

## THE LIBERIAN FOUNDATION: AIMS AND METHODS

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**T**HE Liberian Foundation was a concept of Mr. Edward R. Stettinius, following his visit to Liberia in 1946. He was convinced that when a large corporation enters a comparatively undeveloped country, it has a duty toward the people of that country beyond the economic prosperity which may follow. His concept was one of great breadth in that it visualized the modernization of an entire country through the medium of education.

The proposal which Edward Stettinius and his associates offered to the Republic of Liberia, included these words: "The objective of the Liberia Company is to develop all the resources of Liberia—natural, agricultural, commercial—and, at the same time bring along in parallel steps, the improvement of health, education, and living conditions of the people. . . ."

This objective led to the formation of the Liberian Foundation, the instrument through which the Liberian Government and the Liberia Company planned to carry forward the social development of the Republic. At the time the Liberia Company was being organized, this Foundation, a separate corporate entity, was presented with ten per cent of the stock of the Liberia Company, while twenty-five per cent of the stock was also given to the Government of Liberia. The Foundation was expected to derive the remainder of its operating capital from other sources.

As its primary field, the Foundation selected the problems of health and education. Even before the results of increased industry should be felt, it would begin activities in these fields. It would not, of itself, build any of the necessary structures required to realize the aim of sound, country-wide, educational and medical facility. It would not produce an operative institution in either of the fields, except for purposes of demonstration, but would support and further the already existing insti-

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tutions, promoting their modernization in both structure and functions. It would introduce new facilities, integrating all of these organizations into a nationwide functioning group.

In a word, the Foundation would be an informative and coordinating agency. It would explore the needs of Liberia in the education and health fields, and by the presentation of these to specific organizations, would endeavor to interest such groups to participate in the social development of the country. In collaboration with interested groups, the Foundation would then endeavor to produce a progressive program of development which would satisfy the immediate needs of Liberia and which would also be capable of meeting the requirements of a rapidly expanding economy in the industrial and agricultural resources of the country, but with provision made from the beginning for outside support for such portions of the program as would exceed the Government's capacity to carry on.

The necessity for thus acting as a catalytic agent is dictated by the cost of the overall educational and medical plan for Liberia.

In education, a planned primary program is the first necessity and there is the problem of introducing students from the hinterland to the official language of the country—English. The aboriginal people of Liberia comprise about ten ethnic groups divided into some twenty-two tribes, each with its own language or variant dialect; its own customs; its own religious observances.

Not only is it necessary to effect a standard curriculum in the Government primary school system, but it is an equally essential task of the Foundation to obtain the cooperation of the religious mission groups in bringing about standardization within the primary schools which they operate.

Indeed, as an initial step, the religious school groups must be incorporated into one over-all system of its own. (The Foundation has already had some success in this.) The secondary and higher educational levels offer the same problem—a lack of planned curriculum leading progressively to recognized higher

educational requirements. With the single exception of Liberia College in Monrovia, education at these higher levels is offered only in church-supported schools.

While at the present time the institutional facilities are large enough to accommodate the number of available students, the training is inadequate. Such instruction as is received is not recognized on a parity basis by institutions in other countries, nor can specialty training, notably in the sciences, be received at all. For a student who aspires to a college education of American or European standard, it is therefore necessary, at present, to begin education abroad at pre-high school level.

Plans for the future call for the establishment of two hundred Government primary schools, a secondary school in each district; in each of the three provinces several high schools placing emphasis on vocational training; and, for the nation, one major college and two teacher training institutions.

This last, brings us to one of Liberia's greatest current needs; the trained instructor. There is a paucity of vocational training, including agricultural methods, and an almost complete absence of students for the scientific groups. Eventually, the level of training must be equal to that of the more progressive nations, and must be acceptable by them. Fortunately, it is not necessary to persuade the Liberian Government of the wisdom of this educational program. The religious groups also are now working with this educational program in view.

The Government operates 107 schools and there is at least a primary school at each of the sixty-four religious missions throughout the country. It is the view of the Foundation that ultimate responsibility for the nation's educational system rests with the Government, so that, whatever progress is made by the religious missions, their schools must some day come into the sphere of Government responsibility.

Such an educational program would demand a capital outlay in excess of \$5,000,000, and realization would seem to require a grant to the Government for this purpose. While industry may assist by the establishment of demonstration schools

utilized as teacher training centers—later to be vested in Government control—this is only a beginning step. Thus to effect such a program as outlined we find the Foundation acting as a salesman for Liberia, promoting the establishment of a national school system of higher level, and in the interim seeking to make available many scholarships for study abroad; in order to create a group of leaders in the educational and scientific fields. Some eighty grants have already been established by the Liberian Government itself, and a few additional ones have been provided by certain religious groups and the United States Public Health Service.

The requirements of the health situation can be somewhat more concisely delineated. This was the subject of intensive study during my initial ten-months residence in the country.

The Government of Liberia, let me say at the outset, is not only ambitious for the development of the country, but is well aware of the fact that a high standard of public health must be developed and maintained. More than 15 per cent of each year's Government budget has gone to this purpose—a remarkably generous proportion in comparison with other countries.

Liberia has a Department of Sanitation and Public Health, in the hands of a physician director and a small clerical staff. In addition to problems of public health within the capital city of Monrovia, it supervises some eleven outlying dispensaries scattered throughout the country, and the 60-bed Government hospital in Monrovia. The Government hospital is staffed by four foreign physicians under Government contract, while four other physicians, also foreign and likewise under Government contract, are stationed at the out-patient facilities in other parts of the country.

Some assistance has been given to the Liberian Government in matters of health. During the war years the United States Public Health Service maintained a Mission based in Monrovia, and this Mission continues now under the auspices of the United States Department of State. This Mission has established a free out-patient clinic in Monrovia, which it now

operates jointly with the Liberian Public Health Department. It has also made possible improved nurses' training and the building of a school for nurses as well as improved clinical laboratory facilities and methods, and has conducted some disease incidence survey work.

Currently, the Mission's activity includes carrying on a small tuberculosis incidence survey among school children, as well as manifold assistance and guidance to the Liberian Public Health Department.

The remainder of health activity in Liberia rests in the hands of the religious missions which operate five hospitals, two of them under the direction of physicians, as well as some thirty-five dispensaries, eight of which are under the direction of graduate nurses. The remainder of the institutions, Government and religious, are served by a group of individuals, trained in Liberia in the arts of first aid and simple medication, who are called "dressers."

For an over-all picture of these medical installations, but little information was available with respect to their efficiency or location, so that it was necessary to visit them and thus ascertain how they could be fitted into a program of institution-development which would embrace a practical, nation-wide medical-care development program.

After study of the situation, it was felt that the minimum requirements for Liberia would be the establishment of:

- A medical center of some 300 beds in Monrovia;
- A clinical and pathological laboratory;
- A diagnostic center;
- An isolation hospital;
- Three leprosaria, one in each province;
- Three tuberculosis sanitaria, strategically located;
- Nineteen secondary hospitals, spread throughout the country;
- Sixty out-patient clinics or dispensaries, doing dual service as health training centers.

The sums necessary for realization of such a program would approximate \$9,000,000, allowing a cost of \$5,000 per bed for

complete hospital construction and equipment. Operating expenses would be upwards of a million dollars a year for salaries alone. Some of the cost of this plant and personnel can be contributed by the religious enterprises, but in every instance outside assistance will be needed.

However, were it possible to bring this program into immediate being, the maintenance expense, calculated at \$1,800,000 yearly, would be too great for the Government to bear in the present circumstances. It is therefore necessary that either health progress be geared to industrial progress or that maintenance grants from outside sources be made available to the Liberian Government.

In 1946, the Liberian Government undertook a hospital building plan. It proposes eight hospitals of forty beds each. There is difference of opinion as to whether the sites proposed for these hospitals are the most strategic locations, but they would nevertheless be utilized in the over-all plan of the Foundation.

We early realized that the first need of Liberia was available medical care for its population—some one million people by average estimates—living, except for those in the coastal towns, in villages scattered over 43,000 square miles of mountain and forest. The rapidly expanding system of motor roads will reach more of the villages each year, but for many years, there will be a large proportion which can be reached only on foot or by air.

The aborigines, living in their primitive state, have always depended on the witch doctor with his incantations and charms, but as they come into contact with modern medicine, either through the widening sphere of the religious missions or the Government dressing stations, they show a ready acceptance of it. Indeed, it has been borne out in cross-section disease incidence surveys that, with but very few exceptions, the people are anxious to receive civilized medicine.

With regard to disease incidence, only impressions can be given because only one large survey exists which has been appropriately corroborated by laboratory checking of diagnosis.

This survey was of malaria, conducted in 1948 by Col. Martin D. Young for the United States Department of State, and it revealed a country-wide malaria rate of 30 per cent.

Our impression of disease prevalence, for what it may be worth, is in the order of: malaria, yaws, dysenteric diseases, schistosomiasis, gonorrhoea, phagogenic ulcers, sleeping sickness, leprosy, and small pox.

With the exception of small pox vaccination and beginning malaria control, but little preventive measures can be undertaken within the country until medical care becomes available to the populace, and until there is an efficient department of health functioning widely throughout the country.

But meanwhile, disease incidence surveys should be done, and activities such as BCG programs, mass vaccinations, localized mosquito control, specialized treatment stations and maternal and child welfare clinics should be established. The most important step, however, is still available medical care.

The Foundation feels that this can be accomplished over a period of years by coordinating the religious medical institutions with Government institutions, all, it goes without saying, under proper professional medical supervision.

It is visualized that some assistance may come from foundations or organizations such as the World Health Organization or the International Children's Emergency Fund and others. Any type of medical activity results in a growth of institutions adaptable to an over-all program. For this reason it is the plan of the Foundation to stimulate all possible organizations to contribute toward the realisation of the large initial plan.

The problems of preventive medicine, ranging as they do from the simple one of small pox vaccination to that of sleeping sickness control along the borders of the country, are too great to be recounted in detail at the moment. Indeed, the control of anopheles Gambia alone would be so great a problem at the present time that it is beyond the expected income of the country for twenty years even to initiate an effective effort in this direction.

The problems of tse-tse fly control in the sleeping sickness areas also are of great magnitude. Dr. Veatch and others have suggested that the human population is the reservoir of trypanosomiasis, and a control program based on this premise is visualized. Yet, were it possible to sterilize the area with respect to cattle, the food supply of the country would be increased and to some extent the nutritional problems of protein deficiency would be mitigated.

The problems of health education, now being approached in a small way by the United States Public Health Mission, can best be handled through a program based on the development of health centers at the out-patient clinics, plus appropriate instruction within the school system. But, in this primitive civilization, one faces the difficult problem of changing the customs of the people.

The personal hygiene of the aborigines is a large factor in the transferral of diseases among them; for instance bathing in the village pool, eating with their hands from the family pot. It is perhaps possible to change these habits by the utilization of the facilities of industry. It is planned to develop demonstration projects where the employed native shall receive not only schooling for himself and his progeny, medical care and health instruction, but also an opportunity to live in sanitary surroundings and to elevate his social and economic position.

As with any proposals of such magnitude, the prospect of greatly reducing the mortality rates brings up the question: Can the country produce food for an increased population? The United States Economic Mission has calculated that, with the wide use of modern methods, Liberia can export food staples, even while sustaining a greatly increased population.

On the other hand, it is vitally necessary to lower the death and disease rate in order to provide adequate supply of effective labor for the new industries which will develop the country. Indeed, such industries as are already operating within the Republic have noticed an apparent labor shortage.

The Foundation therefore has these problems to face:



To foster a satisfactory system of schools and medical facilities.

To coordinate existing facilities into these programs.

To so interest extra-Liberian groups that means will be forthcoming for the development of these programs.

To persuade industry operating within Liberia that the Foundation principle of social progress is the principle upon which business will operate—and to utilize the facilities of this industry as a vast training program for the development of the citizen of this rapidly developing Republic.