therefore,
I believe that it is indispensable, that health schools be organized throughout the
continent, based on or connected with universities and medical schools. Only
then shall we have real health officers, because, unfortunately, in our countries,
the doctor is believed to be a health officer, for the duties of the health officers
are not clearly defined. For this reason, health education is a course which is
given alike in the public health schools and in the public high schools, so that the
people may learn about health.

We do not have health schools in sufficient localities. Health institutions, such
as that of Dr. Zwanck in Argentina, Dr. Paz Soldán in Peru, and many others,
are making an effort to provide health education. These institutions are en-
deavoring to fill the need for health schools, but they cannot be compared in any
way to those at Harvard, for example, or Johns Hopkins.

I believe that it would be better if public health education should include not
only propaganda but also instruction for the children. In our educational system,
we have first trained a few doctors. We have received a great deal of help
from the Finlay Institute, whose Director I happen to be at present, the Public
Health Service of Cuba, and from the nurses.

DR. G. H. PAULA SOUZA—Brazil: I must repeat much of what has already
been said by a number of previous speakers. We in Brazil have followed as a
rule methods used elsewhere which have shown their value, modifying them as it
seemed advisable to meet our special needs. In our Institute of Hygiene at São
Paulo a health center is in operation which depends for a great deal of its work
on health education activities.

DR. HENRY F. VAUGHAN—United States: I would add as a corollary
that you will find that the public health nurse is also concerned with the up-
building of positive health habits, especially among those individuals who come
under her more intimate supervision in the pursuit of the programs in maternal
health, child health and school health. Of course, a large portion of the time
of the public health nurse is still consumed with the control of communicable
diseases and other regulatory procedures prescribed by codes and regulations.
Among these communicable diseases, of course, we must include tuberculosis.
and the venereal diseases. There is a rather definite line of demarcation in this country between the health educator who has been prepared to carry on courses of instruction in our school systems and those who have been trained as a member of a team to work with a public health agency on a broad community-wide program. The former is concerned primarily with physical education and the teaching of the biologic subjects in the school curriculum while the latter ranks as an assistant to the public health administrator in his endeavor to give community-wide expression in the dissemination of health knowledge through the utilization of various tools and techniques which are well-known to all health education specialists.

MISS MARY P. CONNOLLY—United States: I think Dr. Vaughan stated it very well. There are here and there, however, in this country, in rural areas particular systems in which work is being done in schools on a problem-solving basis, thus giving an opportunity to study the problems which have to do with health, and environment of the people; to study the problems of the home, and then to work together to see what can be done about it. I believe that that is a very marvelous thing. I believe, too, that health education when built on a wise basis, is becoming more and more a problem-solving subject. No longer can we feel that by running out and giving a few lectures we have done all that there is to be done about health education for the community. Only as the community participates can we have something to say about the health situation, and the good results that follow.

DR. MAYHEW DERRYBERRY—United States: I think that there is a development in this country that perhaps would be useful for all of you to know about. That is the use of people who are not nurses, but who do have a year of public health training, as community health educators. The idea is to have one person in each of our local health departments to serve each 100,000 population, not more than that, sometimes less. That individual is responsible for organizing the community into study groups on the problem-solving basis, as Miss Connolly mentioned, and having the people participate in solving their own problem. They run into no conflict with the nurse, whatsoever, because what they do is to make it possible for the nurse to bring to the people organized in the groups the technical knowledge and guidance she has. These people have an overall background; they don't necessarily do all the teaching; they organize the groups, study their problems, and then bring in the nurse, or sanitary inspector, the physician, or whoever may be necessary to provide the actual textual information the people need.

I would like to ask a question. I am interested in Brazil's law providing support for student trainees. I would like to know whether or not this support is specifically for health education or for public health service. And I would like to know also what are the basic educational qualifications of these trainees.

DR. G. H. PAULA SOUZA—Brazil: That law is not a Brazilian law. It is a law of the state of Sao Paulo only, which covers 218,000 square kilometers, and about 7,000,000 inhabitants. That law provides that each year at least 40 of the best school teachers will be selected for a one year course if they care to take it. The background they have is the normal school training. The candidate should have some biological training and they work in connection with the health problems that are presented. They do some health visits with doctors and nurses, and at the end of a year they are ready to do some work in public health training.

DR. CARLOS E. PAZ SOLDAN—Peru: I believe that this Conference is exceptionally valuable, not merely because of the information which we may con-
tribute to it, but because of the effects which it will have on the continent. What-
ever its ultimate value may be, this meeting is already important simply because
it is being held at the same time as that of the American Public Health Associa-
tion, thus establishing a close unity among all of us who have devoted our lives
to the health service. If I interrupt, it is in order to give my opinion on four
important points. The first is that although a positive program has been deve-
loped with different methods and techniques, we have not yet reached a continental
coordination. Coordination is the main purpose, and has been the outstanding
aim of the Conference. The second question is the difficulty which mass educa-
tion presents. These problems are entirely different from those which the old
aristocratic groups have imposed upon the people. We have three basic races
which have been introduced through immigration, and this presents a difficult
situation.

Sanitary units traveling in buses give lectures. I must pay a tribute here to
the great contribution made by the Servicio Cooperativo Interamericano de Salud
Publica in supplying action picture films. The motion picture is a pictorial lan-
guage, dispensing with the need for words, and, consequently, in spite of the fact
that the films were made for use in an American environment, in the United
States, nevertheless, thousands go everywhere to see the films furnished by the
Coordinator, Mr. Nelson Rockefeller. Furthermore, it is highly desirable that
this meeting make some statement which may serve as a guide for us, who have
devoted our whole lives to an ideal. Education is basically psychological; it is
fundamentally a matter of beliefs, of habits. It is a subject which becomes a
religion and, consequently, this meeting should be given a ritualistic character. I
believe that, as a climax of all that has been done and said, this meeting should
close with a message of faith to be broadcast to all those people engaged in
health education work throughout the Americas. This message should be sent
not only to the governments, who are only doing their duty, but to those humble
teachers of both sexes, to those workers, to those scattered professors, to all of
those who hunger and thirst after health, so that they may receive this message
of our appreciation. Just as an example, I shall describe a case which was given
much prominence at the health conference in Rio. A Peruvian doctor who speaks
both Aymaran and Quichuan, the two national languages, has started a movement
among the most primitive Indians of Puno, called the Ranchari, meaning “up-
ward” or “forward.” Thanks to this movement, he has been able to uproot
all ideas of witchcraft and of superstition, which prevented the penetration of
modern ideas.

I greatly appreciate the honor done me by my esteemed friend, Dr. Aristides
Moll. I also wish to point out that this is just one more episode in the work of
national reconstruction, which comes as a complement to the recent conference
in Rio de Janeiro, where it was clearly emphasized that there is no better means
of educating the masses than through physical education. Sports will permit
giving instruction on the first steps of health discipline to adults, just as the
great movement for child welfare is the second line of support in the building
of new generations.

DR. HERNAN ROMERO—Chile: If I made an effort to summarize our
work in Chile, I would say that we have been trying to do public health educa-
tion along three lines. We try to make it direct; we try to incorporate it in
every day living, and we try to make it opportune. By “direct” I mean that
we are convinced that the written word is not of maximum value in public
health education; not only because we have some illiterate population, but also
because we are convinced that the best means of teaching health is, directly,
through the spoken word. That is why we feel that the school teacher plays an important part in public health education. Secondly, much as the Cubans are doing, we endeavor in the rural areas to teach public health at the same time that we are teaching people how to speak, how to read or to do something else. And finally, our work is opportunistic because we use every opportunity to teach. For that purpose our epidemics are very useful. You know that we have epidemics, and with the fear which they create we use the opportunity to impress on the people the importance of life and of health.

Since I am so fortunate as to be here, I will take advantage of the opportunity to put a problem to you Americans as a whole. You may know that in Chile we have developed social medicine. Practically 90 percent or more of our doctors are working in public medicine. The doctors are going to play a very important part in health education in the future. I would like very much to know what you do in order to teach the medical doctor to take part in the public health program.

**DR. RAUL PENA—Paraguay:** Like almost everyone who has already spoken, I have the idea that in reality, health education and the development of health education are closely connected with the development of other public health institutions. In my country of Paraguay, health education was organized as a separate department toward the close of 1940. In 1942, this activity was greatly expanded, thanks to the financial and technical assistance of the Institute of Inter-American Affairs. In Paraguay we are using all possible means to increase what we might call propaganda: radio, press, booklets, posters, and so forth.

We use the radio in several ways; once a week and sometimes oftener, we have programs which consist generally of light or classical music, and sometimes a short comic sketch to introduce subjects such as measles, syphilis, public health problems, dentistry, and so forth.

Lectures also are given by various officials of the public health service and of the Health Department. We plan to announce these lectures well in advance. The lectures are later summarized and published by the daily papers and other periodicals. These publications are cooperating in this campaign. Aside from this, we have also learned to help with short terse slogans which are issued frequently. The workers also organize special weeks, for example, mothers’ week, children’s week, dentistry week, and efforts are being made to coordinate these weeks with the general instruction. As for talks and lectures, we have been successful in using students in the upper classes of the medical school. These students go to schools, public squares, and to the leading labor centers. These talks are short, from 15 to 20 minutes, and are accompanied by motion picture exhibits. Most of the films have been provided by the Office of the Coordinator of Inter-American Affairs.

In this connection, I should like to suggest the need for a central office of advisers on Latin America, to coordinate the production of these films intended for South America. As one of the previous speakers has already said, these American films are very good, but they are made for American audiences and the scenery, the clothes worn, the coloring of the rocks and everything in general is different from our environment. The people want to see someone like themselves, living the life they live and dressing as they dress. In this connection, however, since the motion picture industry is not yet well developed in South America, if each country were to undertake to make its own films, these would be very deficient from the technical viewpoint, and besides they would be rather expensive. Therefore, I wish that it were possible to have two or three technical advisers.
who know the environment of the South American and other countries, so that films made in the United States would be more or less close to our pattern of life, our customs and so forth, as well as our scenery.

We also need something like this in the schools. We now have special schools for teachers, nurses, midwives and even office workers. These schools operate at the various hospitals, health centers, and at the health center in the workers' wards. These have improved greatly since the Institute of Inter-American Affairs has been active. They occasionally give short talks on the care of mothers, for example, or on the care of the child, or on child education. This instruction plays a very important role.

Furthermore, for the next months of January and February, the time when vacations come in my country, we have prepared an intensive course in public health for teachers. At the end of two months, those who have graduated from these courses will receive a diploma, stating that they have passed the public health course. In order to facilitate this work, we have prepared a small manual on public hygiene, containing all available material. This will provide instruction so that the teachers may impart it in the schools, homes and other places.

DR. HUGH LEAVELL—United States: I should like to point out the very great importance of the practicing physician in health education of the public. His patients are likely to come closer to accepting suggestions from him than from other types of health workers. In view of the exceptional health education opportunities which the doctor has, I consider it most important that his attitude and training be influenced as much as possible in the right direction. This means that during his medical education the importance of health education needs to be stressed.

In Louisville, Kentucky, we are attempting to do this in a number of ways; one which I consider particularly important is in connection with the periodic health examination made by medical students on apparently well people who went into the clinic usually as domestic employees. In connection with the examination, the students are given some insight into the importance of what they say to the patient as the history is taken and the examination is made. Remarks from the doctor under such circumstances have a very lasting impression in many instances. After the laboratory reports are complete, the medical student writes a letter in simple, popular language to the patient summarizing the positive findings and his recommendations as to the correction of defects and the improvement of bad health habits. Writing such a letter as this sometimes offers greater obstacles to the student than the actual examination itself. However, I believe it is most important for them to realize the importance as well as the difficulty of talking to their patients in terms which can be readily understood.

DR. MARIO QUIÑONES—Mexico: The doctor has dealt with a point mentioned by Dr. Romero. That is, that in the medical schools, the doctors are not receiving instruction in public health which would enable them to speak the language of the people, rather than in purely technical terms. I believe that this is a very important point, and that it is worth while emphasizing it. He says that most of the people are willing to accept advice from a doctor which they would not accept from other persons. They believe that he is authorized to give it. However, the doctor frequently is unable to express his thoughts clearly to the people.

In Mexico it is necessary for all students of medicine, before receiving their diplomas, to take a special tour of duty in the small villages and in rural surroundings. The purpose of this service, and it needs no apology, is to provide
medical care. However, these doctors are given some special training beforehand in matters of health, so that they can take this information into the rural surroundings and perform educational work. Of course, this serves as an introduction to their own careers, because these doctors are going out to practice later, probably in these same villages. In this way, they are at the same time preparing the field and raising their own intellectual level through health education. I believe that the work performed by these undergraduates in the villages is something worth bearing in mind. I believe that this should be a part of the programs of medical schools generally.

MISS SALLY LUCAS JEAN—United States: It is indeed inspiring and encouraging to be able to meet with public health leaders who have come from south of the Rio Grande to share with us their knowledge and experience in health promotion.

We have been aware of some of the many accomplishments you have achieved, as well as the difficulties overcome among widely scattered peoples and in cities of teeming millions.

Through correspondence with leaders in the school health field of your countries, the reading of professional articles and reports, as well as visits to some of your native lands, it is clear to me that the whole level of health for peoples of the Americas can only be raised to a maximum degree through the pooling of our knowledge and experience.

We in the United States have much to learn from you distinguished gentlemen who are now honoring us as visitors. A visit to the countries on the east coast of South America four years ago was most illuminating, as well as previous visits to the Republic of Panamá, the Isthmus and the Islands of the Caribbean.

In the city of São Paulo the result of health education courses, offered at the Instituto de Hygiene de São Paulo by Doctor Geraldo de Paula Souza, whom I see here today, was evident in schools and playgrounds.

In Venezuela, at Caracas, a splendid college for teachers displayed marked evidences of health instruction, particularly through the science department.

In Montevideo emphasis placed on the prevention of tuberculosis through carefully supervised outdoor education for children needing this care was a pronounced feature of their health promotion efforts at the time of my visit. It is good to see that Doctor Salveraglio of Uruguay is now here.

Time does not permit enumerating all the excellent health work observed and with which we have been familiarized in other ways. The twenty-four bed hospital at Caracas, which I understand is nearing completion, built especially for infantile paralysis patients with funds contributed by the people of Venezuela, furnishes a marked example, in this one country, of modern care being provided for the unfortunate victims of this disease as well as for other orthopedic cases.

Several years ago the National Foundation for Infantile Paralysis prepared and issued a Spanish edition of one of their publications, "The Nursing Care of Patients with Infantile Paralysis." The chief motivation for this contribution was a cabled request from Venezuela for the material upon receiving the English edition. Many thousand copies of this pamphlet have now been distributed in Latin America.

It is not, however, only from the United States that valuable contributions have been made available, it is, rather, a two-way process. We are being enriched constantly by fine professional articles reaching the United States from journals filled with valuable studies made by health authorities working in the laboratories, public health departments and in hospitals of Latin America.
Health promotion has an international aspect which serves to lower the artificial barriers erected by ignorance of each other. Such meetings as this will hasten the day when sharing of health knowledge and experience will be universal.

DR. FEDERICO J. SALVERAGLIO—Uruguay: I wish to contribute a general idea to what has already been said. This idea brings nothing new to the discussion because, at present, my experience in health and health education is very slight. Neither will my eloquence compensate for my lack of experience. However, thanks to the kindness of those engaged in health education, I have had the opportunity of attending many health meetings in the United States and have been able to appreciate the great importance of this work. This work has been carried out with much labor, with great efforts, and has brought a wealth of experience to the sanitation program. I believe that this experience will be very useful to all the South American countries.

The principal phases of the problem of health education have already been discussed here. In Uruguay there is no special point connected with health education deserving of special reference. The people are not yet prepared for it, and I do not believe that at present there is anything original worth presenting here. My own observations, however, have enabled me to realize the great importance of health education among people in some social levels. These people have become the main collaborators of the health doctor and of the important health program. Mention has already been made here of the importance which should be given to the private doctor as a collaborator in social health work. This education of the private doctor should start in the medical schools. It is part of the duty of those teaching in the medical schools to prepare the future doctors to cooperate in national health work. And I believe that it is important that practical work in all the health institutions operating in a country be included in the study programs of the medical schools. In this way the doctor will be acquainted with the systems and will be aware of everything which is necessary to contribute effectively to health work.

Two professions which in our countries work in very close collaboration with doctors, and I believe that Professor Zwanck will agree, are consulted by the public. The practitioners of these professions serve as advisers in health matters and very often they are preferred to the doctors. I refer to the pharmacists and the dentists.

I believe that every program of health education in general should include the training of pharmacists and dentists as well as nurses, in public health work. The teachers should also be included, because the importance of training teachers in health matters is well known. Trained teachers can impart health information to his young and, through them, to the entire family. Professor Paz Soldán has suggested the important role which teachers of public health may play in the development of public hygiene. The education of the public in general by methods which are well known is also an important part of this work.

I believe that health education of government personnel is also an important factor which should be studied with very special attention. No work of such great magnitude can be undertaken without the collaboration of the authorities of the country, and, in order that we may have that collaboration, it is necessary that the authorities be aware of these problems. We whose business it is should bring these problems to their attention and convince them that complete success is possible. I believe that a good health organization should be the basis of any program.

Mention has already been made here of the value of films as health propaganda.
In this country I have already stated my wish that the Pan American Sanitary Bureau might organize a film clearing house which could make this propaganda material available to all countries.

DR. ALBERTO ZWANCK—Argentina: I wish to answer the Professor's question. In our schools of medical sciences at the University of Buenos Aires, as well as in those operating in the city of Rosario, health instruction is given to future doctors in the last year of their studies. During this year, one of the main functions of the school, aside from teaching the value of health institutions which are directly responsible for the maintenance of public health or for the fight against contagious and endemic diseases, is to impress on the students thoroughly that in the exercise of their professional services they are the agents of what we call preventive medicine. That is to say, they are individuals who should use all available means for strengthening the resistance of the individual to disease, and at the same time increase his physical and mental efficiency. We instill this idea by presenting a definition made by a very popular American teacher, Dr. Winslow, who summarizes in it the ultimate aim of every organization, and the basis of any progress in public health. Thus each doctor leaves with a well-founded knowledge and, above all, with the realization that he is a collaborating agent of the great health organization of the country and that this collaboration is all the more useful and important in an isolated territory.

This clears up that point. Just as Dr. Paz Soldán is doing in Peru, just as Garza Brito is doing in Mexico, as Paula Souza in São Paulo and Romero in Santiago, we in the south are giving the doctor—to use a word so frequently employed in this country—that philosophy of intense collaboration in the work being carried on by the health authorities. Only in this way can they, in the exercise of their profession, carry on almost automatically that health education which prepares the ground for the public health organization.

The second point which I wish to stress is merely a suggestion to Dr. Moll in particular, who at the moment represents the Pan American Sanitary Bureau, and to the gentlemen of the American Public Health Association, who contemplate building an Inter-American Conference on Health Education. If this is so, and if it should be decided to hold this meeting, I very sincerely and humbly take the liberty of suggesting that this Conference be held in some country of South America because such conferences have a double purpose. This includes the benefits derived from the discussions and the presentation of papers, but more than all, it benefits from the great newspaper and radio propaganda of all kinds which develops from a meeting of people who have come together to work for the same end. This is not needed in the United States; you have everything. On the other hand, in South America we need the help of the United States, as you are already helping us in many fields of public life. With all the South Americans gathered somewhere in the southern continent, the resulting propaganda would still further strengthen the work of health education now being carried on. We should not forget that tomorrow this is going to be more and more important, because as it must inevitably happen, the humanitarian, almost divine precepts of the Atlantic Charter must be fulfilled for all the inhabitants of America. I believe that we should prepare ourselves for this situation and make ourselves worthy so that the reign of peace, love and justice outlined by Roosevelt and Churchill may become a reality with our modest assistance.

DR. MAYHEW DERRYBERRY—United States: We appreciate Dr. Zwank's compliment that we in the United States do not need an Inter-American Conference here as much as it is needed in other Latin American
countries. On the contrary, the ingenious ways of meeting difficult problems which have been described here today have opened up new methods that we can apply to the perplexing problems with which we are confronted. It has stimulated me as I know it has many others of us to do a better job in the future. We are honored with the presence of leaders from Latin America and feel that we derive more benefit from your visit to us than you would derive from a visit we might make to your countries.

DR. HENRY KLEINSCHMIDT, United States: I wish to speak of the distinction that is made in Brazil between public health education and propaganda. We have the same thing in this country, only we don’t call it propaganda; we call it “public health publicity” and some people consider it as a rather superficial “beating of the drum” to get the public to do this or to do that; but it is difficult to draw the line between publicity and propaganda, as you will, in public health education. The test of education is what goes on in the mind of the person who receives it and who is participating in it. It seems to me that should be the test in health education. After all, it is one of the instruments that we have in this and all democracies of getting what the people want. It is by persuading and convincing them that certain things are needed that they proceed through legal channels to get those things. Then I thought that Dr. Vaughan presented the case truly when he said that in this country the nurse is thought of lastly as being interested in rounding up disease and the teacher in teaching health. Well, that’s probably true; I don’t think it ought to be true. I like to think of health education as being an instrument which every person interested in health and welfare in general should use. Health education probably can be called their specialty. I think we ought to have certain people who know the background or biology and medicine, and who also know how to use the radio and the newspapers, as well as something about the principles in education. But if it is to succeed at all, I believe everyone should be an educator first and foremost. Health education techniques must be built on principles of education; I believe, and not on medicine. An understanding of the principles is essential, the technique is one of teaching, and I would like to place the emphasis there, from the health officer down to the lowliest person in the health department. The nurse who represents the health department interprets health to the people whom she meets. The sanitary inspector who makes his visits and issues tickets to offenders is far more valuable as a teacher to the person who runs the store, the delicatessen, or whatever is being inspected. The inspector is the health department and what he thinks and what he says about public health is what the man inspected conceives to be public health.

So, perhaps, certainly in this country, in the United States, we have to do a great deal more thinking on the fundamentals of health education. What is it? Merely to give it labels of publicity and propaganda and to teach it in the schools, and so forth, isn’t sufficient. I think we ought to think it through from the bottom. What are we aiming to do? We are trying to carry people with us, to get them to understand what these principles are, and then, they of their own accord, will react as normal intelligent people would react. Now the point I would like to make is this: the value of visual education. I have heard about the lack of personnel in so many countries. I have heard of language difficulties and of space difficulties. Many of these problems can be solved through some form of visual education. The motion picture is a step in the right direction, but I do not think it is that effective. But it is one of the things. If we can put a little more emphasis, a little more thought, a little more understanding
on the principles of visual education (which are so poorly understood by people like us who customarily use language all the time that we have become almost visual illiterates) I think it would be very valuable not only for the United States but for the entire group—all people. The principles of learning through the eye are poorly understood at the present time. I would like to see more emphasis given to that, more study, more research as to how people learn through the eye.

DR. EPAMINONDAS QUINTANA—Guatemala: The experience which Guatemala can bring to this Conference is almost negligible. We have no means for spreading health education. We have no means because, as has already been said here, our budget is very small; consequently, personal experience means nothing. I believe that I must be frank, even at the risk of hurting someone's feelings. I believe that, in matters of health education, the basic functions must be partly those of the teacher and inspector, and partly those of the doctor. As our colleague from Uruguay has said, we must teach the government officials, we must teach the average citizen, we must teach the directors of organizations, institutions and all those persons in a position of authority in each country. Very well, we present this case to our government officials, then to the members of congress, to appointed federal officials, to governors, to minor local officials, their assistants and all the rest. This is a drastic problem, a fundamental problem which we have to solve. This problem is how to convince those who can help us. I have made this statement because it seems to me to be basic, fundamental, and indispensable to our activities. I wish only to add that perhaps you have forgotten the important role which the Catholic organization must play. Because of the great respect which the common people have for the ritualistic observances preached by the Catholic clergy, the priests enjoy great authority among them. If they wish, they can go still further. The priests unfortunately do not always pay much attention to public education or sanitary measures. The Church, however, could force them to become the most effective collaborators in public education in the Latin American countries where the people are predominantly Catholic. The priests would prove very effective if they would only preach the daily use of soap and water and good dietetic habits. They could also encourage the Catholics to study and to understand public hygiene and the need for personal health. That day would indeed be significant for all Latin America. It is also necessary to create the means for disseminating instruction of every kind, from the political and economic point of view. We must also find the means to bring to our aid the valuable influence of the Catholic priest.

DR. W. W. BAUER—United States: The American Medical Association has many interests in health education and in medical education, and it has two departments devoted exclusively to education. One is the Council on Medical Education and Hospitals, and the other is the Bureau of Health Education. The former has to do with medical education purely. The latter, with health education dealing in two chapters: one, through the profession to the public, and the other directly to the public. We have had many discussions among medical educators in this country about the advisability of placing emphasis on public health in the medical curriculum, and I think everyone is agreed in principle that that would be a very desirable thing. There are, however, many specialties in medicine, and the persons most vitally interested in each specialty are all convinced that their own specialty is the most important. In that way it becomes a matter of competition in the curriculum. Even in normal times, when it took from six to twelve years to train a doctor, it was hard enough to get in everything.
Now with the speeded-up curriculum, it is utterly impossible to add anything. And I think more and more the idea has been gaining ground that the only way to graduate young men and women in medicine with a good viewpoint on public health and on health education is not so much by the addition of more special courses in this field, as by the infiltration, if I may use a military term, the infiltration of the entire curriculum, whether it be pathology or medicine or surgery or any of the medical branches with the preventive medical viewpoint. And that is steadily going forward in this country.

Now, as to health education. Briefly, the American Medical Association has two purposes: first, to assist in the education of the public direct by means of radio broadcasts, by means of the publication of its health magazine "Hygeia," by answering letters from lay inquirers direct to them, and by sending, to the extent that it can, speakers to address meetings of lay groups. It realizes, however, that from a small department office in Chicago, it cannot anywhere near cover the needs of the nation. So it has endeavored to perfect an ideal by helping local medical societies to similar lines of work. We have, for example, a radio library of seven or eight hundred titles which are available for local use by our medical societies, health departments, or any other community health group. We have electrically transcribed radio interview programs which are available in the same way. If a doctor is called upon to address lay groups locally and, as is mentioned here, is at a loss for vocabulary or for means of approach, we have the aid for him in what we call the "Printed Loan Collection." If he wants a bibliography on a particular subject for the use of a patient, he may write to us and get it.

That, briefly, is the way in which the American Medical Association endeavors to promote health education. And I should mention in addition to that, that is has appointed a representative on many of the governing boards, upon invitation of course, of other agencies such as the General Federation of Women's Clubs and the National Congress of Parents and Teachers and the 4-H Clubs which is the rural boys and girls 4-H movement—head, heart, health, and hand being the words represented by the four H's—and by consultation, whenever it is requested, with governmental agencies interested in health and with lay or other professional agencies, and that includes, incidentally, the pharmacists. We have a joint liaison committee with the American Pharmaceutical Association, and some of our local medical societies have done some very notable work in cooperation with the pharmacists, particularly in connection with appendicitis, whereby with the aid of the very pharmacists who would have sold the preparation, they have endeavored with considerable success to educate the public against the use of laxatives in the presence of abdominal pains.

DR. JULIO C. OVARES—Costa Rica: Just two words on the remarks of Dr. Quintana. We in Costa Rica, fortunately, although we are so close to Guatemala, do not have to face these same difficulties. I may tell you that for the past sixteen years, more or less, our public health department has been completely independent from any other branch of the administration. We are completely independent. Furthermore, our budget is now based on a certain amount for every individual in the country so that it cannot be reduced. No one interferes with public health matters. We have complete control of this field. What is more, neither now nor during the previous administrations has there been the slightest opposition to doctors who did not belong to the political parties in power, for they have occupied posts of great importance. To this we must add that the present head of our government is a legally qualified medical practitioner. He is not a doctor in name only; he is a man who still performs
operations. Like many of you, he is a young man, younger than I am, and he is as well acquainted with medicine as the doctor in the schools or in the universities. Furthermore, the rules for health protection which operate even in the most remote districts of Costa Rica are now drawn up officially by medical officers. In places with fewer educational facilities, they are systematically drawn by the mayor, by the priest, and by the head of the municipality, and this is now an established custom. These persons, then, are the ones who handle and determine all matters pertaining to public health and they do it with absolute freedom without being hindered in their work by anyone.

DR. FRANCISCO SEQUEIRA—El Salvador: We also in El Salvador have more or less the same problems as those in Guatemala. Our educational system meets more or less the same problems which were described by Dr. Quintana and other doctors from South America.

The first point which I noted is the matter of educating the authorities. Much as we dislike to say it, very often we meet with opposition from them. Our political situation is somewhat complicated regarding this subject. Consequently, health questions are solved only after a considerable delay. To get money for a campaign is a matter of two, three, four and even five months, by which time the dead are not only dead but buried.

As you can see, therefore, it is necessary for us to lay this problem frankly before you, in order that you may help us solve it. The other problem pertains to our doctors. Our school system is organized and moulded on the ancient pattern, and many of our doctors are opposed to many aspects of health work. We also regret to say that there are doctors, although few, who discover a case of diphtheria and conceal it from the health officers and attempt to quarantine it themselves secretly, not hygienically. The result is that diphtheria spreads, and we discover it at the health office merely by accident. The health problem is therefore very great. It is a question of health education. First we have to educate our doctors, who, as we have stated, have been reared in the old French school.

The curricula of the medical schools are one of our great problems. We are trying to solve it by the introduction of new subject matter, as the doctor said, in order to infiltrate health and health education into the subject of general medicine. But it is still very difficult to do this because of the Latin American temperament, as you very well know, and because of our politics which are so hard to handle.

Now, another of our problems is the education of adults, the Indian, and the adult whom we might call white or of mixed blood. The Indian is a man who has the idea of dirt well implanted in his psychology. He lives in dirt. He has the impression that the bark protects the tree and, therefore, he says, “I will not bathe because if I take off this bark I have nothing to protect me.” This seems unbelievable but it is true, and it is true, I imagine, from Mexico south. I have visited almost all of Central America, and I have found everywhere the same problems which prevail in El Salvador.

For the present we are letting this problem drift because our country is very thickly settled. Someone, I do not remember who, was saying that the scarcity of population was the problem in his country, but the opposite is the case with us. There we have forty-five inhabitants for each square kilometer; very little land for so many people. In the 22,000 square kilometers, we have a million and a half, nearly two million, persons who live in dwellings less than one-third the size of this room and are occupied by ten or eleven persons. So that we have a huge
problem before us in educating the adult population; a problem which you, with your customary kindness, will solve for us little by little as I take the liberty of bringing it to your attention.

Our fifth problem is that of educating the school children and this is the one to which we have already given our attention. As I was saying, I do not believe that we have accomplished anything so far in health education. We carry out the education of the school child through the Ministry of Public Instruction and the General Office of Physical Culture, these two authorities being assisted by Public Health. It goes without saying that the means which we use in educating the school child is the teacher. We also have the teacher of physical culture, who is specially trained in our country. Our first campaign, which started in 1928-29 and which we have not yet completed, was to educate the teacher of physical culture and the primary grade teacher. We found that the teacher of physical culture was a man specialized in making machines, in creating moving automatons, and the teacher in the primary grades was a man specialized in developing, according to his own lights, the brain of the child, while the development of the body was something else altogether. Each went his own way and the result was disastrous. That is how public health came into the picture and now we are trying to work through these two media.

The school in El Salvador has two distinct functions. One is called the "functional" school, and the other, "medical," the latter being the more important. It was given the name of "medical" through an error and we are trying to have it changed to "health function." The teacher in each school is the person in charge of this function. He is responsible for the sanitary condition of the school and the health protection of the teaching staff and of the students. He is in direct communication with public health authorities or with the organization in charge of medical care. Such are the conditions in my country with regard to health and health education. As I stated in the beginning, I have laid this before you so that you can give me your advice, in order that we may go ahead and correct the mistakes. Thank you very much.

DR. GUSTAVO URUCHURTU—Mexico: To begin with, we express our firm belief that public health cannot exist without health education. Law and authority may impose certain procedures which, willingly or not, people will accept. However, on account of their being compulsory, and also because people do not understand their advantages, these procedures are permanently exposed to violation, even if it constitutes an offense. Such being the case, the individual becomes an enemy of public health, until he is convinced of the advantages of a healthful way of living, until he learns to like it, and understands the relationship between it and a long and healthful life.

Unfortunately, to reach such conclusions, a long cultural preparation is necessary, and the only way to acquire them is through a lifelong schooling, which begins at home and continues through school and social life, until they become an undestructible part of our behavior.

Though this is a most important aspect of the problem, there are some others which we wish to emphasize, not only because of their importance but also on account of their being generally ignored, both by the public and by some public health authorities, in spite of their being decisive from the point of view of a nation's health.

Public health and educational authorities may run a well-planned campaign through schools, shops, homes, farms, etc., using all available means: radio, press,
cinema, leaflets, lectures, museums, etc.; sanitary and cultural missions may be sent all over a country, and in spite of all this people will persist in their ancient ways, unmoved by the lure, cherishing their traditions and ignoring, if not struggling against the new ways imposed on them.

The first reaction of civilized persons towards the stubbornness of those who refuse to change is to consider them as savages, unworthy of being helped. Those persons, however, forget that they themselves react in the very same manner when somebody else intends to modify their ways and ideas. Galileo’s adjuration; the Sorbonne’s statement that printing was an art of the devil and the struggle against Pasteur and his discoveries, are pretty well known.

People in all countries put up a more or less strong fight against any change, and this is due primarily to the three following causes: first, lack of understanding; second, resistance to the new effort; third, reluctance for or impossibility of economic sacrifice.

The first cause is basic. If we recall that the great Bernard Shaw himself condemns and rejects serums and vaccines, as do certain private societies, it is rather easy to understand how difficult it is to have the lower strata of society change their ways for others entirely strange to them and which are imposed on them by persons unrelated to their psychology, their acquaintance and sometimes to their language and race.

For a civilized person, there is nothing wrong with an airplane flying, a battleship ploughing the seas or a submarine going 20 fathoms below the surface. On the other hand, to the uncivilized individual, all this is a matter of mental confusion. And if it happens with such notorious phenomena as aviation and navigation, what is to be expected when the talk is about invisible and sometimes unknown phenomena, as in the case when one speaks about matters of hygiene?

The second factor, the tendency to the least effort, is even more comprehensible, being as it is a universal reaction. Hygiene, unfortunately, is not mainly a code of “don’t do’s,” but one of positive, strong and energetical doings. The phrases “Take a daily bath,” “Choose the proper food,” “Change your clothes often,” and “Give your body physical exercise, daily and methodically,” involve deep changes in the lives of those people referred to before, who never have worried about those things. They also involve an effort and, as far as these people can see, they have nothing to do with disease and death, which is so well known to them, in their own way.

Finally, the third factor is also very important. Hygiene is very expensive. Having a healthful lodging, eating exclusively clean foods, properly balanced; wearing clean garments in accordance with age, climate and health of the person; taking a daily bath and washing one’s hands and mouth often, avoiding all sanitary dangers; going to the doctor periodically in order to find out on time about a disease which is just beginning; all of this means a lot of expenditure, which many times cannot be afforded by humble families.

And yet, there is still another factor, both physical and spiritual, which specially marked for centuries the fate of Latin America.

Our peoples and tribes were conquered by a race whose civilization was rather superior to ours. The conquerors deprived them of their lands, destroyed their gods and took away their women. Under such conditions, it is very difficult for any race to retain an ideal, an *elan vital* which allows it to keep ascending throughout ages.

Thus it happened that our conquered race lost practically every interest in life, and the very race which built the wonders of Palenque, Quirigua, Copan,
Chichén-Itzá, Mitla, Teotihuacán, etc., were left to live practically without any of the great ideals of the Mayas, Aztecs, Mestecs and Zapotecs.

Ever since, our Indians have limited themselves to produce the minimum amount of food in order not to starve, the simplest form of housing to barely defend themselves from the weather, and the cheapest dresses to cover their bodies.

Disease and death, against which they cannot struggle on account of their sanitary and economic conditions and the changing of which is made ten-fold more difficult by their superstitions, prejudices and fatalism, do not have the same meaning as for civilized men. They consider as something inevitable that children should die in such enormous numbers as they do, that malaria, which they believe comes from eating certain fruit, should take its yearly toll from them the same as dysentery, also given the same origin; they believe that evils are something normal and that man cannot do anything to prevent them, unless it is through praying and certain ridiculous and childish ceremonies.

Therefore, we face a very complex problem; cultural, economical, intellectual and moral.

If the conquest of the Indian races resulted in the robbery of their property; if we destroyed in them the zest for progress and well-being; if conquest had as a natural result the creation of privileged and oppressed castes, it is the former which should take care of solving all of the latter's problems.

But that solution cannot nor should it be exclusively bureaucratic and technical inspired by the latest advancement of science. It must be also apostle-like, merciful, almost mystic if it is to give any result.

It has to be a definite change from the policy used by most of the conquerors and those who continued their deeds during our first century of Independence. To the usurpation of the land, we must oppose the return of the same, following the pattern that will not affect the vital resources of these countries; against oppression we must oppose liberation; against despisement for the conquered, we must oppose a feeling of enlightenment for those poor souls almost destroyed by destitution, fear and indifference in which they have lived for centuries.

And such a policy should not result exclusively from a romantic feeling of justice. It should be followed because of national and racial interests.

Limiting ourselves to Mexico, I can say that the economically sound population amounts only to 31 percent of the total, and that the rest of it is parasitic, or at its best, produces only the minimum in order to live, without any benefit for themselves and even less for the community. Wherever that economically idle population becomes a producing class, which would also convert it into a consumer of domestic and imported goods, our standard of living and our progress will be rather important.

Nowadays, it is entirely unacceptable that there should exist millions who live on nothing but corn and chili, though they live on rich lands; it is absurd that they should only buy a few yards of cheap fabric every year for their clothes and that they should not have any knowledge of newspapers, telephones, radios, water supply, proper food, proper clothes, a decent home and the pleasures of art.

Now that we have defined the situation of a large portion of the population in our America, we must ask ourselves: How can we render Health Education effective?

Perhaps it is necessary that we should divide our population in four great groups: first, the culturally and economically sound; second, the economically
sound and the culturally poor; third, the culturally sound but without proper means of living; fourth, those without any culture or means of living.

At first sight it seems that the privileged group does not require any Health Education as the word culture, in its broader sense, means an intellectual and moral status that does not need further improvement.

Unfortunately, such is not the case. The majority of the cultivated people in every country believes that they are so because of their mental preparedness, their behavior and their cleanliness. But if we take a deeper look into the problem we shall find that an enormous percentage, perhaps 90 percent, ignore the fundamentals of hygiene; they ignore the necessity of visiting a doctor periodically in order to discover any new disease which treated on time may be cured. They do not know the symptoms of the most common diseases or anything about first aid for the sick until the doctor arrives. They do not know how diseases are transmitted; what one should do to prevent contagion or many other things which are absolutely necessary for a good health and a long life.

In a class which is economically and culturally sound, health education is more effective though it may encounter serious trouble. As the food, the housing, the clothing, entertainments, moderate work and many other things protect the health of a person, this person, without any thought that his way of life protects him against disease, believe that his good health is due to his own strength and pays no attention to any rule which could improve his living conditions.

With the second group, those who are economically sound but culturally deficient, the task is harder. Financial success may lead to an exclusive interest in wealth and enjoyment of it, with practical forgetfulness of other things, which have not had any influence on their life and have not been a barrier for success. These people, proud of their achievements, disregard their health, believing that it will keep being sound, just as if it was their personal gift to remain forever in good health.

The third group includes those persons with a broad culture but who are unable, on account of their lack of means, to follow those rules, the importance and usefulness of which they fully realize and understand. To this small but worthy class belong some members of the professions, doctors, nurses, dentists, self-taught men, all of whom theoretically or practically have acquired an exact knowledge about the protection of health and life, but do not possess the means to use this knowledge for their own good and betterment.

The last group is the most difficult to deal with. Ignorance, prejudice, fatalism, indifference and bigotry, which push them into the hands of quacks and wizards, prepare them mentally to oppose, even with weapons, any suggestion that tends to improve their sanitary conditions in which they are not very interested anyhow. As we said before, they are used to watching disease and death as natural and necessary things, against which there is no use to fight, and they regard the rules of hygiene not only with indifference but even with reluctance and hostility.

To this we may add the fact that they are practically unable to follow those rules. We have already said that a sound water supply and sewage disposal, a clean lodging, proper food and all the other things which are necessary to live properly, are practically always beyond the economic possibilities of our average low class population.

It is useless that our Public Health Department tells them to feed themselves with eggs, milk, meat, cheese, butter, fruits, vegetables. It is useless to
tell them that their lodgings should be properly ventilated and illuminated and that floors should be water-proofed. It is absurd to tell them to go to a doctor periodically in a place where there are no doctors; that the birth of their children should be attended by a trained person; that they should destroy mosquitoes and other disease-transmitting insects; that they should boil the water coming from contaminated sources, and so forth.

Our first thought about health education is to start it where it is most needed. Unfortunately, it should not be that way; it should be started first where some results can be expected and not to waste efforts where nothing is to be obtained from it.

It is generally accepted throughout the world that the culture of a country proceeds always from the higher classes to the lower ones and that when it is improved in the former, the same thing necessarily happens with the latter.

The fact is also admitted that the prevalent ideas in the lower classes, which on account of their lack of preparation cannot follow the advancements of science, are the very same which for years and even for centuries were maintained by the upper classes. Thus, if we intend to influence the ideas and ways of the less cultivated, we should modify the ones of those with a better culture.

This does not mean at all that we should abandon the underdogs to their fate, but that we should work on the upper classes harder than we have up to now. It is a well-known fact that those who request the enforcement of sanitary measures are persons rather well prepared, and that ignorant and indifferent people not only do not request such enforcement but even reject it on account of fatalism and prejudice.

From the hygienic point of view, as well as from many others, individuals fall into one of the following four categories: first, those who practice hygienic measures and demand that they should be practiced; second, those who practice them and demand their practice only in exceptional occasions; third, those who accept these measures, and fourth, those who oppose them.

It is in accordance with this classification that propaganda should be planned and if we proceed otherwise we shall lose most of our efforts.

Each one of those groups should be treated in a different way as far as health education is concerned.

With the first group, one should encourage its pride and interest so that it will become a true champion of hygiene. As its members consider themselves privileged beings with more right than anybody else to enjoy a long and healthful life, they must be convinced that the way to achieve it is by taking care of their own health and the health of other people so that these will not be a menace to them. It is not difficult to convince them that it is not convenient for underprivileged classes to develop endemic and epidemic diseases, as these could attack them and their families; that it is for their own financial convenience that the lower classes should be properly nourished and in good health, so that they will produce more and consume more, which means a more prosperous state of business. They should also be impressed by the fact that upper classes have conquered their position at the expense of the underprivileged.

With the second group, the one comprising cultivated but poor people, the best results can be secured. As they realize the importance of disease and death, they try to avoid them even at the cost of true hardships and will give up any small pleasure for the sake of a long and healthful life. Unfortunately, this is the smallest group but it has the advantage that it is a true advertiser of
hygiene and not only fights for its own health but fights also for that of the other groups.

The group of wealthy and uncultivated people is a real hindrance for its own health and that of the other groups. Without any idea about their mission in life and even less about their social rule, they try to impose their ideas, or better to say, their lack of ideas on those who as a rule are near wealthy people. And as they despise everything from elementary cleanliness to the most complicated practices of immunization, their followers take pains to follow and spread their absurd ideas.

There is hardly anything that can be done with this group, beyond the general measures of hygiene, like a sound water supply and sewage disposal.

Finally, we come to the last group, the least favored of all, and with which practically any measure which tends to its betterment is doomed to failure. Their psychology leads them to ignore any sort of danger if not immediate, and when the danger becomes immediate, they reject all sort of prophylactic measures, which they regard as absurd.

As with the previous group, this group can only be favored by measures of general hygiene and, as it is presently done, by mixing sanitary work with medical help which they sometimes accept. This unfortunately is not the general rule, as more often they reject both kinds of help.

From all we have said, we draw the following conclusions:

First: Public health cannot exist without health education.

Second: Health education should not be considered as an auxiliary to public health but as a basic part of it.

Third: The Public Health Budgets should be based on the foregoing conclusions, and those of health education should be increased manifold from their present size.

Fourth: A large part of the efforts made by a country in sanitary matters is lost because the people are not prepared to understand and contribute to those efforts.

Fifth: Not all of the social layers are able to receive the same amount of health education. Their economic, cultural, racial and social conditions create enormous differences between them, and because of this, what is good for one is entirely useless and even harmful for another.

Sixth: The outstanding factor in the success of a health education campaign is the cultural one.

Seventh: After culture comes the economic factor which, if not properly accounted for, may render impossible any success.

Eighth: It is impossible to expect the betterment of the lowest classes, which are culturally and economically backwards. For them, until their lot is improved, the only thing that can be done is to mix measures of sanitation with those of public welfare, and the more general measures of providing water supplies and sewage disposal, keeping an eye on markets, and extending immunization as much as possible.

Ninth: The cultured and wealthy layers of society deserve special attention in health education programs as they easily grasp and practice the rules of hygiene.

DR. JESUINO ALBUQUERQUE—Brazil: As Director of Health of the largest city in Brazil and the second largest in Latin America, this discussion of health education appeals very directly to me. This is a problem we must not only consider, but solve efficiently and adequately, if we expect to succeed in
any health campaign. Incidentally, we must often educate in health principles the physicians as well as the laymen. In fact, if the medical profession were selfish it would not promote health education as it does. People well-versed in the precepts of health do not need medical services as often as those lacking such valuable knowledge.

HOMER N. CALVER—United States: One aspect of the job of health education which we have overlooked thus far in this Conference is that of training health educators. Most of us who are doing health education have had very little direct training for that work because facilities for such training have only come into existence in the last few years. Until such courses were available it was necessary to depend on physicians, nurses, teachers or some other type of worker, who, we must not forget, was basically trained to do something else.

In the last two decades we have gained much experience in how to do health education. As a result certain techniques have been developed which can be taught to others. There are techniques for school health education; there are techniques for health propaganda, and there are techniques for community health education, each technique differing from the other. We now know more about making and using effectively motion pictures, exhibits, publicity and other tools of health education. Modern health education programs require the services of those who are trained in that specialty. One thing that the Coordinator's Office has done to meet that problem is to arrange with the University of California to provide a course in health education for students from the other American Republics. That course is being especially planned to meet the needs of those countries. We recognize that situations differ from one country to another and the problem in the capitals is different from the problem in rural areas. Yet we believe that if we can teach those techniques which experience has proved effective, the intelligent student can apply them, whatever the condition he has to deal with.

This course is only a beginning. It is hoped that it may result not merely in training a few leaders in health education but that it will stimulate the development of similar schools for training health educators in Central and South America.

Until we have a large body of people in each country, including the United States, for whom health education is a career and not just an incidental occupation, we cannot expect to have successful programs of health education. All of us can remember the notable lack of progress that went with a system of part-time health officers who were without training for that job. When health departments became staffed with full-time health officers, nurses and engineers who were trained for their jobs and for whom public health was a profession, we made rapid strides. The same is true for health education in all its branches. The first step in developing a real health education program for the Western Hemisphere is to find people who are eager to make a career in this field, train them for that career and provide them with opportunities to follow it.

DR. CARLOS E. PAZ SOLDAN—Peru: I presented a motion which I understand has been approved but, after the discussion and extensive arguments, I believe there is still something pertinent to contribute to this question. In America some seven countries have already adopted the principles of Social Security and in some of these participation has become obligatory. Obligatory Social Security has a definite bearing on public health and, therefore, when we recommend health education on a continental basis, it would be advantageous to
call it to the attention of those organizations engaged in Social Security activities and those which are about to enter this field, in order that they may pay as much attention as possible to health education. This becomes even more important in view of the experience which I have had in my own country, where these measures are not all that I could desire. It is therefore very important that this Conference should not forget the role of Social Security in the near future.

DR. G. H. PAULA SOUZA—Brazil: I am sorry to take so much of your time, but there is one point which I still think is very important. Speaking of public health education or any other specialty of public health, I think that we ought to think about the background of those who are going to study public health education or anything else.

DR. ARÍSTIDES A. MOLL—Pan American Sanitary Bureau—United States: This has been in every sense a most successful meeting. We have discussed thoroughly and frankly an all-important subject, and I know I express the general feeling in stating that we have all learned something and some of us a great deal about problems of health education as faced and tackled in different parts of the hemisphere.

I feel sure I voice the deep satisfaction of both the Pan American Sanitary Bureau and the Office of the Coordinator of Inter-American Affairs, as well as the American Public Health Association in sponsoring this meeting. The results have far exceeded our most sanguine hopes. The program we outlined for us here will be rounded up as well as summarized in a series of Resolutions which have been suggested by different speakers, and the final wording of which will be left to a committee composed of Dr. Paz Soldán, Dr. Zwanck, Dr. Paula Souza and Dr. Quiñones. Mr. Calver and Dr. Derryberry, who have already contributed so much of their time and advice to the success of the meeting, will be glad to assist in the English version.

The Resolutions will place on record those ideas we have felt floating throughout our sessions; the unity of the American Republics in their hope and search for health; the value they attach to health education; and perhaps the need to continue these Conferences in order that they may best serve their purpose of making people understand health and the need of supporting the expense of securing it, maintaining it and spreading it.

The meeting is over. Its results and its lessons should, however, be long lived.

Thanks one and all for a noble task, brilliantly done.
RESOLUTIONS
Adopted by the Latin American Delegates to
THE INTER-AMERICAN CONFERENCE ON HEALTH EDUCATION
Held at the Time of the 72nd Annual Meeting of the American Public Health Association in New York City, October 11, 1943.

I
The Delegates attending the First Conference on Health Education hereby express their gratitude to the Pan American Sanitary Bureau in Washington and to the Institute of Inter-American Affairs for having sponsored this Meeting, which will mark an important step in the cooperative program for the improvement of health conditions in the Americas. The Delegates also wish to express their gratitude to the American Public Health Association for having included this Conference in its 72nd Annual Meeting.

II
The Conference on Health Education also passed a resolution commending all those persons in the countries of America who are working to create a general health consciousness among the inhabitants of the Western Hemisphere, urging them to coordinate their work for more effective results.

III
The Conference on Health Education, having been informed of the effective work being done by the Governments of the American countries in behalf of health education, adopted a special resolution to recommend that this work be based upon the modern technical methods which experience has demonstrated to be useful in this activity.

IV
The Conference on Health Education expressly declares that health education should be made an integral part of public education and that, consequently, the teachers should be properly instructed so that they can perform these duties. This instruction should be given in the Institutes and Health Schools already established, or in other appropriate institutions. It is also recommended that this matter be discussed at the forthcoming meeting of the Professors of Hygiene of America to be held in Ann Arbor. The papers contributed by several delegates to the Conference are referred to said meeting of the Professors of Hygiene of America for deliberation.

V
Since health education is fundamentally necessary for the effective progress of hygienic practices among the people, the Conference on Health Education recommends that an Inter-American Conference on this subject be held in one of the Latin American capitals and, in consequence, it requests the Pan American Sanitary Bureau and the Institute of Inter-American Affairs, in pursuance of their customary policy and with the assistance of the respective governments, to organize such a Conference. The Conference on Health Education believes that in this manner the progress made in social security, and the affirmation of the principles set forth in the Atlantic Charter will be secured. Therefore, as the last act of its deliberations, it urges that this Conference be organized and held.

New York, October 12, 1943

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RESOLUCIONES
DE LA
PRIMERA CONFERENCIA INTERAMERICANA DE EDUCACION SANITARIA

Voto de Agradecimiento

Los delegados asistentes a la Primera Conferencia de Educación Sanitaria de las Repúblicas Americanas, expresan su agradecimiento a la Oficina Sanitaria Panamericana de Washington y a la Oficina del Coordinador de Asuntos Interamericanos, por haber auspiciado esta Reunión que señalará fecha importante en la labor cooperadora de la Higiene americana en el campo de la educación sanitaria, agradecimiento que hacen extensivo a la Asociación Americana de Salud Pública, que ha asociado este certamen a su 72a Asamblea anual.

Aplauso a los Educadores

La Conferencia emite un voto de aplauso a cuantos, en las Américas, trabajan por crear la conciencia sanitaria popular entre los habitantes del Continente; y les alienta a que coordinen su labor, para mayor eficacia de los resultados.

Técnicas

La Conferencia de Educación Sanitaria, informada de la labor positiva que en favor de la educación sanitaria realizan los Gobiernos de los países de las Américas—labor que han expuesto sumariamente los delegados participantes en la Asamblea—forumula un voto especial para recomendar que esta labor se inspire en las técnicas modernas que la experiencia ha demostrado ser útiles en esta materia.

Integración

La Conferencia de Educación Sanitaria declara expresamente que la educación sanitaria debe estar integrada en la educación pública, y que en consecuencia, maestros y maestras deben ser doctrinados debidamente para poder cumplir con esta misión. Este doctrinamiento debiera ser suministrado en los Institutos y en las Escuelas de Higiene ya existentes o en otras instituciones adecuadas. Sugiere el estudio del problema por las Facultades de Medicina, y recomienda que este asunto sea considerado en la inminente reunión de los Profesores de Higiene de las Américas, que se celebrará en Ann Arbor, a la que entrega las contribuciones traídas a su consideración por algunos delegados.

Segunda Conferencia

La Conferencia de Educación Sanitaria, considerando que la educación sanitaria es fundamental para el progreso efectivo de las aplicaciones de la Higiene en las colectividades, recomienda la celebración, en una capital de la América Latina, de una Conferencia Interamericana sobre la materia; y pide, en consecuencia, a la Oficina Sanitaria Panamericana y a la Oficina del Coordinador de Asuntos Interamericanos, que de conformidad con las normas usuales, preparan y realicen, con el concurso de los Gobiernos, esta asamblea oficial de los países de la América. Estima la Conferencia de Educación Sanitaria que de esta suerte las conquistas efectivas de la Seguridad Social y la afirmación de los principios de la Carta del Atlántico, serán alcanzadas, lo que hace urgente la celebración de la Conferencia que recomiendan, como voto final de sus deliberaciones.
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New York, New York, U. S. A.

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