HEALTH AND THE MAN IN THE RANKS

BY

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"... the uneducated are poorest in the things that cost least."

In recent years a marked change has become apparent in the Service attitude towards health education. The acute man-power problem has inspired a mounting appreciation of the vital necessity for applying the principles of hygiene to the overall military machine. The possibilities of saving, and in fact increasing, Service man-hours by a substantial reduction of preventable sickness are now being extensively explored and exploited by commanders.

There is tangible and official confirmation of this in the extension of the syllabus of health education at Army Basic Training Units. Reports indicate that the scheme is not yet enjoying optimum exploitation but even at this stage it is interesting and important to look generally at the reaction of the man in the ranks to health instruction, to consider his reception of such a subject, and of course to consider the complexities of getting it over to him successfully.

Much has been written in lay and professional circles about the high idealistic intentions of present-day schemes for community health education. The long-term and beneficial influence of such campaigns has been discussed on an international basis, but little—surprisingly little—has been said about its acceptance by the citizen or the soldier, in spite of the fact that this is the keystone of the whole ambitious structure, for even the finest merchandise is "dead-stock" if it cannot be sold.

The writer has been actively engaged for some years in the general indoctrination of large numbers of British and Oriental personnel in general health topics. The work has embraced a wide sphere of activity and the records maintained, tempered by considered impressions, may give some idea of how the modern policy is getting over to the men.

In due fairness to the Army Health Organisation, however, it is necessary, first of all, to consider certain circumstantial and environmental obstacles which the health instructor must surmount before he can start to tackle his subject in earnest.

Obstacle No. 1 is the sad fact that the value of good health is all too often appreciated only by those to whom it is denied.
Obstacle No. 2 is, without doubt, “this modern age.”

We are living in days of spectacular accomplishment and brilliant achievement. Through the medium of the popular Press the adolescent is regularly fed an over liberal and often distorted ration of the significance and consequences of these attainments. Loose lay reporting and speculation on subjects like atomic energy, jet propulsion, radar, yes, and even flying saucers, has stimulated a new trend of thought. This, together with the strange influence and fascination of the futuristic type strip comic, is weaving a new glamour around modern inventions—and that is true whether the inventions are fact or fantasy.

The British medical authorities, on the other hand, are rightly conservative in the release of information about new drugs and therapies. This is a laudable feature but it means that the progress and successes in curative and preventive medicine, while certainly more important personally to the general community, are, by the curb on Press sensationalization, less spectacular in their popular appeal.

Carried into the military sphere these different factors produce a circumstance whereby the instructor in modern arms, cannon, tanks, radar, etc., has a great and immediate psychological advantage over his counterpart in Army Health. By reason of the National Service Act the present-day Army is required to train extremely young men and the individual whose job it is to instruct the new recruit in handling the weapons of war is, in many cases, helping him towards the satisfaction of schoolday ambitions. Times may have changed; “Superman” and “Flash Gordon” may have replaced Buffalo Bill in youthful adoration; the toy water pistol may have given way to the toy ray gun; but the boy and his childhood firearms are still inseparable.

There may be those who feel that the “modern weapon” angle is being too strongly stressed but a survey of the reading material of the troops, particularly those overseas, would show that this circumstantial backcloth has not been exaggerated, yet it is against such a background that the Army health instructor has to crusade for a better way of living; a way of living that will serve the Army and the individual with equal benefit.

The task is not easy and it is at times disheartening; it can and must be done, but it must be done well.

Successful health education, lacking the advantage of popular visual aids, depends almost entirely on the sincerity of purpose, personality and instructional ability of the lecturer. And that is true whether he be officer or other rank, doctor or layman. It has been said that there are only two classifications of instructors—“good” and “very good”—and that those who might be termed “bad” are not instructors at all. Particularly is this axiom applicable in the sphere of Army Health and when the man-power situation permits wider scope in the selection of potential instructors a big step forward will be possible.

In the hands of an inexperienced or indifferent lecturer “Health” can be
a dull listless subject with the interest of possible converts destroyed rather than roused.

A recent incident in the Far East will explain adequately this sort of situation.

In an infantry unit stationed in an area where the preventable sick rate was high, a young 2/Lt. turned up to address a group of men on "Health." He started off by telling the gathering that he had been detailed for the job and confessed that he knew very little about it. He read, at random, extracts from a printed pamphlet, refused to allow questions or discussion, and dismissed the men. Such a performance is to be deprecated. How can a soldier or in fact anyone be convinced of the vital importance of a subject accorded such shabby treatment?

In contrast to this sort of thing keen sincere instructors can put over the essential material in a way that arrests the attention of the novice, rouses his interest, and finally stimulates curiosity and a desire for more information. That this is true is best shown by the remarks of a major who in the face of jocular derision decided to get himself on a course devised to meet the needs of junior regimental officers. At the end of the course he said (as accurately as can be recalled) "My coming here was regarded as something of a joke in certain quarters—and I must admit that there was more than just a shade of scepticism in my mind as to the good I might derive from the course. But I am won over—and I say without reservation that every officer and man in my unit should attend such a course—provided it is always put over like this."

It is worth while here to record two quotations from talks given recently to young officers. The lectures took place many miles apart but by very different means both speakers vividly underlined the essential nature of the regimental officer's responsibility in all matters concerning the health of the soldier.

The first tackled it like this, "... and I agree," he said, "that modern hospital beds are comfortable... but when they are filled with cases of preventable sickness they are mute critics of someone's incompetence... and remember the cases may very well be your men..."

The second lecturer exploited a definite military touch. He said, "Health—good health—is the right of the line. Every aspect of modern warfare is dressed on fitness... if the marker is missing it is going to be a poor line... and only you—the regimental officer—can produce this vital marker..."

Incidentally there is one aspect of present-day instruction—if one excludes drains and latrines—which does not go down well. Officers and men alike have shown repeatedly their disapproval of the heavy recital of morbid evidence concerned with past failures in hygiene and sanitation. The student attitude seems to be that while the facts are certainly true they tend to create a negative atmosphere rather than the positive one so important to
modern thought. An infantry serjeant said after a recent lecture "... I haven't been so depressed for years ... the classroom was littered with corpses, crosses and graves ...!"

The reaction to good instruction is probably more marked in other rank audiences than with officers. When the soldier starts to appreciate the important role there is for him to play he begins to realize—sometimes reluctantly at first—that even from his own personal point of view living is not something to be taken for granted. He soon sees, too, that a general understanding of, and sensible adherence to, a few simple rules can make all the difference between his physical discomfort and his well being. EXPERIENCE SHOWS, HOWEVER, THAT HE MUST BE CONVINCED THAT THE EFFORT IS AS IMPORTANT TO HIM, AS AN INDIVIDUAL, AS IT IS TO THE ARMY. The complementary factors are obvious. The man's efforts to protect or improve his health will increase his potentialities and that in turn can only be beneficial to the military machine which he serves—provided, of course, his efforts are based on sound practice.

It is prudent, too, at this stage to consider the diversities of a typical military audience which, under present-day circumstances, is pretty certainly built up of men from many different walks of life and with interests and opinions that are no less dissimilar. Accordingly one can find the same subject matter viewed with passive hostility, indifference, casual interest or enthusiasm in relation to the attitude of the individual towards the particular lecture or talk. Everything therefore depends on the instructor's introduction; if he gets off to an impressive start he has a good chance of achieving his objective.

Two closely related incidents will emphasize the decisive nature of this good beginning.

In the first an other rank lecturer was giving the opening talk of a series to officers and men of a unit newly arrived in an overseas station. His talk was well planned, topical, constructive and personal, and at its conclusion a high-ranking officer who, after being attracted by a striking introduction had stayed throughout the talk, stood up and complimented the lecturer. He applauded the originality of the methods employed and he took the chance to press home the importance of the subject on the audience.

In the second instance a serjeant was assigned to a unit to give a series of orientation talks while the personnel were in sea transit to a new active service station. He had an important job to do but his material was poorly prepared and indifferently delivered, so much so, that the senior officer present stopped the opening lecture half-way through and cancelled the remainder of the series.

In spite of the occasional failure this much is definite: "Health" can be put over to the rank and file in a way that will kindle interest and encourage response. Men can still be moved by oratory and influenced by salesmanship, but instructors, like orators and salesmen, cannot be made in a few days or a few months. Health instruction requires
the treatment that only experience—practical experience—can give, and even
then it has to be mellowed in the wood of Service employment as well as
being prepared idealistically in the more remote academic spheres of prevent-
tive medicine.

The fundamentals of health education may be regarded as constant but
the methods employed in their presentation to a lay audience should be varied
to suit the requirements of students from different arms of the Service. This
variable factor must be the adaptation and adjustment of health instruction
in sympathy with the military function of the men concerned. Living and
working conditions influence and create health hazards and when the soldier
audience knows that a lecturer, as well as being proficient in his subject,
understands its peculiar problems, then it is more than ever willing to consider
the advice he has to offer. An understanding like this cannot be established
by blind allegiance to textbooks. It is cultivated only when an air of mutual
respect develops between the lecturer and his audience. “Knowing the Army”
is an imperative qualification of every instructor in Army Health. The soldier
enjoys good health education, particularly when it is practical and directly
associated with his own prevailing circumstances . . . and above all he appreci-
ciates topical examples and illustrations that he can understand easily.

Much good health education work has already been done, and with the
constant improvement of training facilities scope for its furtherance appears
to be immense.

Already mobile health teams, working under very different conditions at
home and in the Far East, have carried the “Health Story” right into unit
lines.

The home-based team has worked with the Regular Army in Barracks
and at camp and with the Territorial Army in its local drill halls. Overseas
the teams have been employed in the general indoctrination of garrison and
active service troops in Malaya and Hong Kong. The work has met with
much success but it should be remembered that the members of these teams
were usually hand-picked from among experienced R.A.M.C. instructors.

Recently it was said that military sanitation had made little progress,
practical progress, in the last twenty-five years; that the sanitary problems
and solutions of today are virtually identical with those at the end of the
1914–1918 war. This is probably a part truth but while some may conveniently
read it as a criticism of the ingenuity of the sanitary engineers, it is surely
the soundest possible justification of the principles around which health and
hygiene organizations are built. The inherent disposal instincts of the humble
cat and the age-old laws of Moses are as genuine today as ever they were, but
it is also irrefutable that the habits of society, the fons et origo, have not
become less fickle down the years.

The solution to sanitary problems lies, not so much in the provision of
new or more complicated appliances, but in the education of the community—
large or small—in how best to use whatever is available.
The modern health discipline policy in the Army appears to be based on this point of view. The man in the ranks has shown that, if the education is administered to him in pleasant digestible doses, he is ready to accept and benefit from it. The chance for a successful launching of a mass health education attack is more opportune than ever before, but it could be lost for lack of enthusiastic instructors, or imperilled, probably dangerously if it is entrusted to inexperienced lecturers, effervescent with theory but devoid of that vital understanding of things military. If the chance is grasped and if the soldier of today and tomorrow can be assured that, in spite of the mechanization and developments of modern war, he—the man in the ranks—is still the predominant element in the art of war, then, and only then, will he see health and hygiene in all their importance as battle weapons.

It should never be forgotten that the efficiency of great commercial houses is often judged, not on the theoretical knowledge or technical abilities of the manufacturer but on the service rendered by his local representative—whether he be in the factory, the near-by town, or in some remote location. The great trading organizations still appoint local representatives with fine discretion and take justified pride, and profit, from the services they are able to offer even at the most distant capillaries of their distribution system. Experience has proved to them that that is where the real success of their business is established and sustained.

Equal jealousy of purpose and reputation can serve Army Health well. Every health instructor, irrespective of his rank or the arm of the Service to which he belongs, should be chosen, not as a stop-gap to fill a vacancy in the establishment or to satisfy an obligation in a training programme, but because he has the knowledge, experience, ability and desire to “sell” health with benefit to the “customer” and satisfaction to the organization which he serves.

This paper is intended only as a collection of personal impressions and opinions formed while the writer has been actively engaged in health education. An attempt has been made to show that the man in the ranks will react in the right way to the right kind of health instruction but that many modern influences make him a tough challenge to all but the very best instructors.

It must also be noted that regimental officers and N.C.O.s do not appreciate fully their vital role within the structure of the health education policy. Many of them obviously do not realize that they are in fact the “local representatives” of the Army Health Organisation.

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