

YUGOSLAVIA LEADS IN RURAL HEALTH CENTERS

by VICTOR O. FREEBURG

THE dedication recently of the ninetieth rural health center in Yugoslavia, named in honor of King Alexander I, draws attention to the remarkably successful work of the peasant cooperative societies in organizing their local medical and public health facilities. The establishment of these health centers, one after another during the last twelve years, is a heroic achievement of reconstruction, which has already provided old Serbian Yugoslavia with a more extensive health organization of the rural masses than can be found in any similar area, except perhaps in Denmark.

This achievement, incidentally, has increasingly justified, year after year, the faith of American friends of Yugoslavia who contributed counsel and funds in order to help its people recover from the devastation of the World War. How effectively the Yugoslavians had been able to organize their own resources was observed in 1932, during a tour of inspection, by John A. Kingsbury, secretary of the Milbank Memorial Fund, chairman of the executive committee of the Serbian Child Welfare Association in America, who attended the dedication of the King Alexander I Health Home. Mr. Kingsbury, as he went from center to center, was deeply impressed by the change from the terrible conditions which he had witnessed in 1920, when, as chairman of the executive committee of the Serbian Relief Committee, he visited that war-ridden country.

It may be mentioned here that an initial gift of \$100,000 in 1920 from the Milbank Memorial Fund enabled the Serbian Child Welfare Association of America, the successor to the Serbian Relief Committee of America, to raise \$3,000,000 in money and materials for the furtherance of its work.

Before telling how the health zadrugas function we may sketch in the background of their development. The story begins in 1918 with the survey of Serbian needs made by a commission headed by Homer Folks, then Lieutenant-Colonel in the American Red Cross. This survey was supplemented by later surveys made by William J. Doherty and Mr. Kingsbury. A program was drawn up by the Serbian Child Welfare Association of America, and Dr. R. R. Reeder was chosen to direct the work as overseas commissioner for the Association and to act in cooperation with the Serbian Advisory Board.

The public health activity of the Association grew out of its initial work of caring for Serbian war orphans and the reconstruction of trade and village schools. In the restoration of one hundred and twenty-five schools the Association had a policy of contributing on a "fifty-fifty" basis. But so enthusiastic were the Serbians that in many cases they themselves gave more than their half of the costs.

A pioneering accomplishment, in which the Association cooperated with the Ministry of Health, the Medical Association, the Serbian Red Cross, and various voluntary agencies, was the establishment of the Training School for Nurses, in Belgrade, the first of its kind in the Balkans. This school was opened in May, 1923. Housed in its own building, a five-story structure of brick and concrete, the school has ample accommodations for 150 nurses with their teaching staff and offices. Four other training schools for nurses, situated in Skoplje, Zagreb, Ljubljana, and Valejvo, modeled on the one in Belgrade, have since been organized.

At the time when the Belgrade school was organized it was difficult to persuade girls from good families to become nurses, because the occupation of nursing was looked down on. This attitude was soon changed and today the student nurses come from the best of Yugoslavian families.

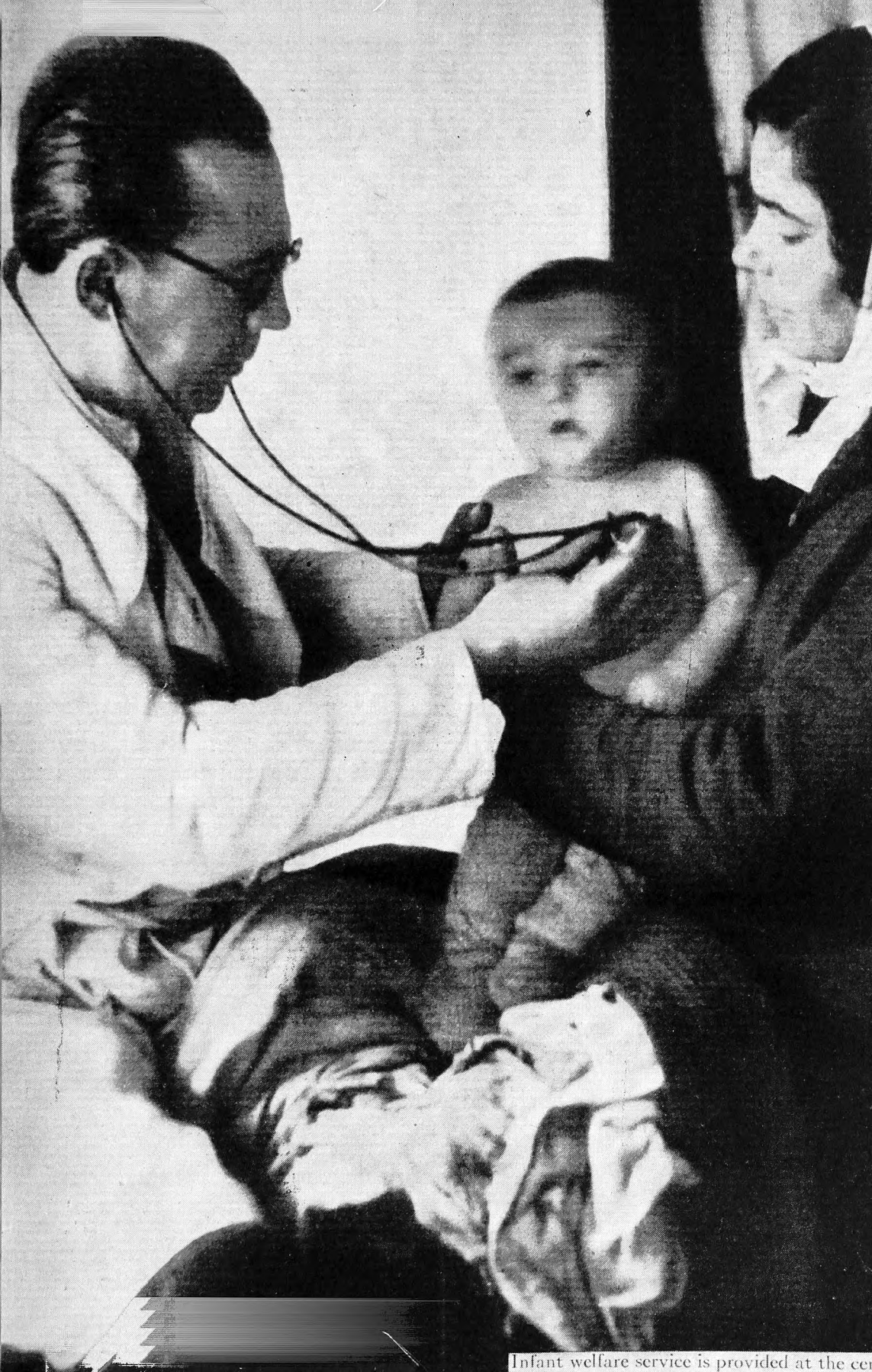


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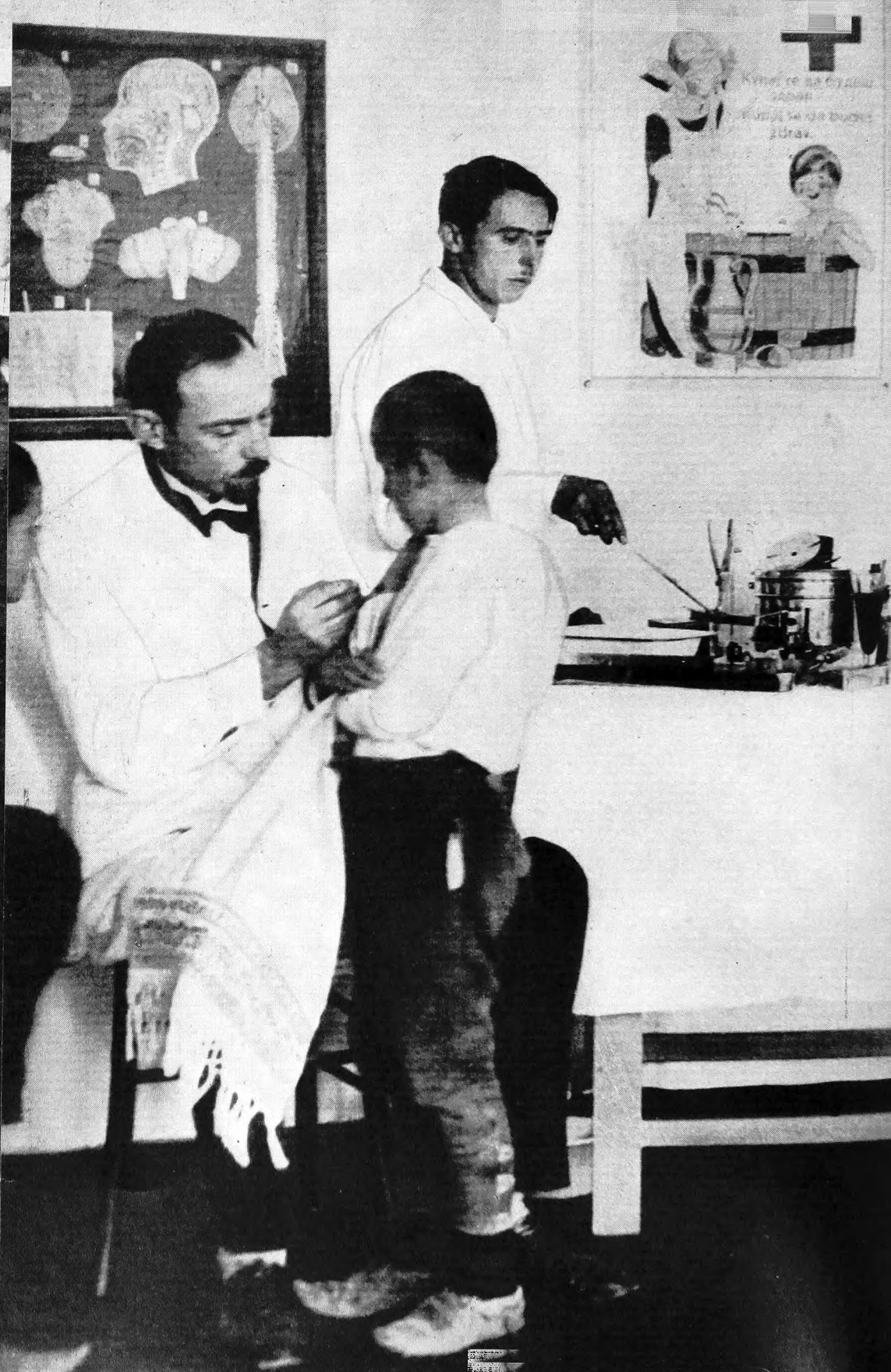
the opening of one of the ninety health centers is cele



Patients at one of the cooperative health stations



Infant welfare service is provided at the cen



School children are vaccinated at the health centers

The movement to establish rural health centers was undertaken to meet the most basic needs of medical care, sanitation, and health education. There was only one doctor for 30,000 people, and the peasants, constituting 90 per cent of the population, suffered pitifully from the absence of health facilities, and from ignorance of even elementary hygiene.

The first health center was established early in 1921 at Chachak in a prefecture with a population of more than 50,000, and with but one hospital, and that badly equipped and undermanned. In a suitable house rented for the purpose, a dispensary was established, with a doctor, a dentist, and a nurse in attendance. Another nurse was engaged in public health work. Mothers' meetings, infant welfare classes, special classes in hygiene, home nursing, and sewing were inaugurated. A four-bed infirmary was also established.

Ten rural health centers of this general type were inaugurated by the Serbian Child Welfare Association before it withdrew from active participation in 1923. From the beginning, Mr. Kingsbury points out, the Association had held to the policy that "whatever you induce a people to do for themselves is of infinitely more value than what you do for them." Considering how to insure continuation of the rural health center movement after its withdrawal, the Association had decided to encourage the Agricultural Zadrugas (cooperative societies) to assume the obligation of supervision. Certain zadrugas had, in fact, already conducted an inquiry as to health and living conditions of the peasants, and readily agreed to organize health branches. A central body, the Union of Health Zadrugas, was later organized to take over health center work, and a headquarters office was opened in Belgrade. The new organization was approved by the Ministry of Health, which appropriated over a million dinars for health zadruga work in 1923.

The typical set-up at each center then included a doctor and a health worker paid by the local *zadruga*. A dentist went from center to center rendering services. Medicines and toilet supplies were sold at the centers. These as well as medical service were provided at low cost to members of the *zadrugas*. The very poor received free treatment.

The above brief account of certain activities of the Serbian Child Welfare Association of America by no means indicates the scope of the Association's work, but is merely given as a background for the health *zadruga* movement.

By 1928 the total number of health centers had risen to forty-three. During the summer of that year Mr. Folks made another visit to Yugoslavia, and surveyed the progress and problems of the *zadrugas*. Reporting that, while in many cases existing buildings had been taken over, there were also new buildings specially constructed, he wrote of a typical one that it was "a more imposing building than either the church or the school." It consisted of two stories and a basement, the cost being about \$3,500, which was evidently divided between the Ministry of Health and the local *zadrugas*. The typical local committee, he wrote, included the head of the local schools, the local clergyman, and other leading citizens, including farmers.

However, according to Mr. Folks, the health work being done consisted mainly of medical treatment. The doctors and other workers lacked training for preventive efforts, including sanitation. Meeting with the Committee of the Union of Health *Zadrugas* in Belgrade, Mr. Folks accordingly suggested that if the Committee approved he would recommend to the Serbian Child Welfare Association that part of its remaining funds be expended for the benefit of an extended public health program.

In general this program, which was accepted by the Asso-

ciation, called for the support of courses in public health at the Central Institute for Hygiene, for zadruga physicians, for inspection tours to other zadrugas by the presidents or other representatives of the zadruga committees, and courses in hygiene for boys and girls at the local center. It also called for the installation of model sanitary accessories, such as toilets, cesspools, and equipment for the sanitation of stables and pigsties. There was also provision for a statistical health survey in the zadruga districts, which aimed especially to assemble information needed for antituberculosis work.

Meanwhile the people themselves were becoming increasingly enthusiastic in organizing new health zadrugas, and providing new buildings, now usually called health homes. "I visited most of the zadrugas in the past ten months," reported George Radin, a representative of the Association. "Everywhere I found the public proud of what is going on in their zadruga. They took active interest in every new development. In this lies the success of the system. People call it their own institution and treat it as such." At the same time the people are grateful for help given from abroad, and they sometimes choose the names of foreign friends to designate the centers. There is, for instance, The Lady Evelyn Haverfield Health Home at Bajna Basta, the John Kingsbury Health Home at Pranjane, and the Elizabeth Milbank Anderson Health Home at Slovac.

An example of local enthusiasm was seen in the dedication of the Kingsbury Health Home, as described by Mr. Radin in a letter dated November 14, 1930. He wrote: "The consecration of the Health Home was a historic event for Pranjane. . . . Everybody was present. People traveled half the night to get there, some of them coming from Chachak, thirty-five kilometers away, on foot. The villagers wore their best holiday clothes. His Majesty, King Alexander, sent his represen-

tative in the person of a colonel in the army. The Prime Minister sent his representative. Four priests conducted the religious services." Mr. Radin then describes the festivities which followed. There were "more than a thousand peasants, boys and girls, young and old, dancing the 'kolo' hand in hand on the green lawn." A veritable banquet was served. Mr. Radin commenting to a peasant on the lavishness of the feast, received a significant reply. "The building cost every one of us a lot of hard labor," said the peasant. "We hauled the brick and the rest of the material from Milanovac, twenty-eight kilometers away, walking alongside our oxen. We did this when it was too rainy or muddy for field work. Besides, it cost us money as well. When we made all these sacrifices, who could have stopped any of us from contributing a little pig or something for this feast, this day of our greatest joy?"

Aside from the provision of medical care, supplies, and clinical consultation, the health homes are now stressing health education. Motion pictures, lectures, posters, and photographs are used to inform the public. There are also special courses for young villagers in which they get "instruction about the health of their cattle, their crops, their fruit trees, and their poultry." They are also being "introduced to shower baths and proper beds and sleeping quarters. The kitchen and the way it should be kept are also taught."

Besides the courses in hygiene there is instruction in handicrafts such as carpentry, cabinet and basket-making work, thus equipping the young peasants for gainful occupation during the winter months. The need of local libraries, especially during the winter, is evident, and recently some progress has been made in organizing them. Thus we see that the zadruga health home tends to become the cultural center of the community.

Fighting infection at its source through the sanitation of

the peasant home is one of the most important activities of the health zadrugas, the three points of attack being the water supply, the toilets (or rather the lack of them), and the manure piles. With the help of funds from the Serbian Child Welfare Association of America, and from the Ministry of Agriculture, much progress has recently been made. New wells and pumps have been provided, in many cases furnishing running water for the kitchens, and even for the stables. Concrete cesspools with model toilets and concrete pits for manure have been constructed. The demonstration structures by engineers are imitated by the peasants themselves.

Naturally the improvement of home surroundings encourages the improvement of the dwelling house itself. These are as a rule too small, not well ventilated and not easily kept clean. Mr. Radin has reported that, on the basis of a survey in Slovatz in 1932, 95 per cent of the village houses had a height of less than two and a half meters, and that 97 per cent of the population had less than 10 cubic meters of space per person for sleeping quarters.

It was at first proposed to encourage the peasants to imitate certain model homes erected by the Ministry of Health, but better counsel prevailed. The peasants have very strong local traditions in architecture as in other matters, and accordingly the procedure now is to design houses meeting health requirements but preserving the general aspects and character of the houses already existing in the village. Architectural plans, worked out with the assistance of the Central Institute of Hygiene at Belgrade, are given out by the Union of Health Zadrugas.

The improvement of dwellings is one of the important factors in the fight against tuberculosis, widely prevalent in Yugoslavia. Although there have been noticeable results from the educational program of the zadrugas for mothers, the

school children and the general public, antituberculosis work has hardly started on a scale commensurate with the problem. A basic need is accurate information. This is being sought through surveys supervised by the *zadrugas*. Preliminary surveys of two villages were published in book form for further study in order to develop improved questionnaires and techniques for obtaining and handling the data. Housing, foods and food preparation, occupation, the nature of products, and conditions under which work is done, personal attitudes with respect to customs and superstitions and scientific treatment, economic situations, are among subjects on which information is sought in addition to the more specific subjects concerning disease and exposure to infection.

A few details regarding other specific activities of the *zadrugas* for which the Serbian Child Welfare Association of America provided funds may be gleaned from a report for 1932. A three-day conference for *zadruga* doctors was held at the end of March, in the Central Institute for Hygiene, and a ten-day course of instruction was given during July. A tour of inspection of the more advanced *zadrugas*, lasting seven days, was participated in by fourteen teachers, priests, and other leaders of *zadrugas* in Dalmatia, South Serbia, and Serbia.

One interesting medium of health education is a traveling exhibition in a railway car attached to a special train which is operated as a traveling agricultural exhibition and school. The health car was equipped by the Union of Health *Zadrugas*. It contains pictures and models illustrating infant and maternity care, hygienic village homes, sanitation, and the general activity of *zadrugas*.

A magazine entitled *Health Cooperative Movement* is published at Belgrade by the Union of Health *Zadrugas*, and a similar review in German is published by a branch of the

Union at Novi Sad. Two books recently published by the Union are SCHOOL AND HYGIENE by Doctor B. Konstantinovich and LIFE AND CONDITIONS IN THE VILLAGE by Doctor Milosavljevich.

The status of the health zadrugas is safe-guarded by law, which provides for a subsidy out of the national budget. This legal protection was obtained after several years of struggle for it. The zadruga can even function as a local official public health department, if so voted by the people concerned, and can thus carry out the public health obligations imposed by the government in a municipality. The National Ministry of Health, efficiently administered under Doctor A. Stampar, cooperates with the zadrugas, and this assures their growing effectiveness in organizing the people themselves to fight disease and to gain a higher degree of positive health.