



# XVIII PAN AMERICAN SANITARY CONFERENCE

## XXII REGIONAL COMMITTEE MEETING

WASHINGTON, D.C., U.S.A.  
SEPTEMBER-OCTOBER 1970

Provisional Agenda Item 31

CSP18/24 (Eng.)  
4 September 1970  
ORIGINAL: SPANISH

### ASSISTANCE FOR THE MEDICAL REHABILITATION OF THE DISASTER AREA

(Item Proposed by the Government of Peru)

During the 64th Meeting of the Executive Committee, the Representative of the Government of Peru submitted Document CE64/17 describing medical rehabilitation problems in the zone affected by the earthquake that struck Peru on 31 May 1970, including the loss of human and physical resources and of other aspects of the health infrastructure in the disaster area, as well as the need to reconstruct them, for which purpose the assistance of the Pan American Sanitary Bureau would be necessary. Specifically, the document contains the following proposal:

1. To approve the inclusion in the provisional agenda prepared by the Director of the Bureau for the XVIII Pan American Sanitary Conference, XXII Meeting of the Regional Committee of the World Health Organization for the Americas, of the proposal of the Government of Peru, expressing its deep appreciation to each and every Government for the moral and material support they provided on the occasion of the earthquake of 31 May 1970.
2. That the Pan American Health Organization do everything it can to provide the maximum support for the medical rehabilitation of the affected area, in accordance with studies made by its experts in the light of the data which will be given to them at an early date.

The Executive Committee adopted Resolution XXI, the preamble of which refers to the statement by the Representative of Peru and the report of the Director on the steps taken by the Bureau in connection with the emergency. In the operative part of the resolution, in addition to expressing to the Government of Peru its sincere regrets on the occasion of the disaster affecting that country, the Committee decided to transmit Document CE64/17 to the XVIII Pan American Sanitary Conference.

Annexes

CSP18/24 (Eng.)  
ANNEX I

DOCUMENT CE64/17

ASSISTANCE FOR THE MEDICAL REHABILITATION  
OF THE DISASTER AREA



*executive committee of  
the directing council*

PAN AMERICAN  
HEALTH  
ORGANIZATION

*working party of  
the regional committee*

WORLD  
HEALTH  
ORGANIZATION



64th Meeting  
Washington, D.C.  
June-July 1970

Agenda Item 21

CE64/17 (Eng.)  
29 June 1970  
ORIGINAL: SPANISH

ASSISTANCE FOR THE MEDICAL REHABILITATION OF THE DISASTER AREA

(Submitted by the Government of Peru)

As you all know, the physical facilities of the health infrastructure have been almost completely destroyed in the disaster area, and we have lost 30 medical and paramedical workers employed by the Ministry of Health and 26 persons belonging to the Yungay Charity Hospital. There is also a problem of replacing the medical staff in the area to allow them to recover their emotional balance, since many of them will not be able or will not wish to return to their former places of employment.

The result is a dislocation of human resources in the midst of the destruction of physical facilities, both of which need to be replaced. That is why we are asking for the active assistance of the Pan American Sanitary Bureau in conducting training courses for technicians, nurses, and auxiliary workers and in replacing 700 hospital beds that have been destroyed in approximately 15 urban centers and as many health centers, 30 medical posts, and 80 health posts.

At this time it is impossible for us to give an accurate estimate of the assistance we need for the complete rehabilitation of the affected area; consequently, any assistance will be of benefit.

Therefore IT IS PROPOSED:

1. To approve the inclusion in the provisional agenda prepared by the Director of the Bureau for the XVIII Pan American Sanitary Conference, XXII Meeting of the Regional Committee of the World Health Organization for the Americas, of the proposal of the Government of Peru, expressing its deep appreciation to each and every Government for the moral and material support they provided on the occasion of the earthquake of 31 May 1970.

2. That the Pan American Health Organization do everything it can to provide the maximum support for the medical rehabilitation of the affected area, in accordance with studies made by its experts in the light of the data which will be given to them at an early date.

PRESENT STATE OF THE HEALTH ESTABLISHMENTS THAT EXISTED IN HOSPITAL AREA NO. 4 (DEL SANTA)  
AND NO. 5 (HUARAZ) BEFORE THE EARTHQUAKE

NO.	LOCATION	POPULATION		TYPE OF ESTABLISHMENT			OWNERSHIP OF THE PREMISES		PRESENT STATE
		DISTRICT	ACCESSIBLE	GENERAL HOSPITAL	HEALTH CENTER	MEDICAL POST	HEALTH POST		
<u>Hospital Area No. 4</u> <u>(Del Santa)</u>									
1	Chimbote	162,740	149,202	85 beds				Min. Health	Damaged and not functioning properly
2	Jimbe	5,304	769				1	Rented	Destroyed
3	Macate	6,365	369				1	On loan	Destroyed
4	Moro	3,288	891				1	On loan	Destroyed
5	Santa	14,109	4,078		1			Charity Hosp.	Destroyed
6	Casma	11,339	6,668	70 beds				Charity Hosp.	Destroyed
7	"			25 beds				Min. Health	Unfit for use
8	Pariacoto	1,959	726				1	Rented	Destroyed
9	Huarney	15,574	7,818	25 beds				Min. Health	In need of repair
10	Ocros	3,157	1,433		1			Rented	Destroyed
11	Nepaña	9,102	1,074				1	On loan	Destroyed
12	Samancos	3,925	2,186				1	On loan	Destroyed
13	Cabana	3,730	2,468		1			Charity Hosp.	Unfit for use
14	Conchucos	5,330	4,468				1	Rented	Unfit for use
15	Pallasca	4,477	2,153				1	Rented	Unfit for use
16	Lacabamba	1,385	653				1	-	Unfit for use
17	Tauca	5,330	4,253				1	Rented	Unfit for use
18	Santa Rosa	2,132	454				1	On loan	Unfit for use
TOTALS		259,246	189,663	205 beds	3	4 hosp.	11		

PRESENT STATE OF THE HEALTH ESTABLISHMENTS THAT EXISTED IN HOSPITAL AREA NO. 4 (DEL SANTA)  
AND NO. 5 (HUARAZ) BEFORE THE EARTHQUAKE  
(Continued)

NO.	LOCATION	POPULATION		TYPE OF ESTABLISHMENT			OWNERSHIP OF THE PREMISES		PRESENT STATE
		DISTRICT	ACCESSIBLE	GENERAL HOSPITAL	HEALTH CENTER	MEDICAL POST	HEALTH POST	Min. Health	
<u>Hospital Area No. 5</u>									
<u>(Huaráz)</u>									
1	Huaráz	65,317	48,988	150 beds				Min. Health	Situation under investigation
2	Cajamarquilla	1,988	1,490				1	Rented	Destroyed
3	Jangas	3,535	3,535				1	On loan	Destroyed
4	Olleros	2,785	2,785				1	On loan	Destroyed
5	Taricá	3,924	3,924				1	On loan	Destroyed
6	Carhuas	9,458	9,458	30 beds				Charity Hosp.	Destroyed (Transf. to Min. of Health)
7	Marcará	3,762	3,762				1	On loan	Destroyed
8	Vicos	1,880	1,880				1	On loan	Destroyed
9	Caráz	12,205	9,154	60 beds				Charity Hosp.	Destroyed
10	"				1			Charity Hosp.	Destroyed
11	Huaylas	6,163	4,622				1	On loan	Destroyed
12	Yungay	15,577	15,577	70 beds				Charity Hosp.	Disappeared
13	"				1			Charity Hosp.	Disappeared
14	Mancos	5,096	3,822				1	On loan	Destroyed
15	Tumpa	2,253	2,253				1	Min. Health	Damaged
16	Recuay	15,577	15,577	10 beds				Charity Hosp.	Unfit for use
17	"				1			On loan	Unfit for use
18	Ticapampa	6,640	6,640				1	On loan	Destroyed
19	Catac	2,000	2,000				1	On loan	Destroyed
20	Aija	4,580	4,580		1			On loan	Destroyed
21	Malvas	2,255	1,127				1	On loan	Destroyed
22	Huacllan	752	752				1	On loan	Destroyed
23	La Merced	3,318	3,318				1	On loan	Destroyed
24	Chiquián	5,688	5,688				1	Min. Health	Unfit for use
25	Cajacay	3,931	1,965				1	On loan	Destroyed
26	San Marcos	8,967	8,967				1	Min. Health	Damaged
27	Chavín	7,884	3,942				1	On loan	Damaged
28	Huari	10,575	10,575	30 beds			1	Charity Hosp.	Damaged
29	"						1	Rented	Destroyed
30	San Luis	11,322	5,661				1	On loan	Destroyed

PRESENT STATE OF THE HEALTH ESTABLISHMENTS THAT EXISTED IN HOSPITAL AREA NO. 4 (DEL SANTA)  
AND NO. 5 (HUARAZ) BEFORE THE EARTHQUAKE  
(Continued)

NO.	LOCATION	POPULATION				TYPE OF ESTABLISHMENT				OWNERSHIP OF THE PREMISES	PRESENT STATE
		DISTRICT	ACCESSIBLE	HOSPITAL	GENERAL	HEALTH CENTER	MEDICAL POST	HEALTH POST	HEALTH POST		
31	Uco	3,776	3,776					1	On loan	Destroyed	
32	Huacachi	4,229	4,229					1	On loan	Destroyed	
33	Llamellin	13,940	6,970			1			On loan	Damaged	
34	Pomabamba	11,297	8,459	20 beds		1			Charity Hosp.	Damaged	
35	"								On loan	Destroyed	
36	Porobamba	7,648	3,834					1	On loan	Destroyed	
37	Huayllan	3,966	3,966					1	On loan	Destroyed	
38	Piscobamba	4,790	3,532		1				Rented	Destroyed	
39	Llumpa	3,644	1,822					1	On loan	Destroyed	
40	Yanama	6,461	4,846					1	On loan	Destroyed	
41	Sihuas	9,390	4,695			1			Min. Health	Destroyed	
42	Quiches	2,855	2,855					1	On loan	Destroyed	
43	Corongo	3,246	3,246			1			Min. Health	Destroyed	
TOTALS		292,674	234,272	4	8	8	24				
				7 hosp.							
				370 beds							

SUMMARY TABLE

HEALTH ESTABLISHMENTS HOSPITAL AREAS	HOSPITALS	NO. OF BEDS	HEALTH CENTERS	MEDICAL POSTS	HEALTH POSTS
Hospital Area No. 4	4	205	-	3	11
Hospital Area No. 5	7	370	4	8	24
Totals	11	575	4	11	35

CSP18/24 (Eng.)  
ANNEX II

PAN AMERICAN SANITARY BUREAU  
RELIEF ACTIVITIES IN PERU FOLLOWING  
THE EARTHQUAKE OF 31 MAY 1970



1. THE EARTHQUAKE

1.1 General Considerations

The cataclysm that struck the Republic of Peru in the afternoon of Sunday, 31 May 1970 was of unexpected extent and exceeded that of all other catastrophes in the recent history of the Continent.

The Government of Peru, rising above the drama which saddened its country, entrusted to the Ministry of Health the initial task of dealing with emergency operations. These primarily concerned the dead, the injured, and homeless families, and especially the rehabilitation of the infrastructure so as to make it possible to assist the injured and to take preventive measures to circumscribe the potential consequences of the disaster. By that, is meant the conditions favoring the spread of communicable diseases when control procedures and practices are disorganized or interrupted.

The data given below are taken from the speech made by General Edgardo Mercardo Jarrín, the Minister of Foreign Relations of Peru, to the VI Extraordinary Session of the Plenary Committee of the Economic Commission for Latin America (ECLA); the report made to that meeting by Mr. Carlos Quintana, Executive Secretary of ECLA, on the results of the ECLA/ILPES (Latin American Institute for Economic and Social Planning) mission to Peru after the earthquake; and the reports received and which continue to be received almost without interruption from our Zone office in Lima. As a result of the total interruption of communications immediately following the disaster, the enormous difficulties in repairing the massive damage to the roads giving access to the devastated region, the unfavorable climatic conditions, and the almost complete destruction or disorganization of the local transportation system, to obtain accurate information about what had happened was, and continues to be, a very complicated task and, despite the efforts made, that information is still incomplete. Therefore, a considerable part of the information below is subject to verification and correction, although such correction will not basically change the overall picture of the situation.

1.2 Affected Area

According to official information, the affected area measures 83,000 km<sup>2</sup> and is situated in the Department of Ancash (the most affected), the Department of La Libertad, and, in the north, the Department of Lima. This region extends from the coast up to the central Cordillera and comprises two mountain ranges parallel to the above-mentioned Cordillera Central - the Cordillera Blanca and the Cordillera Negra, the intermediate valleys, the Callejón de Huaylas, the river Marañón canyon, and the area between the Cordillera Negra and the Coast. The epicenter was approximately 350 km. northeast of Lima and about 50 km. from the fishing port of Chimbote towards the east. The most heavily stricken area is in the Callejón de Huaylas, one of the most important and best known seismic areas in Peru. The intensity of the earthquake varied

but in some places reached Grade 8 on the Richter scale. The destruction produced by the earthquake itself was multiplied by the mudslides, rock falls, mud, water, and stones coming down from the northern summit of the Nevado de Huascarán burying the villages of Ranrahirca and Yungai and destroying everything in their path.

### 1.3 Affected Population and Houses Destroyed

According to official estimates, the population affected by the earthquake numbers 1,971,000 persons. They may be divided into two groups: one is located in areas of complete or almost complete destruction and comprises 926,000 persons; the other in an area of partial destruction comprising 866,000 persons. The distribution of the population is shown in the following table, which is based on the report mentioned above:\*

	<u>Population</u>	<u>Area (Km<sup>2</sup>)</u>
Ancash Coast	213,600	10,900
Huaylas Canyon	248,900	10,137
Conchucos Canyon	127,800	7,112
Marañón Slope	265,300	12,762
Pativilca Basin	<u>70,800</u>	<u>9,589</u>
	926,400	50,500

The extent of the destruction is exemplified by what happened in the Callejón de Huaylas, in the river Santas basin. There, some localities were completely buried, and in the remainder it is estimated that not less than 80 per cent of the buildings were destroyed.

### 1.4 Victims

According to official estimates, the number of dead exceeds 50,000. The whereabouts of a further 20,000 persons is not known. There are more than 20,000 orphans or homeless children, and the number of injured is approximately 150,000.

## 2. STEPS TAKEN

### 2.1 Immediate Steps

As soon as the first news arrived, the Bureau, through the Chief of the Zone IV Office (which is in Lima), got in touch with the health authorities of Peru and put at their disposal the local staff and equipment and those which

---

\*Statement by General Edgardo Mercado Jarrín, Minister of Foreign Relations of Peru, at the VI Extraordinary Meeting of the Plenary Committee of the Economic Commission for Latin America, New York, 22 June 1970.

the Bureau could supply through its Headquarters. Our first direct telephone conversation with the Zone Chief was on Monday, 1 June, early in the morning. At that time there was little knowledge of what had happened because communications with the disaster area had been interrupted.

We were informed that the President of Peru and the Minister of Public Health had gone to the devastated area.

The Zone Chief informed us that in the afternoon and evening of the previous day he had already been helping the national authorities to organize emergency measures and had sent a first request for urgently needed medicines and biological products that were not available locally. These supplies were immediately acquired and dispatched on Tuesday, 2 June, in the morning.

On the same morning of 1 June, we got in touch with Dr. Luis Alvarado, the Permanent Representative of Peru to the Council of the Organization of American States, who repeated to us the request of his Government for technical and material assistance in the emergency. On the same afternoon, the Inter-American Emergency Aid Committee of the OAS, of which we are a member, met under the Chairmanship of Mr. Galo Plaza, the Secretary General, who was informed of the steps already taken. The Committee decided to designate one of the OAS staff members in Lima to form a joint mission with the Zone Office personnel to obtain information to guide the Committee concerning the most effective steps it could take.

Together with instructions to the PASB Zone Office to take part in this mission, we confirmed our instruction that it should continue to ascertain, in conjunction with the national authorities, what supplies had the highest priority, so that whatever action was taken should be as specific and effective as possible. These instructions were particularly important because, as soon as the American Continent and the rest of the world became aware of the catastrophe, aid from a number of countries began to be mobilized. As was to be expected, the initial supplies sent were medicines and aid for the injured and the homeless.

As a result of direct contact with the authorities, it was possible to concentrate on critical supplies that were not available at that time in Peru and which do not usually form part of gifts which are made spontaneously, or at least do not arrive immediately after the catastrophe when they are most necessary.

The Secretary General of the OAS also gave instructions to his Representatives in Lima to coordinate his work with that of our Zone Office, inter alia, in connection with requests. In accordance with forecasts after the first dispatch, the supplies requested fell into two categories. First priority was typhoid vaccine and, in this connection, the Zone V Office of the Bureau in Rio de Janeiro, Brazil, obtained a very generous response from the Brazilian authorities, who immediately sent to Peru a first consignment

of 250,000 doses of typhoid vaccine, as well as sera and antitoxins. Secondly, after several discussions with the authorities of the Ministry of Health, a request was made, also through the OAS channel, for measles vaccine. At this point, more than a week after the earthquake, the Ministry of Health had already received a considerable amount of drugs and medicines from various sources, but these did not include measles vaccine, and an epidemic of this disease was feared. It is not difficult to visualize the consequences of an epidemic of measles among the child population affected by the disaster, in terms both of morbidity and of mortality.

In addition to measles vaccine, a high priority was given to syringes and disposable hypodermic needles. Most of the vaccines and syringes were bought with funds made available by the Inter-American Emergency Aid Committee, which assigned US\$100,000 for the purchase of medical supplies; World Health Organization funds were also available for this purpose. The supplies were in due course dispatched and made available to the health authorities.

## 2.2 Local Coordination of Activities with National and International Agencies

The professional group attending this Conference knows from experience the many difficult and complicated organizational problems involved in relief operations in an emergency of this kind. Their complexity is of course in direct relation to the magnitude of the disaster; in this case, it by far exceeded anything the participants had previously known. For that reason, we shall not give a detailed description of the travel undertaken by the Bureau staff, but will only describe in a general way the structural pattern arising from what was done. Even so, we shall limit the account to matters relating most closely to the health sector, which is where the Bureau participated most directly.

As we have already said, the Chief of the PASB Zone IV Office immediately got in touch with the authorities and offered his services without restriction. As the Delegates to this Conference know, there is traditionally a very close collaboration which makes this formal act an opportunity to reflect the spirit with which the Bureau serves the countries, and it of course makes the authorities aware of the way the Bureau feels about what has happened.

Immediately, pertinent staff members of the Bureau cooperated with national personnel in all the tasks in which their participation could be useful and they continue to do so. The Minister of Health was immediately designated by the Government to be responsible for emergency relief activities, so that health services were given a prominent place from the outset.

Specifically, the Zone Chief, in the discharge of his duties, coordinated his work with that of the Government and of other international agencies.

With respect to the United Nations system, the Zone Chief was in constant and daily contact with the Resident Representative, Mr. Anthony Balinski, kept the lines of information open, and served as the technical representative of the health sector with the specialized United Nations group. In this respect, he assisted the authorities of UNICEF, which supplied equipment for medical care facilities and services, radio equipment, sprayers, and insecticides.

The Zone Office also took a part in the briefing of the staff members of international agencies that were sent to Peru after the earthquake. We refer in particular to Mr. Tony Hagen, the Personal Representative of the Secretary General of the United Nations, U Thant, and, subsequently, at the end of June, Dr. Raúl Prebisch, who was appointed by the Secretary General as Coordinator to determine how the United Nations could help Peru with short-, medium-, and long-term rehabilitation programs. The technical staff of the Bureau also gave advice, based on the information available to them and their knowledge of the terrain, to a group of geological experts sent by UNESCO and, in general, made themselves available to all groups working with the United Nations in the area.

With respect to the Inter-American System, the Zone Chief also at once contacted and maintained constant liaison and an open channel of information with the OAS Representatives in Peru through their Director, Mr. Germán Aramburú Lecaros. Following the decisions of the Inter-American Emergency Aid Committee, the joint PASB/OAS commission referred to above began work.

The Zone Chief cooperated closely with OAS personnel in identifying the critical health supplies that were primarily paid for by the funds assigned to the Inter-American Emergency Aid Committee of the OAS. He also served as a source of information to and collaborated with Mr. Gabriel Ospina Restrepo, the Personal Representative of the Secretary General.

Furthermore, it was decided to transfer an epidemiologist, who was a specialist in health campaigns, from Zone VI. He worked closely with the authorities in conducting the preventive vaccination campaign in the devastated areas. Another important activity worth mentioning is the work done by the staff of the Pan American Sanitary Engineering and Environmental Sciences Center, not only in dealing with rehabilitation of water services but also in programming the rehabilitation and reconstruction of houses under the Ministry of Housing with whom it closely coordinated as soon as news of the earthquake was received.

Two members of the Center, an architect specializing in housing and city planning, and another architect who is a specialist in rural housing and physical planning, were attached, at the request of the Government, to the Reconstruction Commission established by the President of the Republic, under the responsibility of the Minister of Housing.

In addition to these more or less permanent activities, the Zone Chief and his staff have helped to coordinate the activities of various bilateral groups assisting in the relief operations.

### 2.3 Activities at the Central Level

No sooner had the first news of the catastrophe been received than it was decided to centralize activities relating to the emergency in the Office of the Director and to use the Liaison and Public Relations Office as the focal point. In view of the high priority of this operation, they were in frequent communication by telephone and telex, especially in the early weeks, with the Zone Office, from whom written reports began to be received as soon as the details were available. The Supply Office of Headquarters naturally gave the highest priority to requests for the purchase of drugs and medicines. Other departments at Headquarters, particularly the Department of Communicable Diseases and the Department of Environmental and Engineering Sciences, were standing by to provide the necessary advice on various phases of this operation.

As a member of the Inter-American Emergency Aid Committee, the Director attended all the meetings convened and presided over by the Secretary General of the OAS, Mr. Galo Plaza, at which the most effective way of providing aid with the funds available was discussed. General Edgardo Mercado Jarrín, the Minister of Foreign Affairs of Peru, attended one of the meetings of the Committee held during the OAS General Assembly and was informed by the Director of the Bureau of the activities undertaken by it in connection with the earthquake.

Representing WHO, the Regional Director attended, as an Observer, the VI Extraordinary Meeting of the Plenary Committee of the Economic Commission of Latin America, which was held in New York from 22 to 23 June 1970. That meeting discussed the situation in Peru following the disaster of 31 May 1970 as well as international aid. The Executive Secretary of the Commission submitted a report and the recommendations of the ECLA/ILPES mission ordered by Dr. Raúl Prebisch, the Executive Director of ILPES. That report discussed the economic and social conditions in the regions affected by the earthquake and gave a preliminary analysis of the harm caused by it as well as recommendations concerning rehabilitation activities that might be undertaken in the affected regions by United Nations agencies and other international aid agencies. At that meeting the Minister of Foreign Relations of Peru made the above-mentioned speech on the earthquake and its consequences. The above-mentioned activities gave rise to a number of technical and administrative activities that were conducted through Bureau Headquarters and were closely coordinated with those of OAS agencies serving the Inter-American Aid Committee. In due course, WHO in Geneva was asked for, and provided, a financial contribution.

Dr. Charles L. Williams, Jr., Deputy Director of the Pan American Sanitary Bureau, visited Peru from 8 to 13 June. The Director wished to have first-hand information and also to satisfy the request of Dr. Jesse L. Steinfeld, the Surgeon General of the United States of America, who asked for a PASB staff member to accompany a group which had been especially sent by the United States Public Health Service to assist in the emergency. This group of public health officials consisted of Dr. D. Sencer, Director of the Communicable Disease Center, Atlanta, Georgia; Mr. Leonard Board, Officer of International Health; and Dr. Robert Price, Deputy Director of the Division of Emergency Health Services.

Dr. Williams was able to provide this group with considerable help and advice and to facilitate the coordination of its work with that of the authorities and international agencies. With respect to the activities of the Bureau, he supervised and confirmed the arrangements made and again expressed to the Peruvian authorities the interest and resolve of the Bureau to provide the maximum possible assistance in the emergency.

### 3. FUTURE ACTIVITIES

Regardless of the degree of importance assigned to the aid provided by the Bureau in the emergency, there is no doubt that the next immediate step, that is to say, aid with rehabilitation and reconstruction work, is of much greater importance. The main forms of this activity may be summarized as follows:

1. To assist the health authorities, to the extent they deem it necessary, in planning the rehabilitation and reconstruction of the devastated areas. In that connection, to work with the authorities in reviewing the overall assistance program of the Bureau with the Government in order to tailor it to the new needs arising from the consequences of the catastrophe. For that purpose, the Bureau has the staff of the Zone Office in Lima, the intercountry program advisers stationed in that office, the staff of the Pan American Sanitary Engineering and Environmental Sciences Center, as well as personnel from other areas and from Headquarters. To this must be added staff that will be assigned to specific programs in accordance with new lines of work established by the health authorities.

2. Another important form of aid will be activities which the Bureau must carry out as part of the United Nations emergency relief program. By decision of the Secretary General of the United Nations, U Thant, this program will be coordinated by Dr. Raúl Prebisch. In this connection, the Bureau will assist the health authorities of Peru in formulating whatever programs they consider necessary which may be financed with the funds of the United Nations Development Program and the United Nations Special Fund.

3. Similar assistance will have to be provided in the case of programs in which the health sector will take part and which may be financed by OAS funds.

4. To assist authorities in Peru other than the health authorities, for example, the Ministry of Housing, particularly in connection with plans for the rehabilitation and reconstruction of water supply and sewage disposal services in the larger localities and in programs for the construction of new communities, which may possibly replace those destroyed by the earthquake. In the meantime, this group is helping with programs now being carried out in the so-called "Operación Techo," the purpose of which is to provide emergency shelter for the homeless in areas in which climatic conditions are harsh, particularly in the rainy and the cold seasons.