



Health and the Workers

by

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Dr. Sand stresses the importance of health propaganda work in industry and notes the contributions which can be made by the employers, the community, and the workers respectively. Certain defects in the conduct of such propaganda have often been observable and have retarded the effectiveness of the work attempted; nevertheless, a great deal has been initiated with useful results in many different countries of the world. A number of instances of successful work are described.

FOR believers in social hygiene there is still, even at a moment when the outlook is dark and uncertain, a powerful stimulus to hope and action in the fact that for the first time in history four great movements have met and are working on parallel paths for the material, intellectual and social advancement of the working classes.

All through the centuries there have always been persons who find the cruelty of social conditions intolerable, and who cannot reconcile themselves to a world in which material and spiritual possessions are the privilege of a minority. It would be hard to find a better expression of their feelings than Vachel Lindsay's poem *The Laden-Eyed* :

Let not young souls be smothered before
They do quaint deeds and fully flaunt their pride.
It is the world's one crime its babes grow dull,
Its poor are ox-like, limp and leaden-eyed.
Not that they starve, but starve so dreamlessly,
Not that they sow, but that they seldom reap,
Not that they serve, but have no gods to serve,
Not that they die, but that they die like sheep.

Here, then, is the first great movement, which is based on the appeal to the conscience. But the scientists with their economic and medical arguments have now ranged themselves on the same side. They point out the loss to the community when it tolerates conditions of living which atrophy the body, mind, and character of a large part of the population : ignorance, squalor, and poverty paralyse production and hamper all efforts for the progress of nations. Further, enlightened leaders in business and industry have come to hold the same point of view. They recognise that low wages, long working hours, and a low standard of living, far from providing a plentiful and productive supply of labour, are not less disastrous for the employer than for the employee. So it has come about that the physical, intellectual, and social emancipation of the workers is now part of the creed of great

captains of industry, a Rowntree, a Cadbury, a Leverhulme, or a Filene, great financiers like Frank A. Vanderlip, and great administrators like Herbert Hoover. The most striking example is given by Henry Ford, who has successfully combined the highest wages, the shortest hours, and the best working conditions with the manufacture of the cheapest motor cars in the world.

Lastly, there are the workers themselves. By sheer force of will and by organisation they have already gained a position which is incomparably better than that of the previous generation. They are now beginning to realise that continued advance will only be possible at the price of a collective effort of self-education against ignorance and disease, and that only by paying this price can they hope to rid themselves of a burden which weighs more heavily on them than on any other class. Here, then, we have four different groups speaking respectively on behalf of the sense of justice, the common good, and the interests of employers and of workers, all putting forward the same programme, with the same two items on it of education and health.

There is no need to recapitulate here what is being done for education by public authorities, employers, and the workers themselves. Suffice it to say that much less has been done to promote health. It may indeed seem at first sight that general hygiene depends so entirely on the public authorities and industrial hygiene on the employers that the workers themselves can contribute very little. This opinion is quite erroneous. Health experts have tried to estimate the relative contribution of the community and of the individual to the prevention of disease; the result is given as 20 per cent. for the community and 80 per cent. for the individual. While it is obvious that these figures are only a rough approximation, it is none the less true that the power of the state to fix periods of quarantine, supervise the purity of the water and milk supply, regulate or prohibit the use of industrial poisons and alcoholic drinks, and promote housing schemes has its complement in the duty of the individual to order his own way of life so as to escape the evils caused by unsuitable food, lack of air and exercise, and neglect of cleanliness. The case of the Belgian industrial town of Monceau-sur-Sambre may be cited in support of this thesis. Ten years ago the death rate of children of under one year was from 26 to 30 per cent.; after the enlightened Alderman, Mr. Emile Demoulin, had had lectures given to the mothers on the precautions which should be taken against illness, the death rate fell to 2½ or 3 per cent.

Measures for the promotion of health usually labour under the disadvantage of the triple accusation of high cost, interference with the liberty of the individual, and possible damage to powerful private interests. There will therefore be no possibility of adopting them without a strong backing from public opinion. It follows that widespread education in hygiene is a fundamental necessity of the moment. But attempts in this direction have often met with little success.

There seem to be four reasons for this failure. In the first place health lectures, leaflets, and posters have as a rule been far too theoretic and pedantic, and completely out of touch with the needs and mentality of the workers. Here, as in most social and international problems, it is a question of psychology; the profoundest learning and the best intentions will achieve nothing without insight and understanding. The writer has quite recently seen various films and other exhibits which had been prepared at considerable expense for purposes of popular education, but which missed their aim entirely through being too full of technical details on the one hand and wholly unpractical on the other. If you are discussing questions involving interests or principles, you will reach no result unless you can put yourself in your opponent's place; just as a teacher cannot really teach unless he can put himself in the place of his listener.

In spite of these failures considerable progress has been made in this direction. The first application of commercial publicity methods was to the practical teaching of farmers. The Federal Department of Agriculture and the various State agricultural colleges and experiment stations in the United States of America were the first official bodies to use these methods for spreading information. They also made use of the system of travelling demonstrations and exhibits, organised thousands of lectures, and scattered broadcast quantities of printed matter intended to educate the farmer. These travelling exhibitions may be considered the prototypes of the popular health units which we now have. Their success in popular agricultural education induced the various philanthropic and health societies to try the same methods. Picture posters, films, leaflets, exhibitions have been widely used and have all done a great deal to develop the health conscience of the American people.

The progress of this kind of propaganda work was particularly marked in 1917. The entry of the United States into the war was the starting point of a national health campaign aimed more especially at protecting the health of the soldiers and sailors. This campaign was headed by the army and navy sanitary services, the collaboration with the civil public health services, the American Red Cross, the American Social Hygiene Association, the Young Men's and Young Women's Christian Associations, and other organisations. Between 1 October 1917 and 1 January 1919 more than seven and a half million leaflets were distributed, three million soldiers and sailors attended lectures on health, and posters and exhibits of various kinds were placed in all the military camps.

About the same time attempts on similar lines were made in other countries. The American Commission for the Prevention of Tuberculosis in France organised several mobile health units. Between January 1918 and October 1921 these units visited 1,039 towns in 50 Departments. They gave 6,000 lectures to a total of two million hearers. During the same period ten million items of printed matter were distributed. A measure of the results is

to be found in the fact that the Rockefeller Foundation is now collaborating with 193 French dispensaries, most of which owe their origin to the work of these units.

In China an American medical missionary, Dr. W. W. Peter, with a similar aim in view, has evolved an organisation for giving education in hygiene which is a model of ingenuity and adaptation to local conditions. He started "health caravans" with which in two years he travelled over 22,000 miles, organised processions, exhibitions, lectures, and demonstrations, with apparatus of extreme simplicity — mechanical toys, in fact — and yet strikingly effective.

Several countries have thus arrived at different intensive combinations of all the usual methods of propaganda (posters, leaflets, lectures, films, exhibits, etc.); chief among these combinations may be noted the mobile health units, health institutes, and health weeks.

The mobile propaganda unit includes one or more lecturers and a director, who go from town to town in a specially fitted up motor lorry or railway wagon. They take with them a stock of leaflets and posters and a complete cinema apparatus with its own electrical generator. The unit is preceded by an advance agent who fixes the time and place of the lectures, organises publicity, and makes all the preliminary arrangements. An organiser follows hard after, whose business it is to work on the interest roused by the unit in order to get the inhabitants either to start or to extend such health services as are most badly needed. This method has been widely followed in the United States, in Canada, in Czechoslovakia, where the unit of the League of Red Cross Societies had attendances of 130,000 persons in eight months, and in Poland, where it had 300,000 in five months. The films of the League have been shown to more than a million persons in all.

The term 'health institute' is applied to an intensive series of lectures and demonstrations in which a group of experts tries, in a given locality, to arouse the interest of the public and to spread a knowledge of the principles of hygiene in a short space of time — usually from three to ten days. This method has been successfully used by the United States Public Health Service.

The 'health week' is an adaptation of the same principle to a wider area, most frequently to a whole country. Although the health week is often used for collecting funds for some specific purpose, its direct object is to draw the attention of the public to some special problem, such as child protection or the prevention of tuberculosis. From one end of the country to another lectures and demonstrations are given in the same week in schools, theatres, cinemas, museums, and stores. The help of the clergy and press is enlisted. Everything which may possibly bring pressure to bear on public opinion is made to converge to a single end, and surprising results are often produced.

'National Baby Week', organised in 1921 by the Czechoslovak Red Cross, was a striking example of this kind of propaganda.

In spite of limited funds and a comparatively short period of preparation, an extraordinary degree of public interest was aroused. The practical result was the establishment of seven new child welfare dispensaries. During 'Children's Year' in the United States fourteen million children were weighed and measured and a large number were treated by doctors or nurses.

Even wireless telegraphy has now been called in to help. Several million American families have receiving sets, and the public health services in several States broadcast a short weekly bulletin at a fixed day and hour for the instruction of the public.

The world total of leaflets, posters, and tracts on health is enormous. Every European language is used for them, as well as Armenian, Chinese, Japanese, Syrian and Turkish.

The last twenty years, then, have seen the development of an entirely new conception of popular health education. Its purpose is to spread a knowledge of the principles of hygiene and to show how practice can be made attractive. The educational problems in this field call for the collaboration of health experts, psychologists, artists, writers, publishers, cinema operators, publicity agents. The teaching given must steer clear of vulgarity ; it must be at the same time scientifically sound and alive ; above all it must be suited to the psychology of its hearers.

A second reason for the failure of popular health propaganda is that no teaching can be wholly imposed from outside. It is not enough for the learner to contribute goodwill, but he must also take an active personal share in the lesson. If teaching, to quote Michelet, is a friendship, it presupposes a mutual interchange between teacher and taught without which it must remain unfruitful. It has been said of teaching in general that a class should contain not one teacher and thirty pupils, but thirty-one teachers and thirty-one pupils

In order to be fully effective, therefore, teaching must be buttressed by a high moral authority which is recognised by all concerned. Here we have an important factor in the success of the Rockefeller Foundation in France during the war. The success of Red Cross propaganda, too, is ensured by the same moral factor, since in addition to prestige, it has behind it the weight of a democratic organisation and a wide popular membership. The Red Cross, in fact, is not a cut-and-dried administrative organisation ; it is the nation itself, voluntarily associated for a humanitarian end.

But even a Red Cross lecture can only attract a limited audience. In order to achieve a maximum of success, the lecture must have been asked for and not imposed from outside. For this reason it would be a very great gain if mutual aid or Friendly societies, for instance, would co-operate with the Red Cross to organise health propaganda among their members.

A third reason for the comparative failure of health propaganda is to be found in the fact that attempts towards education and health are incompatible with extreme poverty. It is no use offering good advice to a man who is short of food and other

necessaries of life. The spread of education and health is therefore closely dependent on an improvement in the material condition of the poorest classes. When the American Government sent Dr. William A. Gorgas to deal with the sanitary conditions in Panama, where the appalling mortality was decimating the staff and making work on the Canal impossible, his first step was to double wages. "I am satisfied", he wrote later, "that to this improvement in social conditions, caused by our high wages, we principally owe our extraordinary improvement in general health conditions. It is a health officer's duty to urge forward in his community those measures which will control individual diseases, but my long experience has taught me that it is still more his duty to take that broader view of life which goes to the root of bad hygiene, and do what he can to elevate the general social conditions of his community. This, my experience has taught me, can best be accomplished by increasing wages" (1).

Here we have a clear statement of the fact which is the basis of social medicine, namely, the close connection between the economic and the physiological condition of a man, a family, or a class. It is therefore necessary to accept the fact that health propaganda can only be expected to reach that portion of the working classes which is above the subsistence level. This fact provides the second reason why Friendly societies should help to spread health propaganda among the workers; it is obviously in their own interest to do so, since every day of illness means so much taken out of their funds.

Lastly, failure of health propaganda has been caused by lack of co-ordination of the various efforts made. A new factor has now come on the scene. When the League of Red Cross Societies was formed in 1919, the societies forming it committed themselves to a peace-time programme with the primary aim of improving public health throughout the world. This aim was to be accomplished by propaganda on a large scale, by the work of health visitors in homes, and not least by the Junior Red Cross, which is a voluntary organisation of school children formed "for the purpose of inculcating in children the ideal of peace and the practice of service, especially in relation to the care of their own health and that of others, the understanding and acceptance of civic and human responsibility, and the cultivation and maintenance of a spirit of friendly helpfulness towards other children in all countries".

Since 1920 the Swedish Anti-Tuberculosis League has been co-operating with the trade unions. The foundations for a wider co-operation in health education between the Red Cross and employers' and workers' organisations were laid at the Third International Labour Conference in October-November 1921 in speeches by Sir Claude Hill, Director-General of the League of Red

(1) NEW YORK STATE DEPARTMENT OF HEALTH: *Health News*, Dec. 1915, p. 370. W. C. GORGAS: *Tropical Sanitation in its Relation to General Sanitation*. Address delivered at the Fifteenth Annual Conference of Health Officers of New York State, Rochester, Sept. 1915.

Cross Societies, and by the writer of this article⁽²⁾. The welcome extended to their proposal by the delegates, by the President, Lord Burnham, and by the International Labour Office was so encouraging that some months later the General Council of the League of Red Cross Societies, meeting at Geneva in March 1922, passed the following resolution :

The General Council, recognising the importance in the interest of popular health education of active co-operation between national Red Cross Societies and employers' associations and labour organisations, and having in view the offer of support in this direction made by the International Labour Office, recommends that the Secretariat of the League should afford facilities to national Red Cross Societies for this purpose.

The Belgian Red Cross was the first to follow this suggestion. The 635,000 Belgian mutual aid societies are grouped in four national unions—Socialist, Catholic, neutral, and Liberal. These four unions agreed to collaborate with the Red Cross on the following terms. The Red Cross was to contribute articles on health to the publications of the mutual aid societies; it was to provide them with lecturers; it was to admit delegates of the unions to the National Health Council (*Conseil national des Œuvres d'Hygiène*) which has the President of the Belgian Red Cross as its President, and includes representatives of the National Child Welfare Society, the Anti-Tuberculosis League, the National League for the Prevention of Venereal Disease, the Federation of Temperance Societies, the National League for Mental Hygiene, and the Belgian Eugenics Society. Finally, the Red Cross was to issue quarterly an illustrated health propaganda card and send the unions as many copies of it as they had members. These cards were to be distributed to the members by their local society, which would use the back for notices of meetings or other communications. In this way a member would feel that it was his own society, in agreement with the Red Cross, which was giving him advice on the care of his health. Space was to be let on each card for advertisements, so that it would cost the Red Cross nothing to distribute these 635,000 cards four times a year.

The General Council of the Belgian Labour Party has decided to go a step yet further and to organise a 'workers' health month' (*Mois de la Santé ouvrière*). This is to consist of lectures and demonstrations given to members of Friendly societies, trade unions, and co-operative societies. The audiences and the members of the Labour Party in general will contribute to the 'workers' health fund' (*Fonds de la Santé ouvrière*), which will finance the health campaign.

Particulars of the Belgian Red Cross scheme were communicated by the Belgian Workers' Delegate to the Fourth International Labour Conference which met in October-November 1922, and the following resolution was submitted to the Conference :

The Fourth International Labour Conference, having regard to the action undertaken by the League of Red Cross Societies in the direction of carrying out a comprehensive programme of health demonstrations,

(2) See *Bulletin of the League of Red Cross Societies*, Vol II, No. 13-14, Oct.-Nov. 1921, pp. 495-502.

recommends the employers' and workers' associations to support the work of the Red Cross in their respective countries in order that the widest scope may be given to what is a particularly promising undertaking from the point of view of furthering the well-being and the health of the populations.

The Conference referred the resolution to the Governing Body of the International Labour Organisation with the request that they examine the matter with a view to considering ways and means of realising such a scheme of co-operation. These first experiments in a new form of co-operation give good reasons to hope that popular health propaganda has entered a new phase and that the participation of the workers in the struggle for health will bring to it a new element of energy and power.

