ABEL WOLMAN'S CHARTER

Dr. Abel Wolman is one of the "father-figures" of environmental health in today's world. Professor emeritus of sanitary engineering at the Johns Hopkins School of Engineering, Baltimore, USA, he is also a former President of the American Public Health Association, and has spent the greater part of a long lifetime engaged in research into the control of the environment for the reduction of disease and the welfare of man. Here he contributes his own 20-Point "Charter" for improving the world's health:

(1) Life is impossible without water. The statement is accurate. It always leads great conferences to pass resolutions to do something about providing water to impoverished people. Resolutions become opiates, because they are gratifying substitutes for action.

(2) Statistics are necessary, but they do not stir the emotions! One sick child, if it is yours, makes the world weep.

(3) How much drama is there in repeating time and again, that more than 1,000 million people in developing countries cannot conveniently and safely drink, cook, or wash with water? Astronomical numbers, of anything, are so often unintelligible. One should see people en masse, without these amenities, in villages or in slums, bidonvilles or favelas!

(4) Progress, of course, has been made in the last 30 years. WHO reports, in its recent survey of some 90 developing countries, that 69 per cent of urban dwellers had adequate community water supply and excreta disposal services.

(5) The situation for the rural or urban fringe dweller is dismal. For them, only 20 per cent have even reasonable access to safe water. Less than 10 per cent of these individuals have any real form of sanitary excreta disposal facilities.

(6) Viewed on a global basis, we have little to be sanguine about. The disease consequences of poor and insufficient water, of living with human excreta, and of unhygienic personal habits, are disastrous; they have been familiar for so long a time that they no longer excite even the statisticisn or epidemiologist. People accept their devstation, as they so often abjectly bear their real and spiritual poverty. We speak of the toll of deaths, due to environmental deficiencies, in a casual way, even though the figures mount to hundreds of millions. The communicable diseases, often the sequels of poor sanitation, are maiming and killing men, women, and children—not computer data.

(7) No "health house" can or should be built on an insanitary foundation. Health care and hospitalization, important as they are, will always be in default when structured upon a sanitary environmental quicksand.

(8) Why are hundreds of millions of people still without even minimum sanitary facilities—and, at the present rate, unlikely to get them for another half a century? Some say religion, custom, money, education, economics stand in the way.

(9) As in all social diagnoses, no single cause and no single therapy account for all environmental disabilities. No two countries are alike and no two regions within the same country are the same. Let us look at some of the blocks to progress.

(10) It has been abundantly demonstrated that no one likes to be sick or die. Everyone (whether Moslem, Hindu, Christian, or any chosen religion) likes to wash so as to sleep at night, free from wakefulness in fighting hordes of body vermin. Regardless of history or culture, people learn to protect themselves when given the opportunity and understanding.

(11) Too often, the slow pace has been blamed upon the people. The major cause for delinquent action lies in the motivation of governments. Do they really mean what their resolutions say—militantly enough to go into action? Is only lip service the main response of presidents, prime ministers, kings, and ministers?

(12) Unfortunately, the exceptions are still too few. What lessons stem from their successes? Motivation and intention, diligently and persistently pursued, remain in first place.

(13) Equally important are the desires of the people themselves, which can be met through education, understanding and participation. Much of the time these factors are missing and must be created and stimulated.

(14) This is not easy, but must be deliberately undertaken, preferably village by village, by the local "barefoot" somebody.

(15) To do this well requires the machinery and personnel of a permanent and sympathetic government, operating through regional and local units. Their nature and number will vary from country to country.

(16) Movement toward broad sanitary reform should go for-

(Continued on page 140)

ABEL WOLMAN'S CHARTER

(Continued from page 137)

ward jointly or in parallel with other social and economic undertakings in the same areas. Room for exceptions must be available.

(17) It should be clear by now that manoeuvering on this complex stage demands manpower, unfortunately in scarce supply in too many countries. The spectrum of manpower required runs from the highly skilled supervisor to the equally important, earthy village worker. Almost always, training on the spot is essential.

(18) What about money? Strangely enough, this is not the dominant constraint. Some is needed, of course, but often, with local self-help (material, physical, and monetary), money can be found.

(19) Technology likewise is at hand. Failures lie in its abuse rather than in its unavailability. Certainly, innovation, simplicity, lower cost will all help, but progress is not retarded greatly by the inadequacy of present tools, materials, or equipment.

(20) The task for the future is difficult, but possible. People should not be consigned to premature death, simply because we are less than courteous and diligent. The pace must be accelerated!

Courtesy: WORLD HEALTH

DR. SANKARAN

(Continued from page 111)

ces which have received attention at the all-India level. I believe that the nursing professionals, even in the major cities, are not free from danger. It is important that duty hours of nurses must be so adjusted that there is no necessity in particular for night travel to and from the place of work. This is one of the things that is probably responsible for the fair amount of the problem. Provision of housing close to the place of work would be another important matter by which at least it could be remedied to a considerable extent. Provision of adequate supporting staff of the nature of the security staff would also be important for improving the necessary safety/security. I would, however, like to appeal and state that the nursing profession itself and the nurse herself should now come forward and be prepared to be capable of taking care of herself like her western counterpart. I mean, a nurse in New York lives in as much threat to her security as a nurse in our own cities or working in a rural area. They have learnt to protect themselves for the last few years by learning many an art of self protection and I think this is something that you should look forward to very seriously because I do not think that the problem is going to decrease. One has perhaps to live with it but learn to overcome it. I have a feeling that this could become a part of the educational programme.

Question: You have touched some aspects of the ILO recommendations. One of the important recommendations relates to nurse-patient ratio. What do you think about having the prescribed nurse patient ratio in our country?

Answer: As you are aware, the subject of nurse-patient ratio has been much debated. I do not believe that 1:5 is a very satisfactory nurse patient ratio. I believe that the ratio should be 1:3 and primarily need-based. For example in the Coronary Care Unit, it certainly cannot be 1:3, it could perhaps be raised to 1½:1 or even 2:1. This should be looked into very carefully because it should be dependent on areas where there is a considerable amount of work and areas where there is lesser or minimal work.

Question: It is very kind of you to have stated your views on some of the important matters relating to nursing. Since we have with us, Mrs. R. K. Sood, Nursing Advisor to the Government of India and Miss D. K. Singh, we could briefly discuss the policy of the Central Government in respect of deputing nurses for higher education within the country.

Answer: I see no problems in deputing nursing personnel for higher studies within the country and I will be too glad to look into any cases that are brought to my knowledge.

Acknowledgements: The author is grateful to Mrs. R. K. Sood for her help in arranging the interview and for being present during the discussions. Thanks are also due to Ms. D. K. Singh for help in identifying the areas for discussion and to Mr. C. K. Arora for a faithful transcription from the tape.

Narender Nagpal