

ORVOSOK A HARMADIK VILÁGBAN
DOCTORS IN THE THIRD WORLD

POVERTY, HARDSHIP, AND ILLNESS - HOW CAN WE HELP?

UNIV. PROF. DR. MED. JOSEF R. MÖSE

Emeritus Director of the Institute of Hygiene at the University of Graz
Graz, Austria

Abstract: There are many places in the world where the darker side of man has come to the fore, controlling entire peoples and leading to poverty, hardship, illness and even early death. From 1972, in the Institute of Hygiene and Microbiology of the University of Graz, twenty aid projects were created in such areas under the title *Direct Development Aid*. This report provides some insights and recommendations from the experience acquired during these projects.

Key words: Third World, aid, poverty

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Prof. JOSEF RICHARD MÖSE

Emeritus Director

Institute of Hygiene,

University of Graz

Universitätsplatz 4

Graz, A- 8010 Austria

Tel 0043 316 380 7700

Personal: 8043 Graz,

Kaltenbrunnngasse 6

Tel 0043 316-324-073

For me, one of the most spectacular images from this universe is that of the bright blue sphere of our home planet Earth against the dark backdrop of the depths of outer space as seen from the moon. It was aeons ago that life forms first appeared on this wonderful planet. If we use the twelve months of the year to represent the five billion years of Earth's history, we would see the year unfold in the following manner:

- In January the big bang splits a colossal ball of gas into billions of smaller balls of gas, one of which happens to be our sun.
 - In February our Earth and the other planets form.
 - In April water separates from land on our planet.
 - In early summer life develops from matter – the decisive act of creation, from which everything which has ever lived on this planet has developed. How exactly it happened can only be speculated about, even today, but living cells have existed since then.
 - In autumn fish crawl out of the sea onto land.
 - In the last week of Advent dinosaurs reign over our world, but become extinct at Christmas.
- On New Year's Eve, fifteen minutes before midnight, prehistoric man appears. Much later, he learns to create and control fire and, right before midnight, he develops speech. World history as we know it – from the pharaohs to the landing on the moon – completes the last thirty seconds of the year.

Even from the time that the first settlements were founded, a developmental tendency towards "upper" and "lower" classes in individual communities began to form, showing man's inclination toward enslaving other groups and peoples with endless gory wars and other atrocities. This is, without doubt, an incredibly negative side of man but one which has been very visible in recent times again, one which, combined with poverty, hardship and devastating diseases has had a deadly impact on our population.

The first signs of change in this trend became visible just 135 years ago as a result of the many important medical breakthroughs that occurred at the time. These breakthroughs caused an increase in the average life expectancy of a newborn in Austria, and in many other countries on our Earth with similar conditions, from 36.2 years for women and 32.7 years for men in 1870 to 82.2 for women and 76.6 for men in 2005. This jump in life expectancy was the first such triumph since the dawn of man. We have learned such an incredible amount about medicine and the human body over the last 135 years which has allowed us to live longer and healthier lives; let's hope that we have also learned a thing or two about the futility of war and other atrocities from what happened in 1945.

Why have I provided this in-depth review of world history as an introduction? Because in many parts of the world, the life that we live and take for granted every day cannot be lived in such a carefree way. In those parts of the world, life is where deep poverty and excessive hardship are the norm, where entire peoples are at war with one another, where a cataclysmic mixture of murder and manslaughter are part of everyday life, where theft and rape, children with deadly weapons and a life without hope are a constant presence. Furthermore, there are those whose living space has been completely changed or destroyed through climate change or man's interference, where people live on the poverty line, without clean drinking water, in makeshift accommodation or, with no possessions at all, on the streets of dirty slums. Hunger, starvation, epidemics, orphaned children living in dirt in cramped rooms – these are just some of the ugly truths of today's world.

The sprawling metropolises, which have grown in huge proportions, in particular during the last ten years, have become a striking sign of the times. Twenty million inhabitants or

more: it is such an easy number to say, but can you actually imagine twenty million people cramped into one single city? To illustrate the sheer size of this number: it would take the entire population of Austria and Hungary to fill one such city with 18.5 million people. There are a number of cities such as these with 18-20 million inhabitants, for example, Mexico City, Seoul, Delhi, Mumbai etc. (1). If we look at one of these cities in more detail, we see statistics such as: In Mumbai, spread over 100 slums, about 5.5 million people live in cramped living spaces, with up to 367,000 people per square kilometre. However there is an even lower level of impoverishment in those who live on the streets. We stand undoubtedly at the beginning of a new “urban” millennium. Today there are already 41 cities with more than 6 million inhabitants, with the largest coming in at 34 million.

A general picture of the state of emergency that so many people find themselves in today:

- More than one billion people live on less than one dollar per day.
- Every week 300,000 people die as a result of poverty.
- Every sixth person in our world has no access to clean drinking water.
- Eleven million children die every year, most of who are under the age of five. Half of these deaths are caused by curable illnesses.
- South of the Sahel in Africa, four hundred people are newly infected by HIV-Aids every hour.
 - 285 die as a result
 - 340 children lose their parents (2)

In certain places poverty has reached epic proportions solely because of this new disease (3).

Famine in, for example, Mali and Niger, armed conflict in the Ivory Coast, Darfur and Democratic Republic of Congo and AIDS – these are the scourges of Africa (4).

Even the practical efficiency of development aid has come under criticism (5). Some striking statements: the north has given the south one billion dollars to fight poverty, yet, for many of the poor, the situation remains unchanged. Those who have profited from the aid are dictators, kleptocrats and the aid workers themselves. This is particularly true for Africa, where many of the poor have only become poorer. Life expectancy at birth has, as a result of this, drastically dropped in many African countries. An extreme example: in Zambia the life expectancy of a newborn has fallen from 51 in 1990 to 32 in 2005 (6).

Man has done much damage to certain parts of the world through monocultures with which quick money was to be made and the natives of that area were virtually uprooted. These activities have threatened many natural habitats and the living spaces of these people. (see, for example, 7) An even starker example, to some extent, is mineral extraction in which the local people are not even involved at any stage of the process.

I will now stop giving examples of the poverty and hardship that exist in our world, though the facts mentioned here, are only a minimal selection. However, one thing clearly stands out of the few examples given: We, who have managed to achieve the high standards of living we have today through our own hard work, political insight and the profound potential of science, need to develop the will to help the many people in other parts of the world who certainly do not have it easy, those living in deepest poverty and despair.

With appropriate planning, it is possible to carry out this aid work this alongside a full-time job, for a short period of time and of course voluntarily, with a clear time limit.

When universities participate in these relief operations, it adds a particularly positive significance to the work without doubt. The finest of the medical, technical and agricultural universities have all participated in carrying out practical work over the years.

Alongside the acute, direct aid provided by, for example, doctors, technicians, agricultural specialists etc., it is of the utmost importance to educate the local people, so that this aid can be set in motion and have the best and most long-term effects possible.

In many situations, however, it is just as important to have skilled tradesmen or handymen, who are simply indispensable. Mounting generators, building safe housing, wells and water treatment facilities and so on: these are all things that are often of the utmost importance. However, only complete cooperation can provide radically positive results.

And I know what I am talking about. In the Institute of Hygiene and Microbiology of the medical faculty of the University of Graz, which I ran from 1961 to 1989, we started organized relief operations for emergency areas in the Third World in 1972 with highly motivated teams under the leadership of my assistant at that time Wolf Sixl. Throughout the years we have worked at over twenty different sites in Africa, Southwest Asia, India and Central America.

The groups, under the organization and leadership of Professor Sixl, focused on the following issues in hygiene: basic hygiene, studies on the spread of infection specifically on the origins of diseases, antibiotic resistance, drinking water, sewage, refuse, combating parasites and vermin, simple diagnostic laboratories in the areas, methods of disinfection, medical equipment and facilities, food hygiene, improved nutrition, vaccination programmes and general information, education and training in situ, improvement of sanitation and, with that, infection prevention. Doctors with different areas of specialization in general and first aid clinics intervened, with the medical-therapeutical aspects covered by highly motivated, excellent colleagues from the university clinical centres and the KAGES Styrian hospital association. There were never any group difficulties.

As for what this meant for the university, I would like to point out that alongside the main aims of providing practical, sustainable aid for suffering peoples, a total of about 125 scientific papers were published in recognized journals and around 20 final year projects and dissertations were written by doctors, biologists and environmental scientists.

The work carried out, as well as the scientific analyses during these years and also later, led to close collaboration with colleagues, later friends, from Hungary, Czech Republic, Slovakia and both parts of the then still separated Germany – and we are still in contact with many of these people today.

How can I sum up the reality of such plans from my own experience?

- Participation in such voluntary aid programmes for the Third World or other poverty zones don't need "heroes", but fully integrated workers who are fulfilled simply by providing aid. In this way participation can become an unforgettable experience for everyone. Main aims:
 - to serve the cause in every possible way
 - use your abilities and render services
- Every work group must form a cooperative unit, with a clear leader. Mistakes by the latter can have a particularly negative impact. Camaraderie is required for good team work.
- It is essential that every participant has good insurance cover and is in good health.

No work should be carried out in acute war zones or rebel territory. This has nothing to do with “cowardliness”, but with the fact that this would expose the type of aid groups that we aim for to life-threatening situations. Here military aid and protection is necessary.

Exact planning for how the work is to be carried out must be completed before any aid work can be started. Who or which organisation, where are the points of contact in the foreign country? Mistrust and hassle from local ‘big guys’, as I like to put it, who feel that their positions of power are being lowered, can have very negative effects on the success of the aid. Who is the liaison between the local people and the aid workers? What technical basics do the team expect? Electricity, transport, equipment available etc. Many important questions about what equipment to bring depend on the answers to these questions, especially for doctors.

It has proven very beneficial, and in some cases even critical, to have team members who are both practically and technically experienced. Even the best doctors can’t do a thing when a power unit stops working or when water pumps cannot be professionally set up etc.

At the end of every mission, a full practical report, in both the subject area and on the organization of the project should be submitted.

A piece of general advice to finish up with: when I look back on the efforts that we made with the teams from the Institute of Hygiene under the planning and leadership of Professor *Sixl* and the sustainability of the successes we achieved, there are also disappointments. Many still exist today but others have been destroyed in armed riots, pointlessly and cruelly destroyed, as with Project Melut in southern Sudan

If, because of this, someone would like to suggest that the whole thing was entirely useless, I’m afraid I would have to disagree. If we managed to save a life even just for five or ten years, or to give people better health or prevent disease through improved hygiene, then it was certainly worth every minute – up until the destruction we see today, through pointless, ugly murder and manslaughter, fire and brutish destruction.

However, the successes, which were initiated with the help of our teams, our doctors, co-workers from other disciplines and students, can never be forgotten. The bible says “whatever you did for one of the least of these brothers of mine, you did for me.” (Matthew 25:40) In this phrase there is no mention of duration – merely helping out of belief – a wonderful thought!

What I mean is that we should not just help in the places where success is certain to last for a long time, but should not even take that into consideration. We should aim to help where we have the best chances of helping people in poverty, hardship and illness, without looking for security that our efforts, to exaggerate slightly, can remain immortal. That just doesn’t happen!

All of this is of course merely some short thoughts on the subject, from my point of view. And I believe that all who have worked in practical aid, giving with such amazing success, should participate in setting up new projects in the places where it is needed. Your own personal practical experience cannot be replaced by anything. And age – whether in retirement or fresh out of school – doesn’t play a role at all!

At the heart of the humaneness experienced during EZA activities (Austrian Development Cooperation) I’d like to mention two terms:

WANTING to help and BELIEVING in our abilities.

Wanting is part of every new start and the worth of believing – not only religious, but also a strong belief in our own abilities – was once described by one of the greatest doctors at the beginning of a new time about 400 years ago - Theophrastus von Hohenheim, or Paracelsus: For such is the immensity of man that he is greater than heaven and earth, for he believes.

If we have the strong will, if we have the strong belief that we can achieve, then we can attain success!

REFERENCES

1. World's Largest Cities http://www.mongabay.com/cities_pop_01.htm
2. AIDS Überlebenskampf in Afrika
http://www.welthungerhilfe.de/fileadmin/media/bilder/Infografik/aids_ueberlebenskampf_gross.jpg
3. Development cooperation and humanitarian aid http://europa.eu/abc/europein2005/cooperation-humanitarian-aid_en.htm
4. Aids: Tabu-Thema in Afrika: "Auf eine Landmine getreten"
<http://diepresse.com/home/panorama/welt/434009/index.do>
5. Bartholomäus Grill (2007) Wofür das Ganze? <http://images.zeit.de/text/2007/03/Entwicklungshilfe>
6. Le Monde diplomatique 2007 http://www.naturefund.de/Gesundheit_3_750.jpg
7. Dirk Asendorpf (2003) Gift für die Armen <http://images.zeit.de/text/2003/35/U-altpestizide>
8. Möse, J.R.(2002) "Geld und Hygiene-Geld und Gesundheit – Armut und Krankheit", Kneipp-Verlag; Leoben / ISBN 3-902191-35-5

PROF. EMER. JOSEPH RICHARD MÖSE

Grazi Egyetem

Közegészségtani Intézet

8010 Graz Universitaetsplatz 4

Tel:0043-316-380-700

Otthoni: 0043-315-324-1073

SZEGÉNYSÉG, NEHÉZSÉG, BETEGSÉG – HOGY SEGÍTHETÜNK?

Összefoglalás: Számos helye van a világnak ahol az emberiség sötétebb alkotóeleme cselekszik, ellenőriz egész népeket, szegénységhez, nehézségekhez, betegségekhez, sőt halához is vezetve. 1972-től a Grazi Egyetem Közegészségügyi és Mikrobiológiai Intézetében húsz segély projektet állítottak fel, *Közvetlen Fejlesztési Segítség* néven. A jelen beszámoló bemutatja ezt és ajánlásokat ad a projekt során szerzett tapasztalatok alapján.

Kulcsszavak: Harmadik világ, segély, szegénység

(Szerk.: Prof Möse a Grazi Orvostudományi Egyetem Közegészségtani Intézetének az emeritus igazgatója.Szakmai életéről és működéséről az Egészségtudomány LII évf. 2. számában a 74. oldalonadtunk összefoglalót)