Session 1 Take Home Concepts from Henry Taylor’s session

1) Course is about effective action to achieve Equity
   a) Locus of Action – What is the unit of agency?
   b) Distributive Justice
      i) What is really needed?
      ii) What is the best source of resources?
      iii) Who decides how resources are turned into action?
      iv) How do we know the actions result in improved conditions?

Concepts:

2) Course organized around Case Studies; learning from reality and changing what you do.

3) Carl’s whole life is a parable of CBPHC – Paralleled evolution of Public Health

4) A Life in Public Health – CBPHC was his Vocation -
   a) Missionary Medicine & Empire
      i) Anatomy dissecting tigers
      ii) Direct care in surgery, pathology, and medicine. ie: Schweitzer
      iii) Disaster Relief
   b) Tropical Medicine & Vector Control
      i) Pathology Residency
      ii) Synergism of Nutrition and Infection
      iii) Ecology of Population Growth
      iv) Leprosy Modes of Transmission
   c) Teaching
      i) Community-side teaching in Jamalpur and Narangwal
   d) Health Systems Research – Population Laboratory – Narangwal
      i) Doctors for the Villages
      ii) Synergistic trials of interventions (ORT, Pneumonia, )
      iii) CHW
   e) Translation of Research Theory into Practical Application
      i) Narangwal – Child Survival Hypothesis
      ii) Functional Analysis Method
      iii) China – going to Scale
      iv) SEED-SCALE Framework

5) Values
   a) Service – witness through service – Social Gospel – Love in Action
   b) Go to the people and listen – especially underserved and women
   c) Positivism – Every Crisis is an Opportunity – Build from success
   d) Empower – figure out where you add value; forge partnerships

6) Transparency of outcomes
   a) Traditional healers – do you feel better?
   b) Facility managers – how many units of service were given?
   c) Pay for Performance; Population based outcomes – is there equity of outcome?
Life and Legacy of Carl Taylor
A Parable of Public Health

(1) Born and lived in India until High School
Cari, pictured seated on the left wearing a black turban, at a farewell party before sailing to the US by ship.

(2) Tropical Medicine Internship & Residency at Gorgas Hospital in the Panama Canal Zone
Detained there by WWII, he did a Pathology Residency ...

(3) Practiced Internal Medicine at Fategarh Mission Hospital in India
2 million people died during 9 months of ethnic violence, made worse by torrential monsoon flooding that summer.
Carl published his experiences in the Atlantic Monthly magazine

Pictured atop a combine harvester, Carl paid for college by working his father’s wheat fields in Kansas with his older brother John

Night ambulance driver to pay for Harvard Medical School
married Mary Daniels ...
... and started a family

Night ambulance driver to pay for Harvard Medical School
married Mary Daniels ...
... and started a family
1949 Expedition to Nepal
Treated patients along the trek up the Kali Gandaki Valley
Kept careful notes then published the 1st Health Survey of Nepal

(4) Shift from Medicine to Public Health
1950 – 1953 MPH and DrPH
Dissertation on the “Synergism of Malnutrition and Infection”
1953 Started 1st Dept Preventive and Social Medicine in South-East Asia
1956 Rockefeller Foundation Program for Teachers of Preventive Medicine at Harvard Medical School
1959 Planned “Khanna Study” of family planning practices with Wyon & Gordon

NIH Funding for Leprosy Field Research
Preparing an earlobe biopsy in the field to diagnose leprosy with John Hanks of JHSPH (pioneer in cell culture methodology)

Narangwal Rural Health Research Project
Our family went along and lived on the boundary of the “untouchable” section of Narangwal village in the Punjab
1961-1962 Transitioned to Hopkins

(5) Health Systems Research Narangwal demonstrated efficacy of Community Health Workers
Major field site for the Dept of International Health from 1963-1977

Carl Taylor’s Impact was driven by Equity
- Compulsion to Serve those in greatest need
- Go to the People and Listen to what they need; Enhance and build from successes
- Learn how to behave and live with the village people; figure out where you add value
- Every Crisis is an Opportunity
- Assume the best; a proposal is a promise
Healthy Tensions in CBPHC
Horizontal and Vertical
Expert – Community – Official
Doctor-Centered vs. Patient-Centered
Technical – Relational
– Less emphasis on engineered solutions
– Chronic Disease demands Lifestyle Change
– Need to address Social Determinants

Collaborated with Future Generations University to Develop SEED-Scale
This course started in 1987 at the request of students wanting him to share his experience

Focus on Women’s Empowerment
Problematic attitudes of experts and officials
We need to change how “we” relate to “others”

Carl Taylor – Quotable Quotes
• One of our biggest problems, as health experts, is that we are always looking for universal answers but we must realize that there are no universal answers, since every local situation is different. (Contact Interview No. 172 Jan-Mar 2001)
• I am a great believer in single focus approach but only if it fills a gap in the existing health system. Most of these selective, single focus efforts have concentrated on their own outcomes and not in building the primary health care infrastructure. (Contact Interview No. 172 Jan-Mar 2001)