

HEALTH WORK



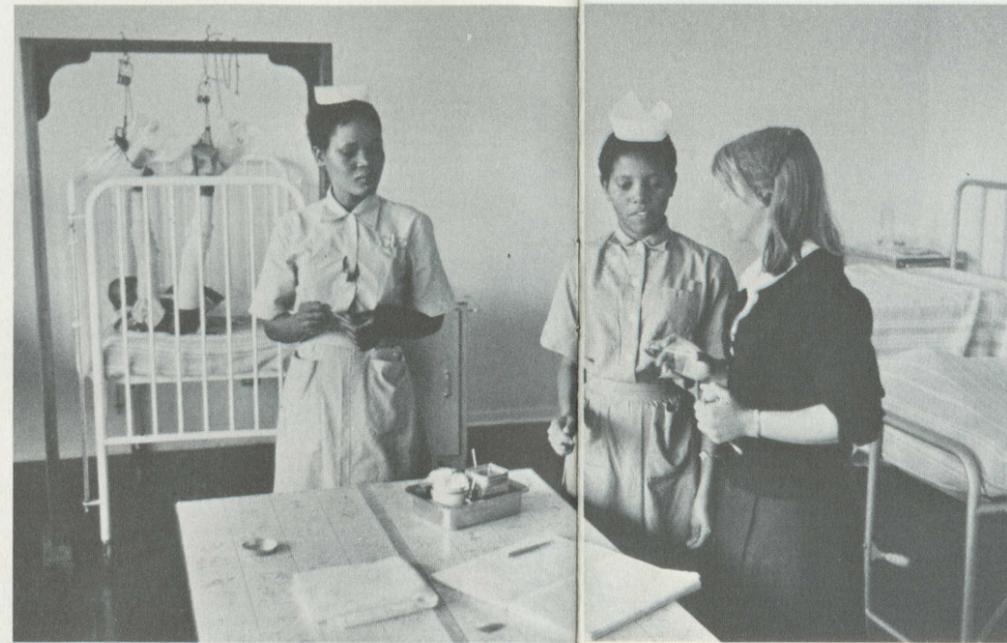
A Crucial Struggle to Control Disease in Developing Nations

PEACE CORPS

COVER: William L. Carey, a public health Volunteer in Bolivia, takes part in a smallpox vaccination campaign.



Volunteer John Tucker, working with a malaria eradication program in Thailand, takes a blood sample from a young mother.



Ann Templeton, above, assists nurses in a hospital in Botswana, one of Africa's newest nations. This is a regular extracurricular activity from her regular teaching duties at Gaborone Secondary School.



Volunteer Ellen Zimmerman, at right, works in Sfax, Tunisia. Miss Zimmerman divides her time between family planning clinics and a maternity hospital.

BETTER LIFE

The Health Volunteer's Goal

Life ought to be more than a fatal ailment. For two-thirds of the people of this planet, it is barely more than that."

The words are those of Peace Corps Director Jack Vaughn. The two-thirds of the world's people he is talking about are the Peace Corps' constituency, the residents of the developing nations. Their "fatal ailment" is the product of many things: deprivation, ignorance, apathy; most of all, perhaps, it is the product of disease: disease which kills infants before they are old enough to walk; disease which marks children with the scars of smallpox; disease which robs adults

of the strength and will to build a better life.

Building a better life is what health work in the Peace Corps is all about. Nearly 1,500 Peace Corps Volunteers throughout the world are classified as health workers. Many are nurses, physical therapists and medical technicians. Most others are liberal arts graduates, trained by the Peace Corps in public health.

The Volunteers' tasks are as diverse as their backgrounds and skills: malaria prevention, smallpox vaccination, tuberculosis control. Volunteers give health counsel to families in South American city slums and Afri-

can villages. They ride circuits of rural clinics in the Ivory Coast, train nurses in Niger and X-ray technicians in Ethiopia. Some work in the centers of large cities, others in the remotest villages. Some are nurses in large, well-equipped hospitals, training others to make use of modern medical technology, still others are stationed at rural dispensaries where ingenuity and improvisation have to make up for modern equipment.

'The Key is Love'

Wherever they live and whatever they do, the goal of Peace Corps health Volunteers is life—longer and better

life for the people they serve. It is a goal which requires of all Volunteers, whether professional health workers or liberal arts graduates, the best that they can bring to Peace Corps training and the best training that Peace Corps can give them. It requires above all compassion, understanding, empathy—by which we really mean love, for as Jack Vaughn has said:

"If our task is serving the cause of lasting peace, then we are trying to deliver a coded message without the key—unless we admit that the key is love—and the message is man's belief that he can make himself and every man higher than the animals."

A NEW ROLE

Peace Corps Aids Family Planning

In developing nations, the life cycle all too often becomes a vicious cycle. High infant mortality, combined with ignorance of family planning methods, leads to a high birth rate. The birth rate, because of poor sanitary conditions and lack of vaccinations, leads to widespread childhood disease—which in turn causes high infant mortality.

Interrupting this vicious cycle, in one way or another, is the goal of all Peace Corps public health projects—whether in nurse education, nutrition or child care. In the past year—at the request and with the support of host governments—the Peace Corps has begun to involve itself directly in family planning.

India, for example, has made family planning a first priority, along with food production, among its development goals, and has asked the Peace Corps to help. There, as in other nations, Volunteers are engaged in all but the surgical aspects of family planning: public information programming and promotion, record keeping, supervision of supplies, establishment of new family planning centers, counseling and demonstration of effective teaching techniques.

The Peace Corps approach to family planning fully recognizes the sensitive nature, as well as the overwhelming importance, of the subject. A new program in the Dominican Republic illustrates the way in which Volunteers are entering this area, working to alleviate ignorance and fear without offending host country sensibilities.

In the spring of 1967, the government of the Dominican Republic invited the Peace Corps to take part in a new family planning program sponsored by the Dominican government and financed in part by the Agency for International Development. It was decided that the Volunteers would be



Mary Jo Littlefield is the only non-Tunisian in the small town of Tadjerouine on the Algerian border. Among other activities, she lectures mothers on the wisdom of keeping their families small.



Faces of poverty: a family in the slums of a city in the Dominican Republic.

women with liberal arts backgrounds who would incorporate family planning information into a program of health and child care in the slum districts of Dominican cities.

The group consists of seven members. Their language and technical preparation in Puerto Rico was followed by in-country training. The Volunteers arrived in the Dominican Republic just after the country's president had become one of two Latin American leaders to sign a United Nations document declaring family planning a basic human right.

After training, the women went to their sites, where they spent the first four months largely getting acquainted with the people, taking health surveys and generally defining their roles in the communities. Currently, there are two family planning Volunteers in Santo Domingo, the capital (site of the country's only functioning family planning program before their arrival), two in Puerto Plata, and one each in Barahona, La Romana and San Francisco de Macoris.

In the health surveys, the Volunteers found that virtually all the women of the slums, or barrios, had already decided to limit the number of children they would bear. With the concept of family planning thus "sold" and with support from local Dominican doctors, the Volunteers began arranging for women to receive intrauterine contraceptive devices—the so-called "loop." Volunteers also give information about other means of contraception and general health in-

struction for mothers and pregnant women.

At one town, things did not run so smoothly. Only one local doctor was favorably disposed toward family planning and little support was forthcoming from the local hospital. The Volunteer at this site turned to the ladies of the local Red Cross, who as-

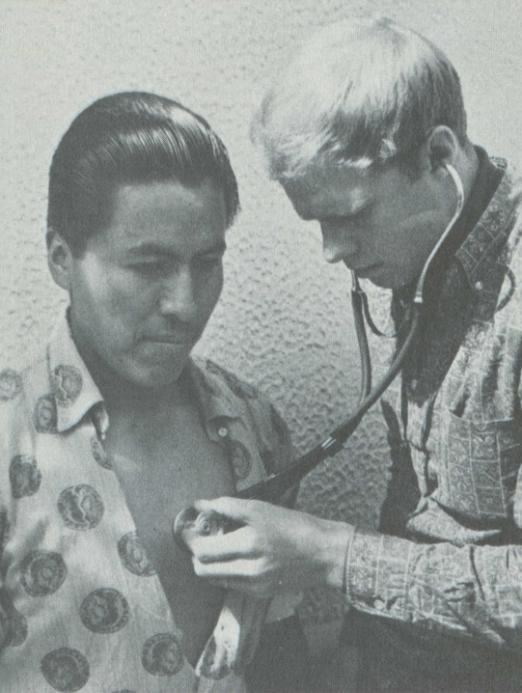
sisted the Volunteer in organizing home visits and follow-up calls to the women of the local barrio.

Is this program a success? It is much too early for a definitive answer. The success or failure of family planning eventually will be measured in decades, not months. Pilot programs like the one in the Dominican Republic, once they prove their worth, will have to be expanded. But if the desire of governments like the Dominican Republic's to have Peace Corps Volunteers join them in family planning programs, and the favorable responses of women like those in the Dominican barrios are indicators, then family planning is likely to become an increasingly important part of Peace Corps health programs.

In addition to India and the Dominican Republic, Volunteers are participating in family planning education programs in Tonga and Tunisia.



Volunteer Sherry Hemming works in a family planning program in the Dominican Republic.

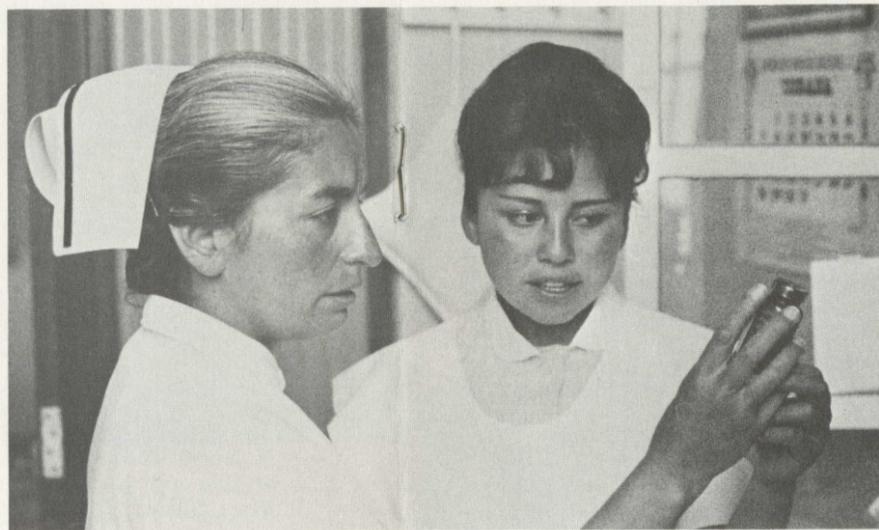


Bolivians suspected of having TB are examined by Volunteers. "Tuberculosis control is well within the capabilities of non-specialist Volunteers," an evaluator found.

Laboratory work is an essential part of the Bolivia TB program, which is entering its third year.



Tuberculosis is a major killer in the Yungas region of Bolivia. The Peace Corps TB program receives technical support both from Peace Corps physicians and Bolivian medical facilities.



Generalist Volunteers work in teams to locate infected persons and help treat them. Those free of infection receive vaccinations. The program is helping change the attitude of Bolivians from one of passive acceptance of TB to one of desire to fight and control the disease.



FIGHTING TB

Two Successes, a World Apart

For most Americans, tuberculosis is something that periodic chest X-rays tell them they don't have. Like smallpox and yellow fever, it appears to be a disease of the past, conquered by modern medicine. But modern medicine is expensive; it requires wealth and technology that the developing nations the Peace Corps serves do not have. Tuberculosis, far from being a conquered disease, is probably the world's leading infectious cause of death among adults.

Two teams of Peace Corps Volunteers working at opposite corners of the globe are finding out first-hand about tuberculosis in the developing world—and doing something about it. In Malaysia and Bolivia, Volunteers

are taking part in host government-sponsored tuberculosis control projects. In both countries TB remains the number one communicable disease, responsible for thousands of deaths each year. Volunteer teams in each country consist of about two dozen liberal arts graduates. For most of them this is the first public health work they have ever done.

The Bolivian Volunteers are at work in the Yungas, a region of steep, heavily forested river valleys clinging to the eastern slope of the Andes at elevations ranging from 1,800 to 6,000 feet. A dirt road from La Paz winds through the Yungas' major towns, but many settlements are accessible only by mule train.

Health facilities for the 100,000 Yungas residents—most of them Aymara Indians—are extremely limited: four small hospitals, understaffed and ill-equipped. Housing is crowded and poorly ventilated. A high tuberculosis rate prevails throughout the area.

In late 1966 Peace Corps Volunteers, with the support of two Peace Corps physicians and the cooperation of the Bolivian Ministry of Health, came to the Yungas. The Volunteers had a demanding assignment: they were to find out who was infected with tuberculosis and who was not; to vaccinate those who were free of infection and help treat those who were not.

Nine months after the Volunteers arrived, Dr. Thomas M. Daniel, Assistant Professor of Medicine at Case Western Reserve University, evaluated the program. He found the Volunteers enthusiastic—and medically effective. He said the program demonstrates that "tuberculosis control is within the capabilities of non-specialist Volunteers." Also, he noted, the Volunteers were helping change the attitude of the people from one of passive acceptance of tuberculosis as an accepted condition of life to one of desire to fight and control a killing disease.

The Malaysian program is similar, but it covers a larger area—all of West Malaysia, the part of the Federation that used to be called Malaya. Volunteers in Malaysia joined a government-run program in 1967, being assigned singly to TB centers and district clinics. These centers are staffed by a part-time physician, one or more assistant nurses and several attend-

ants. The Volunteer acts as a kind of team captain, coordinating both activities inside the clinic and TB-detection drives outside.

When the Volunteers arrived, they found records systems incomplete. No one knew for sure which schools had been visited for vaccinations, which villages had been covered by chest X-ray teams, which active cases were undergoing treatment and which had defaulted.

The Human Factor

Within one year the Malaysia Volunteers helped tighten up the program's administration and systematically began to survey areas which have populations of from 70,000 to 150,000 citizens. They have now begun working on the second phase of the program—public TB education in communities and schools. One advertising-minded Volunteer created a

Malaysian National Tuberculosis Month, a country-wide anti-TB promotional campaign.

Malaysian officials say the tuberculosis program, which had been in existence since 1961, needed Peace Corps Volunteers to really get it going.

"Seven years ago we thought if we had enough money, clinics and technical tools it would be a simple matter to wipe tuberculosis off the face of Malaysia," says Dr. Jaswant Singh Sodhy, head of the program. "But we found that these things weren't enough. What was missing was the human factor, because after all we're dealing with people... people who must be educated about TB... and of course people in our own department who have had no experience in this kind of effort.

"The Peace Corps Volunteers have provided the element that had been missing in our program—the human link that makes all the technical things work."

SMALLPOX

The Single Girl as Vaccinator

"Smallpox and the Single Girl" has been a success in Afghanistan—so much so that the Afghan government has requested 30 more female smallpox vaccinators to join the 16 women Volunteers currently in the country.

How did single American girls get involved with smallpox in Afghanistan? When the Afghan government planned a nationwide vaccination program, it thought that male Afghans could do all the inoculations. But because of taboos, village women didn't want men to vaccinate them. Similar taboos about the proper role of women discouraged Afghan women from undertaking the job. That's when the government asked the Peace Corps for help.

The women Volunteers, who have been in Afghanistan for about a year, are based in provincial centers and go on the road in pairs, accompanied by male Afghan vaccinators. In addition to systematic coverage of villages, the volunteers seek out encampments of the nomadic Kochi tribe to vaccinate.

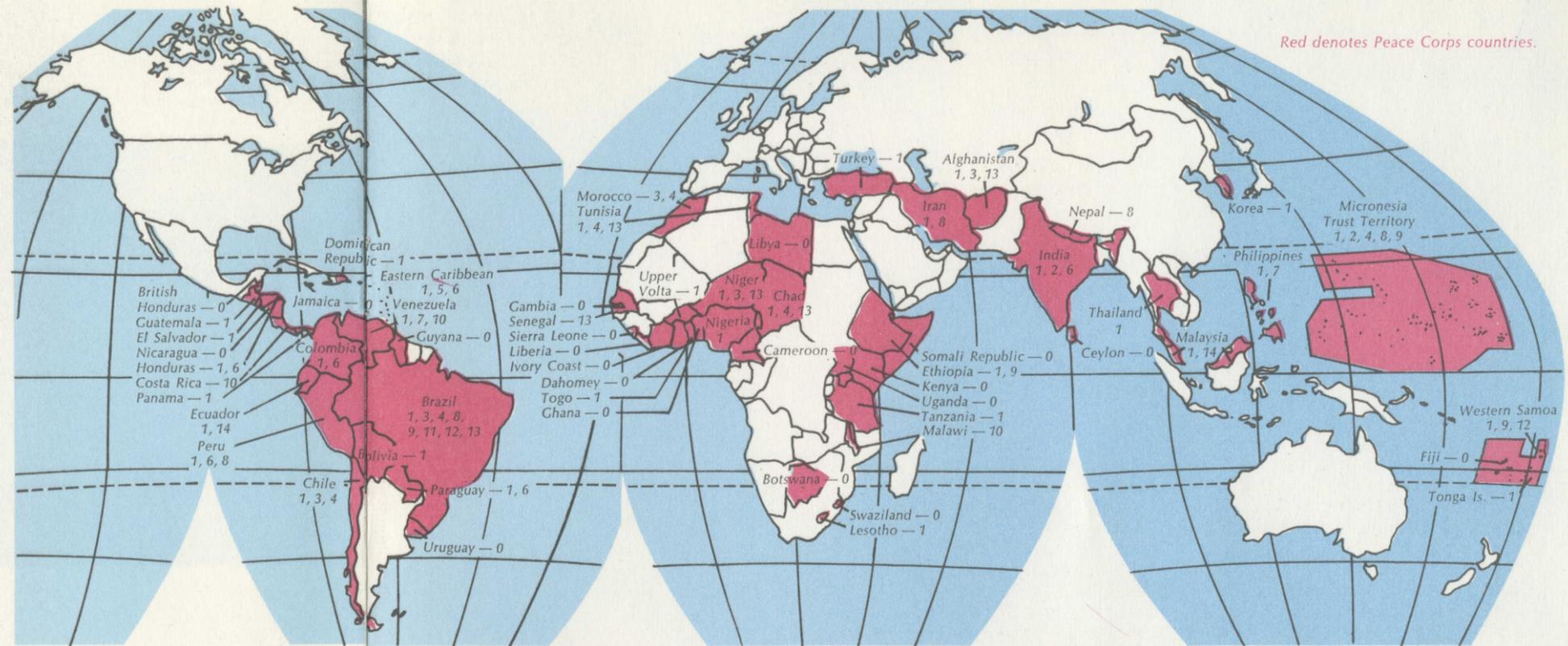
While the Afghanistan vaccination program is one Peace Corps health project that requires neither a degree nor prior medical training, it does require single girls with exceptional emotional maturity. They must live totally submerged in a different language and culture, spending up to 80 per cent of their time on the road. Their accommodations are generally sleeping bags and their food typically is the diet of rural Afghanistan. Books and perhaps a deck of cards are the only available entertainment.

The Afghan government hopes that the Volunteers' example may encourage Afghan women vaccinators to go into the villages. For the village women, also, the presence of the Volunteers—for most, the first foreign

women they have ever seen—may help demonstrate that there is something women can do outside the four walls of their homes.

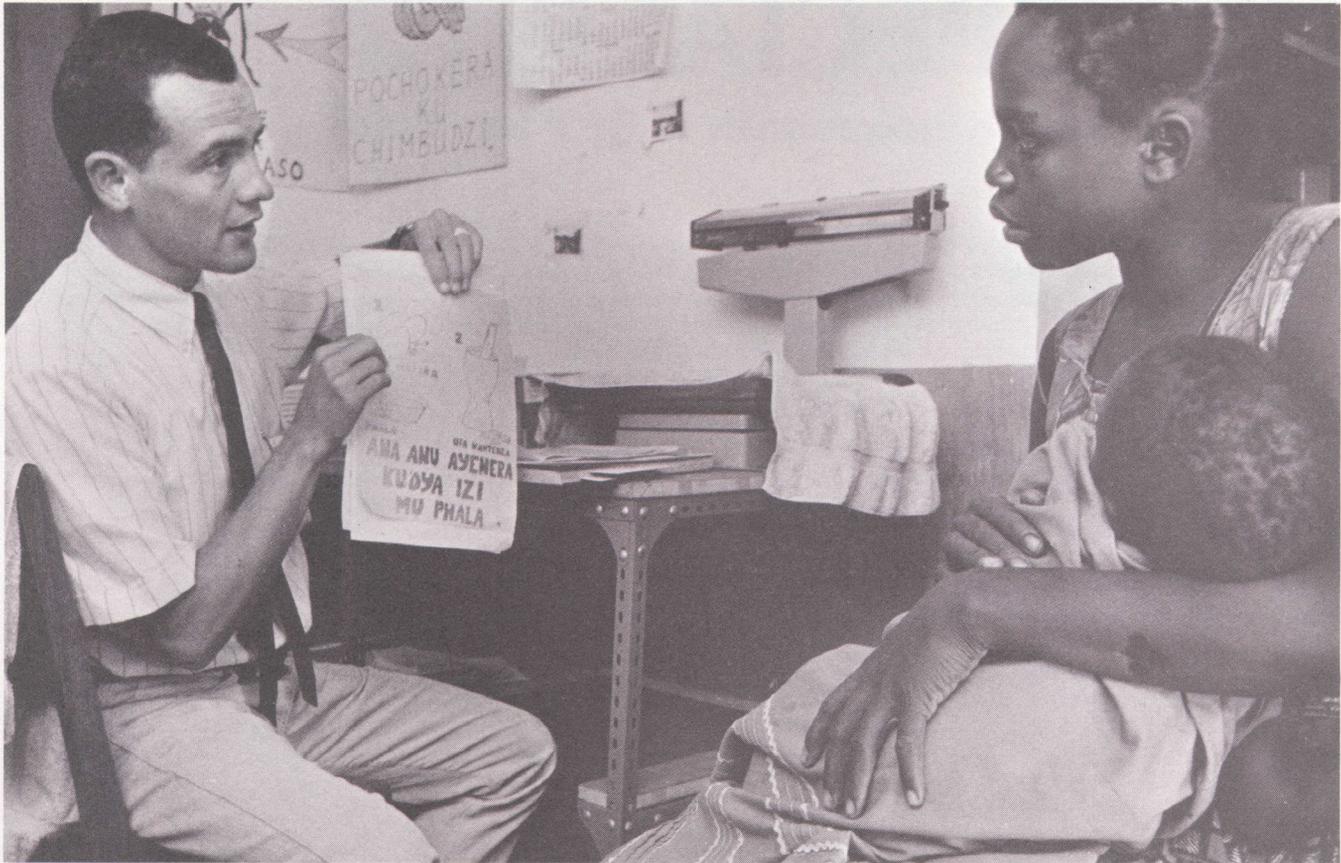
Until Afghan women begin to take a greater part in the vaccination program, however, the immunization of village women is almost entirely up to Peace Corps Volunteers. Typically, their day in a village begins about 6 a.m. with a breakfast of tea and nan, the Afghan bread which is similar to Mexican tortillas. Then, while the men are gathered, the Volunteers set up shop in the women's quarters. At the center of a large and curious crowd, they begin to administer the vaccinations, constantly explaining who they are and why they are there and answering such questions as "Why aren't you married?" Along with the vaccine, they dispense advice on diet and child care. The name of each person vaccinated must be recorded. If there is a villager who can read and write, the job is his (it's usually a man, or a child); if not, one Volunteer records while the other vaccinates. After a long day of this, it's on to the next village, and the next, and the next, until the two or three weeks is up and the team goes back to its center for resupply and a little rest.

What's in this for the Volunteers? Mostly the knowledge that they are helping a small, remote nation on its way to finally wiping out one of the world's most feared and deadly diseases. Also, a unique opportunity to know the land and its people better than virtually any other foreigners ever will; and the special satisfaction of bringing knowledge where there has been ignorance; hope where there has been indifference; and—ultimately—health where there has been disease.





Volunteer Jack Allison, an environmental health worker, demonstrates better health practices to villagers in Malawi. He attempts to spread the message of good nutrition by flip-chart talks on diets, fly control and cleanliness.



Allison advises a mother in a child care clinic. Below, he records one of his health songs with a Malawi band. After success with health songs, he composed a popular tune about fertilizer.

HEALTH MINSTREL

Turn on the radio in Malawi, in Southern Africa, and you're likely to hear the voice of Peace Corps Public Health Volunteer Jack Allison singing the health songs he has composed and recorded. Allison wrote the songs, which became national hits, to aid in his health education work.

The lyrics read: "Your children will be well if you feed them ground nuts three times a day/If you feed them ground nuts in the morning, the afternoon, the evening."



SPECIALISTS

Health Professionals in the Peace Corps

A great many Peace Corps Volunteers are professionally trained health personnel—nurses, medical technicians, laboratory and X-ray specialists, pharmacists and others. They practice their specialties in hospitals and clinics throughout the world. Almost everywhere, they are also engaged in the even more crucial work of passing their knowledge to host country citizens, training them to assume positions now either empty or filled by foreigners. In some locales, this training is formal, with Volunteers serving as instructors in established institutes. In others it is informal, Volunteers working side by side with host country counterparts of varying education and skill.

Specialists considering Peace Corps service often express concern over the possibility of losing some technical skills while they are overseas in less advanced medical situations. The best answer is the one that has been given by returned specialist Volunteers: some skills often are lost, but they are quickly regained on return. And "hu-

man skills" that one gains, which involve new self-confidence in working with different people and facing difficult situations, more than compensate for any temporary loss.

Here are some Peace Corps opportunities for specialists:

NURSES: Registered Nurses are serving as Peace Corps Volunteers in 34 countries around the world. While Peace Corps nurses work directly with patients in overseas clinics and hospitals, their primary job is helping train nurses in the countries where they are stationed, strengthening the public health structure of the developing nations. In Afghanistan, Volunteer nurses teach auxiliary nursing students and supervise wards; in Brazil, they give in-service education to health personnel in metropolitan hospitals; throughout Micronesia, they are working to train local nurses. There are also a few Licensed Practical Nurses in the Peace Corps, working primarily in general health education.

PHYSICAL AND OCCUPATIONAL THERAPISTS: These specialists work with local clinics to rehabilitate the injured and infirm. Current and future programs are primarily in Latin America.

MEDICAL, LABORATORY AND X-RAY TECHNICIANS: Technicians, posted around the world, primarily assist local specialists, often substituting for them when they are absent for further training. X-ray technicians also help maintain and repair units overseas.

NUTRITIONISTS: Volunteer nutritionists work primarily in India and Colombia. They advise on school lunch and infant feeding programs, and on projects to improve the diets of malnourished and undernourished children and adults.

PHARMACISTS: Volunteers in Micronesia and Brazil train local people in pharmaceutical techniques and help dispensaries establish better pharmacy services.

