

## SUMMARY

### SIGNIFICANCE OF THE CONFERENCE

*Dr. Baumgartner:* I had one of the most brilliant discussions of a paper I ever prepared, on Dr. Arbona's paper. I worked so hard on it for days, and then the Chairman asked me at lunch please not give it! That shows what he thinks of me.

May I tell Dr. Arbona and the audience, however, that I do think this is an excellent statement of the interrelatedness of economic, social, and political development, and that statements of this kind have a very real value for specialists of the kind that make up most of this meeting.

I perhaps could do a little nit-picking, which was a phrase someone used yesterday, I believe, by saying that I would have been happy if Dr. Arbona had talked a little bit more about the value of building *appropriate* institutions. I am a little tired of just building institutions. I would like to see some emphasis put on building appropriate institutions. I think Puerto Rico has done some of this. Sometime I am going to argue with him about why he did not add a Number 4 to the three points named in his written paper. That is the point of political development, for I am sure he knows it very well. He gave us evidence of that in his discussion today.

There is a word of caution that I would like to say about the case for "interrelatedness." I hear it morning, noon, and night in every conference that I go to. It seems to me that we can go so far in stating the case for "interrelatedness" that we overlook the value of emphasis on the individual factors that make up the "interrelatedness." If I may speak more bluntly, I think we are sometimes getting to the place where we put emphasis on "interrelatedness" and forget that we must have some very specific things to relate.

I am somewhat worried about the fact, too, that it seems to me that economists have been a little smarter at conceptualizing some of their ideas than those people who are interested in human resources have been. Because they have conceptualized so well, they often outtalk and outsmart those people who are essentially interested in building up the human resources which the economists are perfectly willing to admit have something to do with economic development, but they say it isn't their business to emphasize this factor. So I offer a word of caution to those of us from specialized fields that are more interested in people. We need to defend our interests more vigorously and thoughtfully.

I take it, however, that what is really wanted from me is a kind of spot of brandy after the enormous dinner that we have had in the two days. I was particularly delighted at the suggestion that maybe the result of all this conference would be that we could go back to the life of gay eating and drinking that was described to us yesterday! I will try to give you only a spot of brandy to close.

The first whiff that I think I would take from this snifter—this nice, big lovely bowl—is an overtone I heard. Perhaps I heard it more yesterday than today. It seemed to me the demographers were not quite realizing the difference between clinicians and public health doctors, the difference between the professor of medicine or pediatrics or surgery and the professor of preventive medicine and public health. Maybe I am wrong. The public health expert uses demographic data—clumsily, to be sure—but he takes them for granted. He just doesn't talk about them. He takes it for granted that he needs them and uses them. The clinician does not. The clinician looks at one individual. (Thank heavens, he does when we are sick, may I say.) And the public health expert, certainly in my experience, often is worried about the fact that the clinician does not understand the problems of larger groups of people and the demographic approach.

What I think I am saying is that just as demographers have their

specialists, their sects, their particular callings—and I certainly discovered that was true in the last two days—so, I think, health and welfare have their specialists. If you as demographers think only doctors have specialists, wait until you get into the welfare field. There are several kinds of social workers, too.

The public health person, when he is at his best, is a generalist who calls on a wide variety of social, physical, and biological scientists and professional workers in several fields to get something done for society.

Dr. Robertson hopes the doctors of the future will change to technologists who understand everything about their jobs as well as the ultimate purpose and social consequences of the job. Maybe then doctors of all kinds will be easier for demographers to understand. In the meantime I would hope that as a result of this Conference some demographers at least will go back home and look for partners among the public health people in their own institutions and in the community.

On the other side of the fence, I think there is no question that doctors, including public health experts, do not realize how many kinds of demographers there are. I don't even know who the generalist is among the demographers. Is there a kind of generalist that corresponds to the public health expert? I do not know. I do not always understand their "professionalese," either. We all have our "gobblydegook" and professionalese, and this creates obvious difficulties.

I am quite sure that the policy makers and the public—this I think is an extremely important point for us to make—do not understand much of either of us. This is one of our very real difficulties.

The second whiff I get out of the brandy snifter is that today there was perhaps a little better understanding on both sides. Perhaps that is why we have conferences, Dr. Robertson. I would like to expand a little bit, if I might, some remarks on planning and development. I would like to do this because planning in the development process in all societies is apparently much more fashionable and is apparently being found more useful both in the less affluent and the more affluent societies or, as I sometimes like better to call them, the less industrialized and the more industrialized societies.

I think it significant that among the industrialized societies, for example, the totalitarian states do planning as a doctrine, and the capitalist countries do it as a matter of practice, although they do not talk about it or admit it. I sometimes question whether the products in either group are as useful as they are sometimes said to be.

Certainly, the development thrust is that more and more people want the products that science and technology have brought to those in industrial societies. Regardless of whether we like it or not, that is the way the world is going.

The second thing is that, regardless of whether we like it or not, people are moving from the rural areas to the urban areas. It is high time we began worrying about urban people and not rural people alone.

As we move forward in the national planning, there is another trend, too, that I have some specific concerns about and that I would like to share with you.

First of all, as a scientist, it seems to me that we are doing a great deal of national planning in developing countries with inadequate data. We do not have the current demographic figures on which we ought to plan nor the projected ones. We certainly do not have the kind of trained people who know how to use the facts and figures as we get them. We know too little of natural resources. So I am skeptical once in a while about the plans.

The second worry I have is the failure to realize somehow or other how complicated the process of development is. In this Conference we have taken most of our examples, with the exception of one in agriculture, as I remember, from the field of health. I would like to pick up one for a moment from the social insurance scheme, so we bring in our welfare friends. In at least one Latin American country, I know, there is a well-planned social insurance scheme. As one looks back, it was started before the economy could support it. It was started before the demographic projections were available or, if they were available, they were not used. It probably was developed with some economic assumptions that were either wrong or had no attention paid to them. What has been created is a political, economic, and social problem.

Let us have a very great deal of humility as we look at the very great specificity with which some of our plans are being developed, the enthusiasm with which they are being promoted these days, and ask ourselves if we really do have an adequate sense of how complicated this process is.

Another sniff from the brandy. I view with pleasure the fact that this afternoon brought into the act, so to speak, the human motivations, the values, and the beliefs, what people will and will not do, in spite of the economic plan. I was delighted at Dr. Arbona's and somebody else's reference to Operation Bootstrap and Operation Serenity in

Puerto Rico, probably because of a story I shall always remember. In talking to Governor Muñoz one time about various kinds of development—economic, social, political, cultural—he put his hands up and said, “You move a little here, then you move a little here, then you move a little here.” I remember thinking that here was someone with wisdom and philosophy, with keen political sense, who saw a need for balance of these various factors, who saw how complicated the process was and how little one can move here, and then here, and then here, and then here.

My third worry is a very practical one. David Lilienthal has said this in more graphic terms than I can. He said, “You know, someone has to move the dirt.” After all the plans are made, after everything else is done, someone has to get out and shovel the dirt. We have to get done on a step-by-step basis what needs doing. We are going to be building buildings, teaching people, teaching children and adults, collecting taxes. So there must be a proper balance between planning and doing. Nowadays it has become proper to “implement a plan.” Isn’t that right? We have gotten to the place where we use three words to say something we used to say in two letters, called “d-o.”

As an aside, I should like to indicate, Dr. Robertson, that I hope this Conference is not like a good many of them, that is, not just a planning as an end in itself, but that in the end it “d-o-e-s.”

My fourth point is that perhaps we are a little impatient. Perhaps we think this whole business of change is easier than it is. I think we are learning by our mistakes, regardless of what the newspapers seem to say about the Alliance for Progress or the foreign aid program, for example. As scientists we are learning that to transplant new technics is not a question of adopting; it is a question of adapting.

I remember that I have learned recently that even if some of the very arid lands in west Pakistan can be made less arid, it will take five years, using the most modern genetic methods, to adapt the seeds from other arid lands to the soil that happens to be in that particular area. It took some 18 years—as I remember—to double the output of corn in Mexico after George Harrar first began his work there.

In closing, I make a few pleas. The first is to the demographer. There is great urgency to expand your horizons in technology, in practical ways, so your skills and your techniques can be more widely used by society. I repeat again what I thought Dr. Harkavy said so very well yesterday, that policy makers need projections and facts.

I looked at a plan not too long ago in which health centers were planned for a whole country. Nobody had really looked to see where the workers were coming from. If you wanted to look at the workers, what you actually had to do was to go from the number of professional workers to the number of paramedical personnel, back to the number of students that were being graduated from universities, back to the numbers that were being graduated from high schools, back to the numbers that were getting into elementary schools; and you had to make some projections for the future as to how many children were going to be born and into what social groups and how many schools you would have.

I make a plea to "health people" to get away from their preoccupation with disease. Most doctors seem really more interested in disease than people. George Silver is an outstanding example of one who is interested in both.

I plead for a wider use by health experts of what social science is producing. I have an idea, however, that we could improve the output of the social scientists if we were to bring to them the real problems we face. We let them work in splendid isolation. Then we complain about how poor their work is. I have an idea that if we brought them some of our real problems, maybe they could help a bit more.

I would make a plea to health experts, demographers, and administrators to understand the importance of the social and political changes that are taking place. It seems to me I have heard from our Latin American friends in the last two days that the change in the structure of the society, the change perhaps in what the elite is going to do, in what the educated man is going to stand for, will be of great significance in the development of the Latin American countries.

And, as I said a moment ago, I think perhaps we all need, more than anything else in this field, a touch more of humility.

In closing, it seems to me that if we took a paragraph that is in this very nice gray folder that we all have, and paraphrased it, it might almost be a summary of what we more or less have been trying to talk about in this Conference. This paragraph, which Mr. Milbank quoted almost verbatim last night, reads as follows, and I am paraphrasing it. You can follow it, if you wish, and see where I am changing it.

"In applying to society the knowledge which we now possess in demography, health and medicine. . . ."

He said only health and medicine. I think I would like to say in social sciences, health and medicine.

“. . . it is essential that those who practice in these professions should understand their work and the processes of the society for which their work is done. Demography and other social sciences, health, and medicine are phenomena of society and not distinct from it, and the services which are developed to serve that society must be based upon an understanding of its needs.”

May I express, in closing, our very great thanks to the Milbank Memorial Fund for letting us meet together.

*Dr. Reed:* I think you can see why we asked Dr. Baumgartner to talk at the end. She has a way of expressing things that gets everyone to thinking and developing new ideas.

I could, as I have done many times in the past, comment on her remarks. It would, however, I think, be unfair to the audience, because I am sure there are many others who would want to do that. And it would, too, tend to detract from the things that she has laid before you. So I shall leave the matter as it stands, except to ask Dr. Robertson if he will say a few words to us at this time.