Words Given upon Receipt of the Dory Storms Award

**Henry Perry
8 October 2009**

Thank you Jaime, and thank all of you for this wonderful honor. I accept it with the full realization that I would not be standing here without the extraordinary inspiration, support and encouragement that so many people along the way have provided me: my parents, my wife Mirlene, my children, other family members, my many teachers during my 30 years of attending school (yes, I was a slow learner!), my colleagues, and those who helped me during my 15 years working with Andean Rural Health Care (now Curamericas Global).

Little did I know one year ago when Kathryn Bolles and I presented this award to Stan Foster that I would be here today receiving this award. Nor did I have even the foggiest notion I would be receive such a prestigious award when I decided 50 years ago to devote my life to serving as a medical missionary.

It is remarkable how important some of the previous recipients of the Dory Storms Award have been to me. First of all there is Dory Storms. When I first learned I had won this award the first thing I did was call Dory and ask her to join me when I receive this award. Many of you have never met Dory, and many of you have no idea of the important role she played in the original creation of the USAID Child Survival and Health Grants Program back in the mid-1980s and her leadership of the Child Survival Support Program at Johns Hopkins, which performed the role that the Child Survival Technical Support (CSTS) group at ORC Macro currently performs.

Dory’s passion for working with communities to enable them to improve their health, her deep understanding of the contributions that PVOs and NGOs can make to community health, her love for mentoring younger colleagues, her unbelievable skills at networking, and her encouragement and guidance of those who were engaged in the creation of the CORE Group have made and continue to make Dory one of my global health heroes. Every time the Core Group meets I remember that the collegiality, sharing and fun that we enjoy are to a great degree a result of the kind of leadership that Dory initially provided to the PVO child survival community of which we are all now a part. It is fitting that the CORE Group chose to name its most esteemed award in honor of Dory and to make her the first recipient of this award. I think that all of us here today want to give Dory a big hand for her great contributions to global health.

Dory started helping me 35 years ago, when she was one of my advisors for my doctoral thesis in sociology and anthropology. Ever since then she has been helping me in some interesting and unforeseen way. Her friendship, support and encouragement have meant so much. Thank you, Dory.

Then, of course there are four other Dory Storms Award winners who have guided and shaped my career through their mentorship and inspiration - most notably Carl Taylor, John Wyon, and Warren and Gretchen Berggren. 40 years ago, in 1969, when I came to interview at Hopkins for the MPH Program, Carl was then Chairman of the Department of International Health. He took me to lunch that day, starting me on a path of striving to follow his unceasing enthusiasm for working with communities to help them improve their health. Serving for the past six years as the inaugural Carl Taylor Professor for Equity and Empowerment at Future Generations and participating in its innovative graduate education and field programs in community development has enabled me to continue to be engaged with Carl, to still benefit from his wisdom, and to still be inspired by him. I have had many precious moments with him working together on the Review of the Effectiveness of Child Survival in Improving Child Health since he serves as the Chair of the Expert Panel for this. At age 92, he is still going strong.

Then, there are John Wyon and Warren and Gretchen Berggren. I visited the Hospital Albert Schweitzer in Haiti in 30 years ago - in 1979 - and saw a community health program that changed my life. It was a prototype of what we recognize today as a model primary health care program in a resource-poor setting: comprehensive and integrated, providing routine home visits by community health workers, primary health care services at outreach sites readily available to a dispersed population, access to credible hospital referral services, and stable long-term funding. At that time, the under-5 mortality rate in the Schweitzer program was one-quarter of the national under-5 mortality rate in Haiti. The work of the Berggren’s at the Hospital Albert Schweitzer led to one the longest demonstrated under-5 mortality impacts of any health program in the world. And, of course, the work of the Berggrens as Child Health Advisors at Save the Children in the 1980s and 1990s has been foundational for Save the Children’s subsequent pioneering work in child health.
The Berggrens started their work in Haiti in 1967 under the mentorship of John Wyon, who was by that time a professor at the Harvard School of Public Health. John had been a medical missionary in Ethiopia and India. Carl Taylor recruited John into research in community health back in the 1950s when they were working together in India. John Wyon, working with Carl’s support and with the mentorship of faculty at Harvard, carried out the first comprehensive community epidemiologic study in a developing country. This study served as the foundation upon which Carl Taylor’s pioneering Narangwal study in India was built, and the Narangwal study subsequently served as the foundation upon which the Jamkhed Project and SEARCH were built. The Narangwal study was - among other things - the first demonstration of the effectiveness of antibiotic treatment of pneumonia in a community setting in a developing country. The Aroles at the Jamkhed Project have developed one of the finest examples of the implementation of primary health care as defined at Alma Ata in 1978, and the Bangs at SEARCH are pioneers in the development of community case management of childhood pneumonia and pioneers of home-based neonatal care.

John Wyon was my mentor when I started Andean Rural Health Care’s initial work on the Northern Altiplano of Bolivia. Through his guidance, we eventually - after many false starts, setbacks, and frustrations - established what we call the census-based, impact-oriented approach. We achieved and demonstrated a 50% reduction in under-5 mortality. In 1993, USAID provided us with a small grant to help us write up these results. USAID also convened an Expert Panel to review this new approach. On the Panel were Al Bartlett, the then new Child Survival Advisor at USAID, a Senior Health Advisor at UNICEF, representatives from CARE and PLAN International, as well as others. The Panel sent two members to observe the work in Bolivia. The Panel concluded that CBIO was worthy of further development and USAID should support testing of the approach in other countries.

However, the Panel concluded that the approach was too expensive (at $9 per capita) and that it fostered dependency by providing routine systematic home visitation by paid workers. Nonetheless, it still is the guiding philosophy of Curamericas Global and I still hold hope that someday others will come to see the value and wisdom of this more comprehensive and longer-term approach to improving the health of communities.
The SEARCH program in Gadchiroli, India, is the world’s leading example of CBIO, and the Bangs have developed and implemented the CBIO principles on their own. Explaining this is a separate talk that I don’t have time for now, unfortunately. But, I do take deep satisfaction from witnessing the growing enthusiasm for census-based approaches which incorporate some form of routine systematic home visitation into programming. These are essential elements of CBIO, but of course CBIO is much more than this.

So, you have a glimpse of my own personal debt, and the debt of all of us who work in community health, to these giants and pioneers. And, of course there are those hundreds of thousands of children in the past and the millions of children in the future whose lives have been or will be saved by applying the ideas, principles, and interventions which these pioneers have developed.
I am neither the giant nor the pioneer that these people were, but I am proud to say that I have been faithful to the tradition which they built, and I’m not finished yet! Using Carl Taylor as my standard, I still have 30 good years of my career left to go. That means I may be only about half-way through. So if you think by giving me this award you are sending me out to pasture, I just want you to know that I am receiving it as encouragement to keep going!

As many of you know, the Review of the Effectiveness of Community-based Primary Health Care, to which I have given my primary attention for the past two years, is making exciting progress, although it has been much slower than I ever would have envisioned. I am beginning to feel like it is a sister of the Manual for Community Case Management that David Marsh was talking about yesterday, with one of the longest gestations known to man! But I still fervently believe the wait will be worth it in the long run and that the products will be a

foundation and a guide for future developments in strengthening community-based primary health care in high-mortality, resource-poor settings.

Our report to the Expert Panel is now complete. A journal supplement with our findings will be published by the Journal of Health, Population and Nutrition, and the World Bank has verbally agreed to support the publication of one or more books that will be widely distributed around the world. This will continue to be the main focus of my work until the project is finished.

After that, in my new and emerging role at Johns Hopkins, I hope to provide help and support to community-based programs in improving their effectiveness and demonstrating their impact on health. So I hope the opportunity will arise for me to work with many of you in the future.

Thank you for this opportunity of sharing a few personal thoughts with you, and I want to take just a moment to show a few slides.