Workshop - D.C. - Training of ~~For.~~ For. MD in P.H.
23 April 1984

Regret - my schedule prevents my attendance throughout mtg. - but mtg in Balto begins at 4:00
This is the season of budgets and develop. progs.
+ ~~thereafter, the a continuation of April May annual [illegible] mtgs. — as the [illegible] did not exist.~~
and taking action on all of those things that were not done during the winter -

Sam - can't say no! Moreover - the subject of this mtg. is of such vital importance, as I will reflect that an invitation to ~~say~~ offer a few opening remarks was overwhelming.
[gratuitous - perhaps provocative]

Parenthetically ~~whatever~~ whatever the breadth of my responsibilities as a Dean at S.P.H., my primary concern rests with international health -

- in part - difficulty of ~~relocating~~ abandoning fully after nearly 20 years of prof. life & the field
- in part - appreciation which grew throughout this period of the interdependency of peoples throughout a globe which thru transport + comm. has grown ever smaller
- in part - concern about growing provincialism within USA
- in part - a dismaying deterioration in leadership exhibited by the only international organization for health - the WHO - potential - I have seen but ~~today~~ to the point where in one of its major regions, it is acknowledged that there would today be more & better health progs. if the org. did not exist.

We cannot look to WHO for leadership in helping define directions nor can we look to other industrialized countries for either models or imaginative initiatives. For they, perhaps even more than we have turned inwards in a struggle for mere survival.

The London & Liverpool Schools have had their budgets so severely slashed and threatened even during the past months with more severe cutbacks that they have sought help internationally to help make their case to Mrs. Thatcher.
The once well-known ~~Tropeninstitut~~ Tropeninstitute in Hamburg is but a shell.

etc., etc.

Support to U.S. schools during this, the past and other recent administrations has been pathetic. Such programs as have survived have done so primarily ~~mostly~~ by creative financing and the dedication by a lovely few who share a common concern that public health and prevention throughout the whole world continue to have relevance and meaning.

In the developing world, a few schools & few programs have survived or been created but all of which I am aware have been sustained on a bare subsistence level.

Looking back over the past century of experience, it seems not unreasonable to suggest that public health ~~education~~ today may well be at its lowest point in 50 years.

To be more specific –

- A generation of 1st class scientists, trained & experienced thro colonial medical service, thro service during WW II & to some extent in the Korean War; thro service in the great Rockefeller foundation programs & the malaria program which followed are all near/beyond retirement age.
- The two major U.S. foundations – Ford & Rockefeller – which once took an interest in this area have effectively retired from the field
- Instl. health programs in U.S. medical schools have effectively vanished (as Sam will attest and in the SPH represent, at most, a handful of faculty

Conceptually – nearly 5 years has now been devoted to extended discussions of the meaning of "health for all in the year 2000" – an exercise about as ~~relevant~~ productive as St. Augustine's discussions treatise which examines the question of how many angels can occupy the head of a pin. And – questions of how to implement a policy called TCDC – failing to recognize that technical cooperation requires technical expertise.

Meanwhile – TDR – to attract basic medical scientists to use and improve tools of biomedicine to examine questions of relevance to in tropical countries. Progress has been extraordinary by any measure –

Vantage point – STAC / BOSTROM / RDC

How do we translate basic research into tech. application?

Where are the research centers in developing countries which can work collaboratively to examine ~~the~~ current problems / to explore possible field applications.

Even to apply effectively that which is known today – where are the people – Belle's experience

Supposed to suggest themes for the future — let me try.

① Prospects for truly magnitive interventions in prev. & p.h. are better than ever before
② Prospects for support for this in USA are substantially better than ever before
③ Manpower base throughout developing countries is substantially greater and expanding rapidly

Academic side — Still pleading for money specifically for ① Research ② Education || developed & developing Treatment

Still preoccupied with curative medicine —
Even under 'Health for All' — many PHC programs bogged down in essential drugs.
In USA, only in recent years have begun to define (not yet address) health goals.

Need now for mechanisms for p.h. training combining prof. practice of p.h. & educ. for p.h. (in USA and abroad)
(expand on prof. practice). NOTE — special schemes in developing countries
Need for linkages to develop an all but non-existent educational network —
linkage primarily of academic centers but such as CDC as well.
Need for relevance in education and in research and in prof. practice

Close — with notes of optimism —
- faint glow of recognition that public health (prev. &) may be important
- " " " that we should do something
- " " " that we may need to begin at square one

I wish you well in your deliberations